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1.8	Objectives are reflected in departmental plans and are clearly matched with associated budgets	Delivery Plans are not developed for all areas of the council's services, so it is not possible to determine whether these reflect corporate objects and match approved funding. Where Delivery Plans are developed (not all areas) these too contain prior year PI outturn and a section reporting progress with prior year projects. Whilst there is an intention to address this gap, a plan is not yet in evidence.	Internal Audit Delivery Plan review to identify gaps and action to be taken accordingly.	All CLG members/IW/LD	March 2010	Unable to confirm whether gap identified is the correct position for 2010/11. Internal Audit delivery Plan Review not undertaken in 2009/10. On hold till 2010/11.
1.10	Code of corporate governance established	A formal Code of Corporate Governance has been agreed but is not part of the Constitution and communicated to all staff.	Code of Corporate Governance to be incorporated into constitution and communicated to all staff.	SD	Dec 09	Part of Constitution since February 2010. http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=919 Presentation to CLG 11/08/10. Communication to all staff in July 2010 to be arranged.
1.14	Staff, public and other stakeholder awareness of corporate governance	There is no general staff awareness training programme in place	Staff Handbooks will be reviewed to take account of any potential changes arising from the DCLG consultation on the model employee Code of Conduct - outcome still awaited.. Corporate governance will then be picked up as part of that review and included in the next update of the employee handbook.	JT	On receipt of DCLG consultation outcome or March 2010 regardless	The employee handbook has been updated and is available on the intranet and sent to new staff (LAC June 2010) Link?
1.16	Key performance indicators are established	All national and statutory KPIs are monitored appropriately.	Ensure data quality and performance monitoring arrangements are in place for all	IW/LD	March 2010	Data quality self assessment and

07/07/10

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	and monitored		KPIs and targets set.			validation process in place for all NIs. Performance monitoring in place for all PIs on the corporate and Directorate scorecards
2.2 11.5	The authority has implemented clear structures and processes for risk management which are successfully implemented.	Job descriptions of senior and operational managers do not include responsibility for risk management. Governance not fully embedded in Senior Officer roles.	Role profiles considered by CSB in Nov 2008. Decided on introduction of a checklist to be included in manager's job descriptions and as at March 09, HR are drafting this.	LC	Aug 2009 (revised by CGG)	Risk management roles and responsibilities for Members, management and all staff are included in the Risk Management Strategy and Policy. The Finance Portfolio Holder is the Leader of the Council and this includes risk management.. GARM comprises 8 Members and has appointed Lead Members for risk management, internal audit and fraud. The terms of reference for GARM and CRSG identify specific risk management roles and responsibilities. Specific risk

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						management responsibilities for the Directorate Management Team (DMT), Improvement Boards and Efficiency and Improvement Board are identified in the Corporate Governance Summary. Governance checklist to be included in Role Profiles from July 2010
2.4 & 3.11	The authority has well defined procedures for recording and reporting risk. Key risk indicators have been drawn up to track the movement of key risks and are regularly monitored and reviewed.	Key risk indicators have not been determined and there is no evidence of monitoring against these risks. As such there is no 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) Environmental scanning reports are not used to feed into the risk management process so as to identify new and emerging risks.	Work has begun to explore the utilisation of risk information from Internal Audit. Benchmarking has not indicated that other Councils employ key risk indicators, although the Council have not ruled this out and still aim to explore the introduction of key risk indicators. This could also include some sort of risk scanning process.	DW/TJ	Oct 2009	*14/5/2010:* Use of KRI considered and decided not to be used by Harrow Council. 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. Exception risk reporting to CSB and

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						Improvements Boards each quarter. Revised risk register format requires this and last quarter's risk score to be provided. 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. 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. The Risk Manager meets with the Risk Champion and Corporate Directors (Risk Owners) to

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						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.
2.5	The authority has well-established and clear arrangements for financing risk.	No specific policy in place for risk financing therefore not regular reviewed in the light of costs and alternative risk mitigation strategies. Monitoring of incidence of successful and unsuccessful claims is not fed into the policy for risk financing (or risk management)	New Insurance Manager to explore whether a specific risk financing policy is required. To continue to explore if/how incidence of successful and unsuccessful claims can be fed into the policy for risk financing (if it is decided one is needed) or into the risk management system.	DW/KV DW/KV	March 2010 March 2010	*14/5/2010:* New Insurance, Manager, Karen Vickery, to commence 1 June 2010.
2.6	The authority has developed a programme of risk management training for relevant staff.	A training needs analysis (both specialist staff development and general awareness) has not been undertaken.	An analysis of the management assurance results will take place in August 2009 and will identify potential training gaps	TJ	Dec 2009 (revised CGG)	*14/5/2010:* CIP 2010/11 deliverable is to develop an integrated risk management training strategy and communications plan. This will cover all training/awareness activities for corporate risk management, H&S, business continuity/emergency planning, insurance and information management.

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						Development of the training strategy will be done with the advice and support of L&D. A new Risk Management Strategy and Communications Plan is being developed with the assistance of RAF Service managers and input from the Corporate Risk Steering Group and Learning & Development. This is a deliverable on the RAF 2010/11 CIP. CGG 16/07/10 agreed not to carry forward on AGS action plan as underway and covered by CIP
2.9	Managers are accountable for managing their risks.	Control and risk self-assessment questionnaires are not used.	Use of Self Assessments to enhance accountability to be considered by the newly reformed CRSG.	TJ	Dec 2009	Not yet considered
2.10	Risk management is embedded throughout the organisation.	Risk management not fully embedded and a 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 has not been undertaken.	CIP project for 'embedding a culture of risk management' already in place. To explore use of strategic diagnostic survey.	DW/TJ	Mar 2010 Mar 2010	CIP complete Risk Management considered fully embedded. (DW)
2.11	Risks in partnership working are fully	Evidence that potential partners are required to produce and submit risk	Explore partnership tender process and viability of potential partners being required	TJ	Oct 2009	*14/5/2010:*

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	considered	assessments suggests lack of consistency of approach.	to produce and submit risk assessments. (Part of CIP) Work ongoing with Partners and Procurement team and will be considered as part of the review of Contract Procedure Rules.			Risk Registers developed for the 5 HSP Management Groups – to be tabled at HCE meeting 25 May 2010. A joint strategic HSP risk register will be developed by Aug 2010. Property & Infrastructure Partnership - Kier risks are in the Housing Services risk register and Enterprise Mouchelle risks are in the Infrastructure Contract Management Group and Corporate Contract Management Group risk registers. Capita (BTP) – Service Plan includes risk register and joint programme risk registers regularly reviewed by Programme Board. Apollo – risk registers developed for mobilisation stage and to be developed for contract management stage.

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3.3	There is a whistle blowing policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff.	Effectiveness of policy (e.g. reports on incidence of usage, evidence on annual declarations on fraud to Audit Commission) not monitored.	Monitoring/reporting to be GARM from Nov 2009.	JT/HP	Nov 2009	Record of incidence of usage maintained by Director of Legal & Governance Services. To be reported to GARM from November 2010.CGG 16/07/10 not to be carried forward.
3.4	There is a counter fraud and corruption policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff.	Policy accessible on internet site but only via search facility on intranet (CAFT have no specific pages). No awareness sessions etc. are run. CAFT do not currently formally report identified frauds or results of NFI internally. New GARM Lead Member for CAFT has been established to progress this and CAFT now reporting to Head of A & R Register of gifts and hospitality is not reviewed from a fraud perspective.	Consideration to be given as part of the 2009/10 fraud plan to enhancing intranet to enable policy to be more accessible to staff. Corporate fraud awareness e-learning tool given go ahead to purchase, planned implementation for 3rd quarter and phased roll out for 4th quarter 2009/10 To establish with GARM committee frequency and content of required reports. To include in 09/10 plan.	JP JP JP/DW JP	March 2010 March 2010 Dec 2009 March 2010	Not done – intranet currently under review and to be re-launched. On CAFT Plan for 2010/11 Not yet clearly defined Not considered a high risk – managers responsible for referring concerns
3.8	A corporate procurement policy has been drawn up, formally approved and communicated to all relevant staff.	Procurement Strategy dated 03/08/06 – states to be updated annually but has not been. It is accessible on the intranet site but is not covered in induction, briefings or awareness sessions.	Procurement Strategy being updated (to be presented to Cabinet 22/10/09 It will be communicated extensively through the intranet and communications team.	VD	Oct 2009	Complete
3.9	Business/service continuity plans have been drawn up for all	Regular testing and review in the light of the results of testing and for changes in structures, procedures,	Testing included in 09/10 plan and due to test a selection of the plans in Oct 2009	KG	Oct 2009	Complete

07/07/10

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	critical service areas and the plans: • Are subject to regular testing • Are subject to regular review	information systems, responsibilities Included in Service Plan for 09/10 + forms part of CIP. . BC plans have been completed for the council's departments and have been reviewed by their Directors in June 2009	A programme of testing will be established and feedback used to enhance plans.			

5.2	Mechanism established for collecting governance assurances
	    Clear guidance as to evaluation procedure including assurance over risks, independence and objectivity of assurances
	    Defined evaluation mechanism
		Evaluation mechanism understood by CGWG but not clearly recorded
		
		.
			Evaluation mechanism to be recorded and to include guidance covering assurance over risks, independence and objectivity of assurances.
			
			Paper to be prepared by SD.
				CGWG/ CGG/S D	Dec 2009	AGS Assurance & Evidence table outlines assurances required and records those received, completed by CGWG. 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

10.5	Develop protocols to ensure that the Leader and the Chief Executive negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is obtained	No formal protocol in place	Draft protocol has been prepared and has been sent to the Director of Legal & Governance Services for consultation with the CE and New .Leader.	GC	Dec 2009	HP to provide evidence. CGG 16/07/10 not to be carried forward.
11.5	Put in place arrangements to ensure that procedures and operations are designed	Responsibility for monitoring these arrangements rests with management (except Members Code) however this responsibility is	The Code of Conduct requires appropriate standards of behaviour. These will be updated when the outcome of DCLG consultation on the model Code of Conduct	JT	On outcome of DCLG consultation or March	See 2.2 (LAC June 2010)

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	in conformity with appropriate ethical standards, and monitor their continuing effectiveness in practice	not clear within JDs or training. Development Programme has and will continue to be designed to reflect the Council's values and to meet appropriate ethical standards.	for employees is released. + see 2.2		2010 regardless	
13.7	Ensure that career structures are in place for members and officers to encourage participation and development	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 by December 2009 (contained with the Workforce Development project)	To review adequacy of workforce strategies.	JT	March 2010	Workforce Strategies were developed for all Directorates; the Council's Strategy for People 2010-2012 was approved by Cabinet February 2010 (LAC June 2010)
OGF4	Having and using good quality information, advice and support	IT Strategy 2008-2013 approved at October 2008 Cabinet	Business Case prepared & CSB invited CAPITA to submit a proposal to run IT service and deliver disaster recovery. Cabinet decision likely Dec/Jan.	MB	Dec 09/Jan 10	Not yet resolved – Cabinet to make decision CGG 16/07/10 not to be carried forward.
OGF7	Making sure that an effective risk management system is in operation	Business Continuity/IT Disaster recovery	The council's corporate BC plan is in draft format and will be considered by CSB in Aug 2009. HITS are working on the IT Disaster Recovery project to support the corporate BC plan	MB/DW/KG	June 2010	BC Plan finalised. IT Disaster recovery outstanding – fragmented .
OGF8	Making sure that an effective risk management system is in operation	Health & Safety	Review Health & Safety function - Consultation Pack issued 14/07/09	DW/Mark Riordon	Oct 2009	H&S proposals considered by Cabinet 15/07/10
1.18	Knowledge of absolute and relative performances achieved is used to support decisions that drive improvements in outcomes	Absolute performance information is provided in reports to Improvement Boards but the reports do not necessarily show performance relative to peer authorities.	To review currently available corporate benchmarking information sources and make recommendations to select best comparative tools	IW	March 2010	PWC benchmarking received for 2008/9. Currently working with London Councils on their LAPS benchmarking system Using CLG Hub and other sources as well

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						Benchmarking info used to challenge and set targets during 2009/10 Benchmarking data will be an integral part of target setting for 2010-11
2.4	The authority has well defined procedures for recording and reporting risk	Evidence of risks not properly addressed identified in internal audit reports etc being fed into the risk management process	To improve system for feeding outstanding risks into RM process	SD/TJ	Dec 2009	*14/5/2010:* Copy of all final audit reports provided to Risk Manager for discussion of risks with Corporate Director and/or Risk Champion, where appropriate, each quarter. All RAF Service Managers are now members of CRSG. CRSG ToR reviewed and updated. Risk Management Manual being updated for CRSG approval. Ongoing liaison between Internal Audit and Risk Manager Service Managers to ensure significant risks are captured in appropriate risk

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						registers.
3.7	Where a scheme of delegation has been drawn up, it has been formally approved and communicated to all relevant staff	Financial Delegations in place via SAP but other delegations patchy across Council (CIPFA ref to financial delegations which are in place) CGWG referral to CGG for decision.	To incorporate a review of delegations into the 10/11 Internal Audit Annual Plan	SD	March 2010	Didn't make the final plan as higher risks identified – however a Delegations Template is being developed by HR to cover non-financial delegations which will be reviewed by IA 2010/11 CGG 16/07/10 agreed not to carry forward.
9.4 14.8	Publish an annual report on a timely basis to communicate the authority's activities and achievements, its financial position and performance (not police service)	As at July 2009, an Annual report on performance in 08/09 has not been published and a decision on this has yet to be made. However, Communications does plan to do a mini-c-tax guide/A-Z and this information may feature within this. Therefore GAP in providing information to stakeholders	To review communication of performance information to stakeholders and make recommendations for improvement and develop implementation plan	Performance/Communications	Oct 2010 (revised by CGG)	Improved the format of the quarterly performance report to Cabinet and the performance pages on the internet.

Improvement of performance information to the public is on the CIP for 2010/11 but no plans for an Annual Report as such |
| 11.8 | 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. | HSP only partnership document that refers to values. | Agree a set of values against which decision making and actions can be judged for other partners. | LC/SD/ CC/EC | March 2010 | Create Values to be used |
| 12.7 | Ensure that professional advice on matters that have legal or financial | Planning reports are not cleared by or on behalf of the Monitoring Officer and the Chief Finance | Planning reports be cleared by Monitoring Officer and Chief Financial Officer. | GC/SK | March 2010 | HP to provide evidence in place |

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	implications is available and recorded well in advance of decision making and used appropriately	Officer although legel do provide advise at Planning meetings.				

KEY	
CLG	Corporate Leaders Group
CGG	Corporate Governance Group
CGWG	Corporate Governance Working Group
MB	Myfanwy Barrett – Corporate Director Finance
DW	David Ward – Divisional Director Audit & Risk
TW	Tom Whiting – Assistant Chief Executive
HP	Hugh Peart – Director of Legal & Governance
JT	Jon Turner – Divisional Director HR & Development
CC	Carol Cutler – Director of Business Transformation and Customer Service
SD	Susan Dixson – Service Manager, Internal Audit
IW	Ingrid Waloff – Senior Professional Corporate Planning
GC	George Curren – Interim Head of Legal Practice
LC	Leslie Clarke –HRD Strategy Manager
TJ	Tanya Jacobs – Interim Risk Management Manager
KG	Kan Grover – Senior Professional, Business Continuity & Emergency Planning
MG	Mark Gillett – Divisional Director Commissioning and Partnership
JP	Justin Phillips – Corporate Anti-fraud Service Manager
VD	Varsha Dadlani – Service Manager Procurement
LD	Liz Defries – Service manager Performance and Data Services
SK	Stephen Kelly – Divisional Director Planning
OGF	Old governance Framework