HARROW COUNCIL

ANNUAL GOVERNANCE STATEMENT 2010/11
Assurance and Evidence

KEY

OWNERS

HP	Hugh Peart - Director of Legal & Governance Services (CGG)
JA	Julie Alderson – Interim Director of Finance (CGG)
TW	Tom Whiting – Assistant Chief Executive (CGG)
DW	David Ward – Divisional Director Risk, Audit & Fraud (CGG)
JT	Jon Turner - Divisional Director HRD & Shared Services (CGG)
AD	Alex Dewsnap – Divisional Director - Partnership Development & Performance (CGG)
JE	John Edwards - Divisional Director-Environmental Services
MBr	Mike Brown - Service Manager - Property
CGG	Corporate Governance Group

SPONSORS

JF	Jessica Farmer – Head of Legal Practice (CGWG)
SD	Susan Dixson – Service Manager, Internal Audit (CGWG)
LM	Lora McGann - Project Manager - Programme Office (CGWG)
NB	Neal Burns – Interim Risk Manager (CGWG)
LD	Liz Defries - Service Manager-Performance & Data Services (CGWG)
LC	Lesley Clarke - Organisational Development Manager (CGWG)
TM	Tony Monachello - Service Manager, Information Management (CGWG)
VS	Vishal Seegoolam - Senior Democratic Services Officer (CGWG)
JH	Jenny Hydari - Divisional Director-Corp Finance & Procurement (CGWG)
CGWG	Corporate Governance Working Group

Prepared by Corporate Governance Working Group

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	Documents (e.g. constitution) recording individual officer and member responsibilities Minutes of delegations to officers and committees Committee terms of reference Job descriptions of key officers Structure charts	The Council's Constitution includes details of Director 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 Minutes of current delegations can be found in the Council Minutes for 12 May 2011 which is available at http://moderngov:8080/ieListDocuments.aspx?CId=288& MId=60273&Ver=4 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 in Part 3B of the constitution: http://www.harrow.gov.uk/downloads/file/7993/part_3a1-terms_of_reference_schedule	HP/JF	JF – 10 June	
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/JF	JF – 10 June	
1.3	Effective procedures to identify, evaluate, communicate, implement, comply	Review of established processes in place Appointment of suitably qualified and	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.	HP/JF	JF – 10 June	

	Examples of assurance:	FAN Suggested Evidence:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	with and monitor legislative change exist and are used	experienced employees, selected against accurate and specific job descriptions and person specifications Evidence of effective arrangements for internal and external communication (e.g. by review of communication of recent legislation to relevant officers and members) Appropriate induction training has been given to specific post holders Awareness training tailored to job profiles has been provided Inspection of reports to members on implications of new legislation Evidence that assurance has been given to Chief Executive (or equivalent) that all relevant legislative changes have been reported and addressed	Role of monitoring officer including clearance for reports etc. Legal officers report legislative changes to CSB, Standards Committee, and GARM as well as provide training and updates to relevant officers. Quarterly legislation tracker no longer produced by legal.			GAP Discussion at CCG 09/08/11 – HP to form a view by 12/08/11 HP confirmed GAP - L&GS to explore a cost effective way of ensuring legislative changes are identified
1.4	Effective action is taken where areas of non-compliance are found in either mechanism or legislation and reported to the Governance, Audit	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; Monitoring reports on progress on	All Internal Audit reports are issued to Governance, Audit & Risk Management (GARM) committee. Evidence: Example report to GARM covering Green/Amber IA reports. Action would be related to each individual case as	TW/SD HP/JF	10/6/11 CC JF-10	

	Examples of assurance:	FAN Suggested Evidence:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	and Risk Management (GARM) Committee accordingly.	delivering action plans in response to identified legal/statutory risks in risk register (e.g. on implementation of Freedom of Information Act 2000)	determined and approved by GARM		June	
		Evidence of corrective action being taken in response to upheld complaints against the authority	Service improvements template implemented in September 2009 associated with complaints where we have identified errors/service failures on the part of the Council (example provided) Service improvements/lessons arising from complaints are reported in complaint report to Improvement Boards	TW/LM	LM 14/06/11	

Objective 1: Establishing principal statutory obligations and organisational objectives
Step 2: – Mechanism in place to establish organisational objectives

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
1.5	The organisation's vision, strategic plans, priorities and targets are developed through robust mechanisms, and in consultation with the local community and other key stakeholders, and that they are clearly articulated and disseminated	Results from internal and/or external consultation exercises have been analysed and published Authority's approved and published strategic plan takes account of all consultation and local and national priorities. Priorities and objectives in strategic partnerships are aligned with corporate priorities and objectives Vision, strategy, corporate plans, budgets, performance plan/regime	The Council's corporate priorities bring together the priorities from the Sustainable Community Strategy, value for money data, performance data, financial information and public attitude survey data + external policy developments. The draft priorities are agreed by the Majority Group before being approved for consultation at Cabinet. These are then the subject of consultation with the public, in November and December 2010 through the Council's "Let's talk" campaign: http://www.harrow.gov.uk/info/200116/media_publicity_and_web/2130/lets_talk-a_new_conversation_for_harrow/3 The priorities are shared with members of the Local Strategic Partnership for comment. The Council revises	TW/LD	LD 6/7/11	

			the draft priorities in the light of consultation feedback as appropriate. Evidence –and Corporate Plan 2011/12			

			the draft priorities in the light of consultation feedback as appropriate. Evidence –and Corporate Plan 2011/12 http://www.harrow.gov.uk/info/725/council_performance/841/harrow_corporate_plan_20102011 The Local Strategic Partnership's priorities are also shaped by the Sustainable Community Strategy which provides for a strong correlation between the Council's and the partnership's service priorities. Evidence – Sustainable Community Strategy 2009-2020. A Published Communications Plan: 2010/11 has been agreed at Cabinet March 2010. This is provided as evidence.	TW/LM		
1.6	Priorities and objectives are aligned to principal statutory obligations and relate to available funding	Corporate priorities and objectives are clearly set out in the strategic plan Strategic plan takes account of annual budget and medium term financial plan Financial plans take account of strategic partnership contributions and income streams	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. The framework is available at http://harrowhub.harrow.gov.uk/downloads/download/6/performance_framework_timetable_and_administration and is provided as evidence All financial planning includes strategic partnerships and income streams as contained in the MTFS. See also Corporate Plan & Budget 2011/12 – 2015/16 as agreed by Cabinet on 10/02/11 which identifies all income streams. Revenue & Capital Outturn report of 22/06/11 identifies PCT income as an example of partnership contributions. Evidenced.	TW(MH)/ LD JA/JH	LD 6/7/11 JH 9/8/11	
1.7	Objectives are reflected in departmental plans and are clearly matched with associated budgets	Clear terms of reference are set for the preparation of departmental and/or service plans Departmental and/or service plans clearly reflect corporate objectives	Planning guidance for Directorate Service Improvement Plans (SIPs) for Directorates, and Delivery Plans for services was issued in July 2010. The Planning guidance document, required Directorate template and the recommended template for a Service Delivery Plan are provided as evidence. (Short guidance 2011-12 Final.doc;	AD/LD	LD 6/7/11	

		and match approved funding Annual reports are produced on the outcome of departmental and/or service plans	CDSIPB full template 2011-12 Final.pdf; Service Delivery Plan template 2011-12 with embedded guidance notes v9.doc) Corporate Directorate Service Improvement Plans reference corporate priorities, and are related to approved funding. An example Corporate Service Improvement Plan 2011/12 is provided as evidence – Chief Executive's Each Corporate Directorate SIP contains the prior year PI outturn, and a section reporting progress with prior year projects. Where Delivery Plans are developed these too contain prior year PI outturn and a section reporting progress with prior year projects. A Delivery Planning Internal Audit review was scheduled for 2010/11 but did not take place as limited IA resources were directed, by agreement with management, to higher risks. If resources allow, such review could clarify whether there is alignment between SIPs and delivery plans			GAP 10/11 (c/f 09/10) CCG 09/08/11 – agreed gap – action to be amended to TW to prepare a paper for CSB
1.8	The authority's objectives are clearly communicated to staff and to all stakeholders, including partners and on an annual basis, the authority publishes a	A communication strategy in respect of the corporate objectives has been developed, approved and implemented Evidence of consultation with stakeholders (e.g. public and internal surveys etc) and strategic partners on service provision against	A Published Communications Plan: 2010/11 has been agreed at Cabinet March 2010. This is provided as evidence. Departments make their own plans for communicating to their managers and staff at local management meetings and forums + regular managers conference + staff forums. The Arrow + Chief Executive's newsletter + Grapevine	TW/LD	LD 6/7/11	

	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.	cost. Documented meetings across departments to discuss key objectives in corporate and departmental and/or service plans Corporate objectives and aims are set out in key documents (annual plans, Local Area Agreements etc) on the authority's website and intranet site annual report annual financial statements annual business plan formal annual report	(Staff newsletter) and posters covering priorities around the buildings. The Sustainable Community Strategy is available at http://www.harrow.gov.uk/info/200009/performance/998/sustainable_community_strategy_2020 The Corporate Plan is provided as evidence. The LAA is available at http://www.harrow.gov.uk/info/200009/performance/1019/local_area_agreement on the Website The new LAA 2008 – 11 was adopted by the Council on 17 July 2008 and provided partnership priorities. The Coalition Government abandoned LAAs in June 2010 but the partnership continues to pursue and monitor the priorities although there no longer Reward Grant associated with success. The Cabinet Performance report (quarterly) also reports on annual performance as part of the committee cycle. Evidence of consultation is available at the Consultation Finder. http://www.harrow.gov.uk/site/scripts/documents.php?categoryID=200024 Evidence also cited is the Involvement Tracker in the evidence file			
1.9	The council has strategic plans that show how it will develop its assets to meet strategic priorities and operational and service needs.	**Audit Commission Suggested Evidence for UoR 3.2:** **Organisation strategies and plans** • Asset management strategy/plan. • Office accommodation strategy. • Medium-term financial plan.	Following strategic Plans in place: Asset Management Plan 2010-2013 (Evidenced 2009/10) Space Planning Policy Nov 2007 (Evidenced 2009/10) Draft property Strategy 2010-2015 Feb 2010 (Evidenced 2009/10) Development of a Consolidated Integrated Civic One Building April 2011 - not on intranet/not provided as evidence (requested 03/08/11).	MBr/SD	MBr 27/07/11	

			Development of a Flexible and Mobile Working Environment April 2011 http://harrowhub.harrow.gov.uk/info/200222/better_deal_f or_residents/463/mobile_and_flexible_working			
1.10	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 long term, for example through prudential borrowing, rationalisation of assets or capital receipts	• Asset register.

• Corporate plan.

• Capital strategy.

• Other strategies and plans with assets links (for example, flexible working, ICT).

Local needs and priorities that influence asset management

• Sustainable community strategy.

• Local Area Agreement.

• Climate change strategy.

• Local development framework.

• Access to services.

• Service business plans (for example, libraries and leisure). | All entered on SAP

Cabinet capital Plan December 2010. Evidence: cabinet report + minutes

ICT outsourcing project completed October 2010

Harrow's Sustainable Community Strategy. Evidenced

LAA agreed in mid 2009

Harrow Climate Change Strategy 19 May 2011 Evidenced

Financial gaps shown in AMP pg 17 | MBr/SD | MBr

27/07/11 | |
| 1.11 | Policies, decision-making structures and roles underpin the management of assets as a corporate resource. Responsibilities for assets are clearly designated to functions and roles within the council. For example, there might be a designated corporate property | | Responsibilities and structures included in the 2010 -2013 AMP Section 2.

CSB is the corporate group providing direction on asset related strategies.

Regular meetings are held with Portfolio Holders – summary of meeting maintained
Place Shaping and Property Board in place – Chaired by Corporate Director Place Shaping – reporting to Cabinet (Agenda, Board Actions & Project updates Evidenced 2009/10) | MBr/SD | MBr

27/07/11 | |

	officer with responsibility for strategic asset management activities, and a corporate group providing direction on asset related strategies across the organisation. Members actively engage in policy development for the asset base.					
1.12	The council has an organisation-wide approach to managing assets as a corporate resource, rather than a compartmentalised, departmental driven approach. The council focuses on using the asset base to help deliver sustainable social, environmental and economic outcomes for local communities		"Property Board" meets monthly and agenda and minutes are available. All Divisions are represented. See 2010-2013 AMP + example agenda as above + evidenced in Council strategies. Covered in AMP.	MBr/SD	MBr 27/07/11	
1.13	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		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	MBr 27/07/11	

	the asset base of medium longer-term service planning, and this is coordinated across service boundaries.					

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	A Code of Corporate Governance in line with the CIPFA/SOLACE guidance relevant to the type of authority has been adopted by the authority. A communication strategy in relation to the Code has been developed, approved and implemented	Code of Governance in line with CIPFA/SOLACE guidance. Originally adopted 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. Agreed by Cabinet to form part of the Constitution and included in current version. Part K http://www.harrow.gov.uk/site/scripts/documents_info.php?categoryID=10016&documentID=919 Code available on intranet to be communicated to staff – email alert sent August 2010 + presentation to CLG August 2010 .	CGG/SD	SD 08/08/11	
1.16	Review and monitoring arrangements in place	The Code itself incorporates a review date and/or a system for continuous update in response to changed requirements There are clear arrangements for continuously monitoring compliance with the Code e.g. reports on compliance are regularly submitted to the committee charged with	Code incorporates a review date – July/August each year. CGWG undertook the review and reported to CGG July 2009 and GARM September 2010. Annual review by CGG 09/08/11. GARM received regular update reports on Corporate Governance during 2010/11.	CGG/SD		

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		corporate governance responsibility				
		An annual report on compliance with the Code of Corporate Governance is prepared and submitted to members	Part of AGS report submitted to GARM annually.	DW/SD	CC 13/6/11	
		Internal/external audit reports on adequacy of corporate governance arrangements	Although no specific internal/external reports on adequacy of corporate governance arrangements produced during 2010/11 a number of internal audit reports covered governance arrangements of systems reviewed.	CGG/SD	CC 13/6/11	
		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	An AGS Action plan was drawn up after the 09/10 review and monitored and year –end position to be reported to GARM June 2010. Evidence			
1.17	Committee charged with governance responsibilities	Responsibility for overseeing corporate governance has been formally delegated to an appropriate committee	Responsibility formally delegated to GARM committee.	GARM /SD	10/6/11 CC	
		Committee terms of reference clearly demonstrating responsibility for corporate governance issues have been approved by the authority	GARM Terms of Reference originally approved 03/09/07 – updated and approved by GARM 08/04/10 .			
		Terms of reference are sufficiently comprehensive to ensure that all appropriate aspects of corporate governance are covered	Terms of Reference are sufficiently comprehensive.			
		Agendas and minutes from the committee charged with corporate governance responsibility indicate that the responsibility is being discharged adequately in	See agenda/minutes for GARM			

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		accordance with terms of reference				
1.18	Governance training identified, provided to key officers and all members. Governance training attendance of a good level.	Induction training for key new officers and all new members incorporate suitable coverage on corporate governance issues according to responsibilities 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	GARM committee members trained May 2008 + September 2010 + June 2011. Induction training on ethical governance and standards provided for new elected Members on 17 May 2010. http://moderngov:8080/documents/s69751/Member%20Development%20Report%202010%20Final.pdf Managers induction training (additional 2 days) includes reference to the corporate governance framework and can be accessed on the intranet at: http://harrowhub.harrow.gov.uk/info/200210/courses_qualifications_and_events/356/managers_induction_agenda 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/info/200211/e-learning/340/e-learning_service_for_councillors Also accessible is a report to the Member Development Panel on 7 April 2009 giving a presentation on the Member Development Charter and an update on the programme of training.: http://moderngov:8080/Published/C00000286/M00004530/$$ADocPackPublic.pdf	JT/LC	SD 08/08/11 LC 27/6/11	None
1.19	Staff, public, Members and other stakeholder awareness of corporate	There is a general staff awareness training programme The Code has been published and is accessible to all staff, the public and	Member awareness of corporate governance is covered at 1.18 All Harrow middle and senior managers have had training on Corporate governance issues through a 'Harrow Rules'	JT/LC	LC 27.6.11	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	governance	other stakeholders	programme. This was subsumed into a new Management Development Foundation Programme (MDPF) that started in September 2008. The main programme concluded in late 2009 but further courses were delivered into 2010. Corporate Governance was included in the staff and manager induction programmes. The manager induction programme has been shortened from 2 to 0.5 days in 2011/12 but still includes the legal framework, including corporate governance. : Manager: http://harrowhub.harrow.gov.uk/info/200210/courses_qualifications_and_events/356/managers_induction_agenda The agenda for the refreshed staff induction programme is no longer on the intranet – this will be remedied (LC) 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			

Objective 1: Establishing principal statutory obligations and organisational objectives

Step 4: – Performance management arrangements are in place

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
1.20	Comprehensive and effective performance management systems operate routinely to monitor service delivery.	There is a clearly defined performance management framework that identifies: (i) all sources of performance measures; (ii) who is responsible for achieving	Harrow has a defined performance management framework. This was revised as July 2010 and is provided as evidence (Final PMF 21 July 2010.doc) The framework aims to comprehensively address budget, service delivery performance measures, project delivery measures, workforce and 'compliance' type	TW/LD	LD 6/7/11	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		each performance measure; (iii) who is responsible for collating the data for each one; (iv) who determines and approves the performance measures; (v) who receives reports on performance and how often; (vi) how data quality is assured; (vii) how performance data is captured and its integrity maintained; (viii) how poor performance is addressed; (ix) how performance is driven upwards over time Reports resulting from internal or external reviews of performance management Year-on-year comparison of achievement against performance targets (e.g. in annual reports) Best value reviews, including benchmarking results Departmental and/or service benchmarking results Annual reports issued by, or in relation to, strategic partnerships	outcomes. Improvement Board Reports are provided by each Corporate Directorate quarterly to an agreed template, and these are reviewed by the Improvement Boards. Action notes are produced from each meeting. The Improvement Board template is regularly refreshed. – see example in the evidence file (Improvement Board Guidance v25 May 2011.doc) Each Corporate Directorate SIP contains the prior year PI outturn, and a section reporting progress with prior year projects. See 1.7 A programme of service reviews has been developed, overseen by an Efficiency & Improvement Board. A range of vfm benchmarking tools are analysed (inc CIPFA, LAPS, DoH, Housemark, Building Control),, and forwarded to each Corporate Directorate. Work is being done with each directorate on cost and performance benchmarking as part of the planning and improvement cycle. For information relating to Value for Money, see evidence provided under 9.6. A number of services are members of CIPFA and other benchmarking clubs. The Council receives benchmarking data from the London Council's LAPS benchmarking system. Harrow Strategic Partnership did not produce an annual report in 2010-11 in view of the abolition of the LAA and other changes that were taking place Performance data against LAA targets is published quarterly. Evidence – Quarterly LAA Performance Report. Harrow Chief Executives now devote every			

		Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				other meeting to performance issues. Service delivery is monitored via service plans and reported to DMTs and improvement boards. Improvement Board outcomes feed into CSB Performance morning which considers exception reporting, and this in turn feeds into the Strategic Performance Report.			
1.21		Key performance indicators are established and monitored	Appropriate key performance indicators (KPIs) have been established and approved for each service element and are included in departmental and service business/annual plans KPIs have been developed and are monitored in respect of key partnerships A robust monitoring system has been approved and implemented There are regular reports on progress on delivering approved KPIs There is an approved mechanism for reviewing the continuing suitability of KPIs and for securing continuous improvement	KPIs are included in Corporate Directorate Service Improvement Plans. All national and regulatory KPIs are monitored appropriately. Improvement boards and Workforce strategy groups receive reports on KPIs including workforce and other local PIs Key partnerships – HSP – see 1.20 Service delivery KPIs agreed for commercial partnerships (eg Kier) (see scorecard evidence) Service KPIs are monitored monthly at the Operational Group meetings and the Contract Management meetings and quarterly by the Strategic Partnership Board. (see minutes evidence) The structure of the partnership is changing to reflect the post LAA world see report to Partnership Board July 2011. Corporate Directorate KPIs are monitored at quarterly Improvement Boards. See 1.20 Mechanisms for reviewing KPIs at service delivery level are left to local Directorates to determine. A review of KPIs and the Strategic Performance Report (SPR) was carried out in 2010/11; the Corporate Balanced Scorecard was refreshed for 2010/11 and subsequently for 2011/12.	TW/LD	LD 6/7/11	
1.22		The authority knows	Regular reports are presented to	Portfolio holders receive quarterly Improvement Board	TW/LD	LD	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	how well it is performing against its planned outcomes	members on the delivery of national, authority, departmental and partnership performance targets Internal and external auditor's reports on key performance indicators Key performance indicator risk scorecards Use of Resources (PURE for police service) reviews and progress reviews against the action plans. Monitoring reports on the achievement of local performance targets in the Local Policing Plan Best Value Performance Indicators Internal performance indicators Regular budget monitoring reports (capital and revenue, current year and medium-term) Voluntary benchmarking exercises with peer groups National comparative performance measures against comparable authorities (e.g. QuAnTa data on comparative policing performance against 'most similar force') Local Area Agreements and other strategic partnerships Balanced score card	reports, see 1.20 for template Cabinet receive a quarterly Strategic Performance Report (SPR), The Q3 report is provided in the evidence file (comprising the covering report to Cabinet and the SPR as an Appendix). The chair and vice chair of the Performance and Finance scrutiny sub committee meet on a monthly basis with officers from finance and corporate performance to consider whether there are any performance or financial issues which warrant consideration by the committee. Where this is the case, officers are asked to provide detailed information with regard to the particular service area for discussion at committee. If there is insufficient clarity regarding the issue, then it may be monitored further perhaps via formal review. Agenda reports pack and minutes for each meeting during 2010/11 are available here: Monthly budget monitoring reports to CSB in accordance with CSB timetable. Quarterly report to Cabinet which are available on the intranet. Evidenced. http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=817&MId=60568&Ver=4 http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=817&MId=60329&Ver=4 http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=817&MId=60846&Ver=4 Key partnerships – HSP – see 1.20	JA/JH	6/7/11 JH 9/8/11	

		Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			EFQM model adopted External audit/agency reports on performance (e.g. compliance with National Crime Recording Standard, HMIC reports, Police Standards Unit reports)	An Internal Audit review of National Indicators was conducted in 2010 and is available from Internal Audit The Council maintains a Corporate Risk Register which is reviewed at the CSB performance morning, and Risk Registers are also reviewed at quarterly Improvement Boards. National Indicators (NIs) where still in use 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 For internal performance indicators the same applies PWC benchmarking club, and in 2010/11 LAPS, provide comparative data on KPIs. 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. For 2010/11 scorecards at Corporate Directorate level have been refreshed. External audit reports by CQC, Ofsted, available from their websites For Local Area Agreement see 1.20.			
1.23		Knowledge of absolute and relative performances achieved is used to support decisions that drive improvements in	Monitoring reports are regularly presented to the appropriate committee The reports include detailed performance results, both absolute and relative to peer authorities, a	Improvement Board Reports are provided by each Directorate quarterly, see 1.20. 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)	TW/LD Corp Directors	LD 6/7/11	

		Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		outcomes	clear indication of below target, on target and at, or above, target results, highlighting areas where corrective action is necessary Committee reports on below par performance include 'SMART' action plans to improve performance Performance targets in subsequent corporate and departmental and/or service business plans are revised in the light of actual performance 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) 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 Performance targets are adjusted in the light of the performances of peer authorities	Information on relative performance is analysed, through published benchmarking information and through benchmarking clubs e.g. London Information Exchange Group, Housemark, PWC, LAPS. . We strive for continuous improvement through target setting and regular comparison with statistical neighbours, and monitor trends. Cabinet and Portfolio Holder reports include a performance section and sign off is required from a member of the Partnership Development and Performance team.			
1.24		The authority continuously improves its performance management	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	The performance management framework defined in 2007 and described at 1.6 and 1.20 has been reviewed regularly. The latest version is available in the evidence file. . 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.	TW/LD	LD 6/7/11	

		Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			The performance management arrangements are revised in line with external or internal review of the arrangements Performance management arrangements are reviewed to assimilate new techniques and/or technology e.g. developments in performance management information systems Performance management arrangements are developed and monitored in relation to key partnerships	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 –Performance reports			
1.38		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		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. 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. 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). 90% of data from electricity/gas readings is very reliable. The Council is installing automatic meter reading devises	JE(AB)/ SD	AB/CC 13/6/11	

		Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				and annual pictures of meter reading are currently taken. The council's Climate Change Strategy was established in September 2009 after public consultation. A revision was issued in October 2010 for further consultation and this was adopted by the council in May 2011.Evidenced.			
1.39		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 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		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 alongside figures for 2010/11 in accordance with the revised timetable from DECC . The methodology has been revised slightly so comparability with 2009/10 will be limited. We are also collating information to report our base year consumption under the CRC scheme. These need to be reported by the end of July 2011. 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 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. Cabinet received a report in Dec 2010 on the Carbon Reduction Commitment – Energy Efficiency Scheme (CRC scheme). Achieving the carbon reduction targets is an essential element in our response to the CRC. The target has been allocated to Corporate Director (Environment and Community Safety) as part of his	JE(AB)/ SD	AB/CC 13/6/11	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			personal performance targets, which are monitored by the Chief Executive. 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. This is a local indicator. During 2010/11 the council obtained £273k funding from SALIX to implement energy saving measures in schools and corporate buildings. £63k was also spent on reducing energy consumption in the CCTV room			
1.40	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 its policy, mitigating risks or having a plan to manage the effects		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. Guidance for report writers has been amended to refer them to the Nottingham Declaration website	JE(AB)/ SD	AB/CC 13/6/11	
1.41	The council considers the environmental impact of its suppliers of goods and services within its commissioning and procurement		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 2009/10) ties in directly with the Government's national action plan "Procuring the Future".	JE(AB)/ SD	AB/CC 13/6/11	

	Examples of assurance:	FAN Suggested Evidenced:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	decisions and is working with them to achieve improvements		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. The council has appointed expertise in sustainable procurement to help it develop a sustainable procurement policy.			
1.42	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/CC 13/6/11	

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		There is a written strategy and policy in place for managing risk which: Has been formally approved at political and risk management board (or equivalent) level Is reviewed on a regular basis Has been communicated to all relevant staff Includes partnership risks	Existence of approved strategy and policy document Evidence of formal approval (e.g. management board/committee minutes) Evidence of formal review (e.g. management board/committee minutes, document version number and date) Evidence of communication strategy, possibly covered in strategy document Examples of dissemination e.g. induction, briefings, awareness sessions, policy and strategy published on intranet, strategic diagnostic questionnaire results	Cabinet Agenda for 17 September 2009 - available at http://moderngov:8080/Published/C00000249/M00004617/$$$Agenda.doc.pdf Cabinet Report and Minutes of Meeting for 17 September 2009 (Agenda Item 9 Pages 97 to 118) - available on intranet at http://moderngov:8080/Published/C00000249/M00004617/$$ADocPackPublic.pdf Risk management strategy, policy, guidance and templates available on the intranet at http://harrowhub/info/200193/risk_management/313/risk_management Risk management policy identifies risk management roles and responsibilities of partners - available on intranet on above link. Available on the Hub.	DW/NB	NB 10.06.11	
2.2		The authority has implemented clear structures and processes for risk management which are successfully implemented and: Management board and elected members see risk management	Management board/committee minutes Job descriptions of senior and operational managers and corporate risk manager outline their risk management responsibilities and are covered in appraisals Internal audit reports and external audit	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.)	DW/NB	NB 10.06.11	

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

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				Service Improvement Planning Guidance for Corporate Directorates for the 2009/10 financial year guidance.			
2.3		The authority has developed a corporate approach to the identification and evaluation of risk which is understood by all staff	Systematic procedures for risk identification and evaluation have been agreed and are consistently applied across all business units and partnerships

Examples of dissemination e.g. induction, briefings, awareness sessions, strategic diagnostic questionnaire results | Risk Management Strategy & Policy (see 2.2)

Risk Management Manual (see 2.2)

Risk management training (see 2.6) | DW/NB | NB 10.06.11 | |
| 2.4 | | The authority has well defined procedures for recording and reporting risk | Evidenced by review of risk management strategy and policy

Key risk indicators have been determined and there is evidence of monitoring against these risks

Evidence of regular and frequent reporting of risk to political and management board level

Evidence of risk based auditing being carried out

Evidence of risks not properly addressed identified in internal audit reports etc being fed into the risk management process

Environmental scanning reports are fed into the risk management process so as to identify new and emerging risks | Last risk management review conducted 2009.

No KRIs used. 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 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 | DW/NB | NB 10.06.11 | |

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				Performance meeting also provide opportunity for horizon scanning.			
				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.			
				Evidence of review of risk management policy – cabinet report.			
				Reporting to CSB and Improvement Boards (see 2.2)			
				Corporate Property and Infrastructure (Kier/EnterpriseMouchelle) Board reports and minutes			
				Partnership risk management (see 2.11)			
				GARM Report and Minutes 8 September 2009 - RAF update			
				Risk based auditing undertaken – see IA ToR Ref (2.2) + example audit reports			
				Evidence of risks not properly addressed identified in internal audit reports etc being fed into the risk management process.			
2.5		The authority has well-established and clear arrangements for financing risk	Evidence that the authority's policy for risk financing is regularly reviewed in the light of costs and alternative risk mitigation strategies	Internal procedures detailing claim handling. E.g. – liability claims procedures, property claims procedures, highways claims procedures etc. Independent annual actuarial advice, in line with	DW(KV)/SD	DW/CC 13/6/11	

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			All legal requirements for insurance are met	professional guidelines that complies with Board for Actuarial Standards.			
			Evidence that self-insurance provisions are subject to annual independent actuarial valuation and that contributions to the fund are adjusted accordingly	Woolf principles adhered to – see above procedure documents.			
			Insurance claims being managed in accordance with 'Woolf' principles	Policy documentation, Judicial review documentation. Successful LAML appeal.			
			Evidence of monitoring the incidence of successful and unsuccessful claims and of feeding the results back into the policy for risk financing accordingly	Actuarial Evaluations commissioned for 2009-10. Contributions adjusted in accordance with actuarial advice.			
				New version of claims database introduced 2008/09 to improve risk financing information.			
				LEAN review improved claims processes to ensure risk financing is appropriate and prudent.			
2.6		The authority has developed a programme of risk management training for relevant staff	Training programme for risk management	List of risk management training available 2009/10.	DW/NB	NB 10.06.11	
			Training needs analysis (both specialist staff development and general awareness)	Members Induction Briefing and presentation			
			Regular newsletter or other means of communicating risk management issues to staff	Managers Induction presentation			
				E-learning - risk management module			
			Induction programme includes risk management	Staff Induction - risk management leaflet			
				The Modern Councillor - member development charter action plan, development programme, and booklet.			
				CRSG terms of reference - responsible for providing risk management awareness training for all relevant Council staff, looking at existing training methods and developing new opportunities for training (see 2.2)			

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				Intranet site – guidance on all risk processes. On HUB as above.			
2.7		The corporate risk management board (or equivalent) adds value to the risk management process by: Advising and supporting corporate management team on risk strategies	Corporate risk management board or equivalent terms of reference	GARM terms of reference - risk management responsibilities (see 2.2)	DW/NB	NB 10.06.11	
			Minutes of corporate risk management board	GARM terms of reference (see 2.2.)			
			Reports to corporate management team	CSB role - CSB guidance Notes Aug 2009 (see 2.2).			
		Identifying areas of overlapping risk		CRSG terms of reference - aims and objectives (see 2.2).			
				CSB reports (see 2.1)			
		Driving new risk management initiatives		Member Development Panel terms of reference.			
		Communicating risk management and sharing good practice		CSB reviews Strategic Risk Register quarterly (2.2)			
				CRSG agenda and minutes of meeting Feb 2010 - used to inform Directorate risk champions of best practice, and share information and lessons learnt.			
		Providing and reviewing risk management training					
		Regularly reviewing the risk register(s)		Improvement Boards review Directorate risk registers quarterly. (2.2)			
		Coordinating the results for risk reporting		New risk initiatives - CRSG minutes Feb 2010			
				Risk management CIP Reporting against 2009/10 targets - January 2010 update			
				Risk management training (see 2.6)			
				Communicating risk (see 2.1 and 2.6)			
				Risk reporting to CSB and Improvement Boards			

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				(see 2.2)			
2.8		A corporate risk officer has been appointed with the necessary skills to analyse issues and offer options and advice and: Support decision making and policy formulation Provides support in the risk identification and analysis process Provides support in prioritising risk mitigation action Provides advice and support in determining risk treatments Inspires confidence in managers	Job description of corporate risk officer Key task matrix of corporate risk officer Evidence of the corporate risk officer reporting to corporate management team on risk management issues Evidence of training on current risk management topics / membership of appropriate organisations (e.g. ALARM) Use of consultancy as appropriate	Risk Manager job description (see 2.2) Audit and Risk Group Service plan refers to projects/tasks the RMO and risk team are working towards. CSB reports (see 2.2) 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.) Membership of ALARM – Membership number 8229 Risk management in partnerships (see 2.11) Risk management training (see 2.6)	DW/NB	NB 10.06.11	
2.9		Managers are accountable for managing their risks	Evidence of manager involvement in risk identification and analysis process Risk owners detailed in corporate /departmental risk register(s) Evidence of (at least) annual review of risk at service/operational levels and of partnership risks Analysis of completed control and risk self-assessment questionnaires	Risk management roles and responsibilities for all managers are included in the Risk Management Policy. See 2.1. Senior management review their strategic and corporate operational risks on a quarterly basis (see 2.2) The strategic, corporate operational and directorate risk register(s) include risk owner and control owners (see 2.2) Risk for major commercial partnerships are	DWNB	NB 10.06.11	

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				regularly reviewed (see 2.11) 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. 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). All Cabinet reports require authors to identify associated risks, making them accountable - list of risk information provided in reports (see 2.2) Managers Checklist - identifying risk management responsibilities (see 2.2). Use of CRSA questionnaires considered by CRSG Oct 2010 and deemed unnecessary to improve accountability.			
2.10		Risk management is embedded throughout the organisation	Evidence of a general risk management culture at all levels Evidence of managers involvement in risk management aspects of business planning 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	Partnership risk management (see 2.11) Manager involvement (see 2.9) Risk registers as part of service planning and Directorate Improvement Plans (see 2.2) Service planning guidance (see 2.9) All Cabinet reports require authors to identify associated risks - list of risk information provided in reports (see 2.2).	DW/NB	NB 10.06.11	

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				Corporate Risk Steering Group assists with embedding process as it consists on representatives from across the Council (see 2.7). Regular risk reporting to Improvement Boards and CSB Performance (see 2.2) 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) CRSG meetings - standing agenda item 'Sharing information and lessons learnt (see 2.7).			
2.11		Risks in partnership working are fully considered	Evidence of risk assessments being undertaken before the commencement of major projects, preferably in the report on which the decision to proceed is based Evidence that risk assessment are regularly reviewed during the project period Evidence that potential partners are required to produce and submit risk assessments Evidence that partnership arrangements are reviewed in terms of risk before they are entered into and, subsequently, that the risks are reviewed Evidence that there are effective arrangements in place for risk sharing (e.g. in the partnering contract terms and conditions or agreement) Evidence that Partnership risk registers are in place	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. Local Area Agreement 2008 and LAA Leaflet. 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 HSP Management Groups (x5) terms of references, agendas and minutes of meetings, draft risk registers.	DW/NB	NB 10.06.11	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		Evidence that Risk owners assigned in relation to key partnerships	HSP Governance Handbook, Induction Handbook and Protocols. HSP Board and Executive Membership List August 2008 HCE Report July 2009 HSP Performance Report Q2 2009 Partners risk management roles and responsibilities are included in the Risk Management Policy (see 2.1). 'Partnership Risk Management for the Public Sector and Public Service Organisations - A Guide and Toolkit Risk management Implications are required in all Cabinet reports (see 2.2). 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. Major construction and highways partnering contracts with Kier, Apollo and Enterprise Mouchel comprehensively cover contractor and 3rd party liability, indemnity and insurance (available from 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			

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
				14/4/2010) See http://harrowhub.harrow.gov.uk/download/70 /std_ts_and_cs_0-5k for other standard terms and conditions and PQQ/ITT information.			
2.12		Where employed, risk management information systems meet users' needs	Evidence of risk information being updated promptly Review of accuracy and usefulness of output from information systems Evidence that users were/are consulted on initial implementation and further development Interviews with users to assess suitability of the system for their needs	N/a – looking to potentially roll out a risk Not applicable. Harrow Council does not use risk management software. Risk management reporting to Corporate Directors (CSB) is currently (Summer 2011) being reviewed and will be further fine tuned to meet the needs of these specific users.	DW/NB	NB 10.06.11	

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	There are written financial regulations in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff:
	
	    Authority has adopted CIPFA code on Treasury Management
	
	    Compliance with the Prudential Code
		Financial regulations and instructions exist & are reviewed & updated regularly
		
		Evidence of formal approval
		
		Examples of dissemination e.g. induction, briefings, awareness sessions, accessible in finance manuals and/or on intranet site
		
		Reports to audit committee or equivalent confirming compliance or identifying extent of non-compliance with regulations and instructions
		
		Report approving annual treasury management and investment strategy
		
		Outturn report on treasury mgt.
		
		External audit assessment of compliance with Prudential Code
		
		Results of Use of Resources (or PURE) assessment of internal control KLOEs
			Financial regulations currently in process of being updated. They will be passed to Cabinet in October 2011 and to Council in November 2011 for approval.
			
			Covered in staff and Management Induction Programmes.
			
			IA reports on systems highlight compliance/non-compliance where relevant and are sent to GARM.
			
			TM & Investment Strategy in place & approved by Cabinet 10/02/11. Evidenced.
			
			Outturn Report produced on TM which went to Cabinet 22/06/11. Evidenced
			
			As part of the Interim Audit, External Audit examined the TM system notes. Evidence.
			
			N/A
				JA/JH	JH 9/8/11	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identifie d
3.2	There are written contract standing orders in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff	Standing orders exist, are reviewed and updated regularly to cover new procedures such as partnering arrangements and on-line tendering Evidence of formal approval Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible in finance manuals and/or on intranet site	Contract Procedure Rules currently in process of being updated. They will be passed to Cabinet in October 2011 and to Council in November 2011 for approval. These will cover partnering and on-line tendering. Evidenced. 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). Included in induction process.	JA(RH)/JH	JH 9/8/11	
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.	Whistle blowing policy exists and has been reviewed and updated regularly Evidence of formal approval Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible on website and intranet site Evidence of effectiveness of policy (e.g. reports on incidence of usage, evidence on annual declarations on fraud to Audit Commission)	Whistleblowing policy exists and was reviewed and updated 2007 and again July 2011. Formally approved by Standards Committee 26/06/07. Accessible on intranet : 2011 review noted on current version. http://harrowhub/downloads/file/2086/whistleblowing 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. Monitoring Office maintains a register of incidence and reports annually to the GARM Committee (November 2010). http://moderngov:8080/documents/g60284/Public%20repo rts%20pack,%20Monday%2029-Nov-2010%2019.30,%20Governance,%20Audit%20and%20Ri sk%20Management%20Committee.pdf?T=10	HP&JT/SD	CC 13/6/11	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
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	Counter fraud and corruption policy exists and has been reviewed and updated regularly

Evidence of formal approval

Examples of dissemination (briefings, induction, awareness sessions, accessible on website and intranet site

Evidence of effectiveness of policy (e.g. reports on identified frauds; annual AF70 returns to Audit Commission, reports on results of National Fraud Initiatives)

Review of register of gifts and hospitality | Corporate Counter Fraud Policy updated 2010
Updated version approved by Cabinet November 2010. Evidenced

Accessible on internet site but only via search facility on intranet (CAFT have no specific pages).

No awareness sessions etc. Intranet enhancement included in 2010/11 Fraud plan. Slot in the corporate induction to make staff aware. E-learning tool being developed.

IA report on frauds to GARM in mid-year/year end reports (as before).
CAFT posts details of successful prosecutions on Harrow Intranet site..

NFI fed into AC secure web-site. CAFT falls within Audit & Risk and reports to GARM and lead member identified – reports to GARM each meeting covers performance + NFI where relevant.

No review of gifts & hospitality undertaken from a fraud perspective. Planned for 08/09 & 09/10 but no resources. Not considered by the CAFT Service Manager as high risk therefore no resources to be allocated. | DW(JP)/SD | CC 13/6/11 | GAPs c/f from 2008/09

GAP 2010/11

GAP 2010/11

CCG 09/08/11 gaps agreed |
| 3.5 | 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. | Codes of conduct have been agreed, including national schemes

Evidence of formal approval

Examples of dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site

Performance management system (Covered above) | The Staff employee Code of Conduct is accessible to all staff on the intranet and is contained in the Employees Handbook. This is given to all new employees
http://harrowhub/downloads/file/607/employee_handbook

The manager's handbook is also given to all new managers and is found on the intranet at:

http://harrowhub.harrow.gov.uk/info/200129/contracts_payroll_and_pensions/167/employee_handbook_for_managers

Staff are briefed on the Code of Conduct in their informal | JT/LC (staff)

HP/VS (members) | LAC 27.6.11 | |

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	Develop and maintain shared values including leadership values both for the organisation and staff reflecting public expectations and communicate these with members, staff, the community and partners . 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.	performance appraisal (covered above) complaints procedures covered elsewhere) antifraud and corruption policy (covered above)	induction sessions with their line manager; checklist included in evidence file There are various references in the council's Constitution to conduct for Members. The Member Code of Conduct is available on the intranet and internet. Additionally the Council have established new Standards Committee webpages which provides greater detail to the public on Member conduct generally (Link: http://www.harrow.gov.uk/info/358/councillors-information_and_advice/2106/standards_committee). New and existing Members elected in May 2010 were required to sign a formal declaration of acceptance of office, which included a commitment to adhere to the Code of Conduct. Members were provided with an induction pack and training session on the Code of Conduct on 10 May 2010. Further training on the Code was also conducted on 17 May 2010. A training session on Social Media and the Code of Conduct is scheduled for 30 June 2011.		(10 June 2011 VS)	
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? (Members) – Minutes of Assessment, Review and Hearing Sub-Committees.	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 2011) For members, complaints about breaches of code of conduct are reported to standards committee. Under the Localism Bill, the Council will no longer be required to have a standards committee. A working group has been set up to decide: 1) if we need a standards committee; 2) code of conduct; and 3) what to do about breaches of the code if it is decided to retain one. Under the Localism Bill we still have to uphold high standards but the Bill does not	JT/LC (staff) HP/VS (members)	LC 27.6.11 JF-10 June	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			provide for a mechanism for breaches except in the very serious cases where it will be a criminal offence not to declare an interest.			
3.6	A register of interests is maintained, regularly updated and reviewed	Inspection of register of interests (members and staff) Evidence of regular updating and review by senior officer(s)	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 e.g., every 6 months in addition any changes should be notified within 28 days of a change. Staff registers are maintained by the individual Corporate Directors. These are not open to public inspection but can be inspected by Senior Officers.	HP/JF	JF-10 June	
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	Published on the Harrow Web site	HP/JF		
3.6b	A register of politically restricted posts is maintained and publicly available and accessible.	Published on the Harrow Web site.	Published on the Harrow Web site	HP/JF		
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 Evidence of formal approval Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site Regular reports on the operation of the scheme (e.g. compliance, budget monitoring, year-end balances)	Financial Delegations are being updated as part of the update of Financial Regulations and Contract Procedure Rules. Following Cabinet approval in October these will be updated on the system as there will be changes to the current delegations. + Management assurance. Financial Delegations in place via SAP but other delegations patchy across Council (CIPFA ref to financial delegations which are in place) - confirmed by 2010/11 management Assurance Exercise SAP system ensures financial limits not exceeded. Individual directorates should monitor compliance. Budget monitoring reports to CSB and Cabinet.	JA/JH	JH 9/8/11	GAP 2008/09 c/f 2009/10 however CGG 16/07/10 agreed not to carry forward on Action Plan as inhand. ACTION:

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
							HR drafting template for non-fincial delegations to be reviewed by IA Not progressed + MA exercise suggests GAP GAP agreed JT 12/08/11
3.8		A corporate procurement policy has been drawn up, formally approved and communicated to all relevant staff	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 Evidence of formal approval Examples of dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site Evidence of effectiveness of policy (e.g. benchmarking results, best value review, internal/ external audit review)	Procurement Strategy updated 2009. This overarching strategy runs from 2009-2012. A Sustainable Procurement Policy is due to go to Cabinet in October 2011. Separate strategies are put together for individual procurements in accordance with the overarching Procurement Strategy. Cabinet Nov 2009 see 3.2 Intranet, briefings. We are part of the CIPFA benchmarking club for corporate services which includes Finance, IT, HR, procurement, property. Benchmarking is carried out every other year and is due to be carried out in September 2011.	JA(RH)/JH	RH/JH/ST 9/8/11	
3.9		Business/service continuity plans	Current business/service	BC plans have been completed for the council's	DW(KG)/S		

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

	have been drawn up for all critical service areas and the plans:
	
	    Are subject to regular testing
	
	    Are subject to regular review
		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
			departments and have been reviewed by their Directors in June 2010. Corporate Directors and Divisional Directors keep copies of their individual BC plans + Emergency Planning Section retain copies + Corporate BC plan.
			
			All directorate plans tested November 2010 & again in Feb 2011 with the Corporate BC Plan..
				D	CC 13/6/11	

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/NB	NB 10.06.11	
3.11	Key risk indicators have been drawn up to track the movement of key risks and are regularly monitored and reviewed.	Appropriate key risk indicators 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	KRI's are not used by Harrow Council. 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.	DW/NB	NB 10.06.11	

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			change the perceived level of risk)				
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: 2010/11 Plan) All reports go to GARM Committee (as before) Annual report/opinion on control environment included in Year-end report (Evidence: 2010/11 Year-end report). External Audit annual Report No longer applicable – previously 3/4 on Internal Control	DW/SD	CC 13/6/11	
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 Review of number of reported incidences and 'near misses'	H&S policy exists 2009 and has recently been reviewed and is currently under consultation (July 2011) http://harrowhub/downloads/download/1491/draft_health_and_safety_policy Policy does cover partnerships Annual Health and Safety report to H&S Partnership Board, Employees Consultative Forum and Cabinet July 2010 + GARM June 2010. Part of annual Health and safety report	DW/SD	CC 13/6/11 Updated SD 11/08/11	
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	Complaints policy/procedure exists and has been reviewed and updated regularly Procedure is compliant with all relevant statutory requirements	Complaints procedure on Harrow Web site: http://www.harrow.gov.uk/info/353/complaints-procedure/1794/complaining_about_the_council Customers able to use web form to submit complaints Complaints Procedure – Staff Guidance:	TW(CC)/LM	LM 14/06/11	

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		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.	Evidence of formal approval Examples of dissemination e.g. induction, briefings, awareness sessions, inclusion of policy on website and intranet site Leaflets/posters highlighting complaints procedure Complaints files Committee reports summarising complaints dealt with analysed by outcome Members Code of Conduct	http://harrowhub/info/200197/complaints_and_feedback Policy/procedure signed off by Council in September 2008 Policy awareness part of staff induction since March 2009 Approximately 250 staff have attended training in handling/investigating complaints since April 2009 and approx 100 in 10/11. Briefing session also held for Members June 2009. Next one due for October 2011. Leaflet produced May 2009 – also on Intranet and distributed accordingly - provided as evidence Complaints Action plan attached as evidence A Corporate Complaints Policy was signed off in September 2008. 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			
3.14a		The Council can demonstrate that complaints have been dealt with speedily and robustly.	Suggested evidence?	LGO decided on 66 complaints against the council during the year 2010/2011. In 25 there was no evidence of maladministration, and 15 complaints were outside jurisdiction. In a further 13 complaints the LGO exercised discretion not to investigate further. Typically these are cases where even though there may have been some fault by the council there is no significant injustice to the complainant. We received of 13 Local Settlements in comparative to 12 for the period 2009/2010.	TW(CC)/LM	LM 14/06/11	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
			See Improvement Board report Q4 – shows percentage of complaints answered on time for a quarter. Performance reports now up and running on CRM where we can actively monitor our complaint response targets.			
3.33	The council manages data on systems with controlled and secure access.		All Council IT systems including network are governed by user ID and passwords (as outlined in the Acceptable Use Policy)	DW/TM	CC 13/6/11	
3.34	There are up-to-date data security policies and guidance in place covering: • key business areas		All Information Management Policies and Data Quality Policy are up to date. 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. There is no consistent approach for validating information from third parties as it is the responsibility of the contract 'owner'.	DW/TM	TM 10/06/11	CCG Gap accepted 09/08/11 GAP 2010/11 (c/f 2009/10)
3.35	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		See 3.34 also: All information management policies have been drawn up within the requirements of current legislation and guidance from LGA, Central Government and the Information Commissioner.	DW/TM	TM 10/06/11 Update SD 11/08/11	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	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.		The Council's Information Manager has the responsibility to periodically review information Management policies annually (latest review May/June 2011) or when required if change in legislation or directive.

http://harrowhub/downloads/download/303/information management_policies_and_procedures

We have produced a programme of walkabouts to monitor staff and their adherence to these policies (this has ceased and was only monitoring cltr, alt delete of workstations not ALL 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. | | | |
| 3.36 | 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. | | 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). See above 3.35

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. | DW/TM | CC 13/6/11 | |
| 3.37 | The council manages information risk effectively. Arrangements meet the requirements expected in government including having a capable Senior Information Risk | | Information Asset Register (IAR) and Information Risk Register (IRR) implemented as a result of the risk reduction exercise undertaken in May/June 2009.

Information Risk Policy in place (Nov 2009) and | DW/TM | TM 10/06/11 | |

		Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
		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		Information Risk guidelines implemented with clear guidelines on who is responsible for information risks. SIRO appointed June 2009. The Council has complied with the Governments Code of Connection and was formally certified on 1st Sept 09 and updated 29/07/11. However CAFT moved 01/08/11 to open plan office that does not, in the opinion of the CAFT Service Manager and the Information Management Service Manager comply with the relevant code of connection.		SD 08/08/11	GAP 2010/11 CGG agreed gap 09/08/11 – MB to be joint action owner
3.38		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 Codes of Connection for the NHS Network (N3) and Government Secure Intranet and Government Connect.		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. Capita and the Council are now working together to implement some of the gaps to imbed an ISMS to ISO standard. TM to provide copy of action plan. Existing policies comply with Government connect requirements.	DW/TM	TM 10/06/11	GAP 2010/11 CGG agreed gap 09/01/11 – no action required
3.39		The council can demonstrate it is reducing the number, severity, or both, of security incidents as well as feeding lessons from incidents		A security incident log is now in place and is monitored by the Service Manager for Information Manager (SMIM) and IT Client side Strategic Infrastructure Team Leader. (SITL). Policies and procedures have also been improved through improvement reviews conducted by SMIM & SITL	DW/TM	TM 10/06/11	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	into information security policies and practice.		i.e. Incident reporting and management procedure. Computer Based Training has been introduced for pilot staff (GCSX) in August 2009 and information security e-learning was rolled out to all users in 2009/10. 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.			

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	Minutes of committee at which report on assurances was considered Sources of assurance are appropriate to the authority	GARM committee received regular governance updates throughout 2010/11 – see 1.16 See Governance update report (Evidence 08/09 1.10) & IA Governance Framework (Evidence 08/09 report 1.11) identifies sources of assurance	CGG/SD	13/6/11 CC	
4.2	Appropriate key controls on which assurance is to	Briefing notes, guidance, instructions etc given to appropriate managers regarding what is expected of them	Core Financial Systems Key Control reports Core Financial Systems System Notes Management Assurance guidance see 4.3	CGG/SD	10/6/11 CC	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	be given have been identified and agreed					
4.3	Departmental assurances are provided	Departmental heads sign off on adequacy of controls (i.e. provide annual governance assurance statements) 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. *(Structured process and standard documentation to ensure consistency of coverage and common understanding of level of assurance given)* Completed Control & Risk Self-Assessment questionnaires 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	Management Assurance process well developed and in place for last 6 years. Supporting documents provided to Internal Audit. Guidance provided on evidence required and how to complete assurance self-assessment. Self-assessments completed by all 3rd tier managers and combined to produce Directorate and Corporate Statements. Assurance statements reviewed by Corporate Governance Group and GARM Committee. Reality checking undertaken by Internal Audit and reported to CGG + CSB + GARM Report produced on Management Assurance Exercise provided to CGG + CSB + GARM.	CGG/SD	13/6/11 CC	
4.4	External assurance reports are collated centrally Reports are reviewed by relevant senior management	Sources of external assurance relevant to authority are identified and agreed, including partnerships External assurance reports will vary according to type of authority and could include comment and input from the following (the list is not exhaustive):	Source of external assurance are the Audit Commission External auditors reports – an External Audit report is attached as evidence. See 1.22. External audit reports by CQC, Ofsted, available from their websites	TW/LD	LD 6/7/11	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	team and reported to appropriate committee

Action plans are prepared and approved as appropriate

Follow up reports on recommendations are requested and reviewed by relevant senior management team and progress is regularly reported to relevant committee | Audit Commission

External Auditor (either from direct audit work or from work jointly commissioned

Social Services Inspectorate

Use of Resources assessment

PURE assessment (police service)

Best Value Reviews

HMIC

Police Standards Unit

Home Office commissioned reports

Senior management team minutes

Follow up reports to appropriate committee | Example reports and action notes that relate to the CSB performance morning can be provided as evidence on request

Harrow Chief Executive's considers actions against Audit Commission findings through its performance mornings. | | | |
| 4.5 | Internal Audit Arrangements | Reports of Head of Internal Audit to audit committee or equivalent throughout the year

Annual report of Head of Internal Audit, including opinion on internal control and risk management framework | Mid-year and Year-end reports provided by the Service Manager, Internal Audit to the GARM committee.

Year-end report includes an Audit Opinion on the Overall Control Environment. | DW/SD | 10/6/11 CC | |
| 4.6 | Corporate Governance Arrangements | Annual corporate governance assurance statement

Internal or external audit review of corporate governance arrangements

Monitoring reports to committee on delivery of action plans in response to reviews of corporate governance | AGS report

IA report on Corporate Governance Framework (See 1.11)

Mid-year and year-end AGS action plan updates to CGG/CSB/GARM | CGG/SD | 10/6/11 CC | |

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
4.7	Performance monitoring arrangements	Annual and in-year reports on delivery of key performance indicators by internal and/or external review agencies	Internal auditors reports – an example is attached 1.22 – External auditors reports – a report is attached 1.22	TW/LD	LD 6/7/11	

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	10/6/11 CC	
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. AGS Assurance & Evidence table outlines assurances	CGG/SD	CC 13/6/11	

	Examples of assurance:	FAN Suggested Evidenced by:	Harrow Evidence:	Owner/ Sponsor	Evidence updated (date & initials)	Gap Identified
	Overall responsibility allocated to governance senior officer group Required assurances are agreed and recorded Central record of all assurances (either evidence file, or showing clear link to where evidence is held) Clear guidance as to evaluation procedure including assurance over risks, independence and objectivity of assurances Defined evaluation mechanism Timetable for completion by statutory deadline	Approved written guidance re evaluation procedure Scoring matrix/methodology *(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)* 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) Gap assessment results and actions arising there from Minutes of meetings Annual report of Head of Internal Audit – including opinion on internal control and risk management framework Reports of external auditor and other external review agencies	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. Agreed timetable from collection of evidence through to drafting of AGS and inclusion in annual accounts for approval by GARM committee. Central record of assurances held ('v' drive) or links to evidence recorded in evidence table. Objective gap analysis methodology used to formulate action plan. CGWG minutes available. Notes of action points from CGG meetings kept by SM, IA. Annual report of Service Manager, Internal Audit includes opinion on overall control environment. Service Manager, Internal Audit's report to CGG on AGS covering collection of evidence.			

	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 09/10 action plan drawn up and presented to GARM in September 2010. Evidence action Plan Year end position reported to GARM June 2010 and fed into 2010/11 review. Action plan 2010/11 will be included in report to GARM Sept 2011.	CGG/SD	CC 13/6/11	
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 AGS Action Plan are smart. Evidence Action Plan	CGG/SD	CC 13/6/11	
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 09/10 retained (e-mails).	CGG/SD	CC 13/6/11	
6.4	Implementation timescales agreed	Target dates included in action plan	Action plan includes target dates.	CGG/SD	CC 13/6/11	
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 GARM demonstrate mid-year & year-end review of 09/10 action plan during 10/11, progress reports prepared and evidence obtained of implementation.	CGG/SD	CC 13/6/11	

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	CC 13/6/11	
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 11	CGG/SD	CC 13/6/11	
7.3	The Annual Governance Statement is reviewed, challenged and approved by the authority - signatories defined and are appropriate in accordance with statutory requirements (i.e. Most senior officer and most senior member	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	CC 13/6/11	

	of the organisation)					
7.4	Governance assurance statement is prepared, incorporating all the required elements of the statement on internal control	Format of governance assurance statement clearly incorporates required elements of the statement on internal control	See AGS format consistent with CIPFA requirements.	CGG/SD	CC 13/6/11	
		Governance assurance statement is prepared by a senior officer group under terms of reference defined by the authority	CGG – see terms of reference as before			
		Statutory timetable is followed	Presented to GARM committee with Accounts in September each year complying with statutory timetable			

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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

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	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 by the authority or designated committee Reports identifying any changes to initial arrangements	Initial report prepared by SM, IA explaining requirements included in Governance Update report reported to CSB and GARM March 08 No changes to initial arrangements	CGG/SD	SD 08/08/11	
8.2	The report is	Assessment of the current position	Draft AGS prepared for end of June 2011 and included	CGG/SD	SD 08/08/11	

	likely to be published in a timely fashion with the statutory accounts	in relation to the statutory deadline	in draft accounts. Second draft to be prepared in time for GARM meeting on 6th September 2011 – on target			

<table>
<tr><td colspan="7">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</td></tr>
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	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 extensive public consultation, the "Lets Talk" exercise, which fed into a political process culminating in the Leaders Report which accompanied the Year Ahead Statement. 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 of 1.5	TW(MH)/LD	LD 6/7/11	
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, 2011/12 – for last see 1.5.	TW(MH)/LD	LD 6/7/11	
9.3	Ensure that partnerships are underpinned by a common vision of their work that is understood and agreed by all	Partnership protocol Governance Code	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 which forms a three year plan helping to achieve the longer term vision. Evidence – Sustainable Community Plan 2009 – 2020 , (1.5), LAA 2008 – 2011	TW(MH)/LD	LD 6/7/11	

	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
	parties					
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. Service users are consulted about their views on the service received in a variety of ways. An example is the Adult Community Care User (ACCU) survey.	TW(CC)/L D	LD 6/7/11	
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 24 months and is used to record, monitor and report on complaints received by the council. Corporate Complaints Officer currently undertaking a Lean review of complaints. This will involve ongoing consultation with customers in the form of complaint surveys with a view to continuously improving on performance service delivery. Service improvements/lessons arising from complaints are reported in complaint report to Improvement Boards	TW(CC)/L M	LM 14/06/11	
9.6	Decide how value for money is to be	The results are reflected in authority's performance plans and	Value for money: The authority strives to deliver good value for money to its	TW/LD	LD 6/7/11	

	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
	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.	in reviewing the work of the authority	residents by improving performance and minimising costs. A wide range of vfm benchmarking information is used e.g. Audit Commission vfm profile CIPFA vfm benchmarking tool London Council LAPS tool CIPFA benchmarking clubs – Benefits, Collections, ICT, HR, Finance, Children DoH Use of Resources Analysis for Social Care Housemark Benchmarking Club. This enables each directorate to understand where costs are high and feeds into vfm improvement plans. Understanding of vfm strengths and weaknesses has been fundamental in Harrow's efficiency drive and in the transformation programme that is currently underway. Each Corporate Directorate has a VFM Improvement Plan which forms part of their Service Improvement Plan. Cabinet report template has been updated to include a question on Environmental Impact.			

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	constitution record of decisions	Allocation of Responsibilities of the executive the individual members are set out in the Council's	HP/JF	JF – 10 June	

	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
	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.	supporting materials	Constitution. Members must comply with the code of conduct (see note at 3.5a) 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. Example of Minutes : Cabinet (Executive) http://moderngov:8080/ieListDocuments.aspx?CId=288&MId=60273&Ver=4 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 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. Roles of the Corporate Strategy Board are on the council's website: http://www.harrow.gov.uk/info/200152/council_departments/2172/harrow_council_organisation_and_managers Brief description of the roles of elected Members and portfolio holder responsibilities are on the council's website at the following link: http://www.harrow.gov.uk/info/200144/councillors-information_and_advice	HP&JT/LC	LC 29.6.11	

	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
10.3	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 12 May 2011. The remainder of the constitution is regularly reviewed and updates recommended to Council for approval. Reports and minutes of the CRWG are available.	HP/JF	JF – 10 June	
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	JT&TW/LC	LC 27.6.11	
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	No protocols currently in place - A meeting is being arranged with the Chief Executive to discuss it – Monitoring officer chasing.	HP/JF	JF – 10 June	GAP 2009/10 c/f 2010/11 CGG agreed gap 09/08/11 – Monitoring officer to provide verbal update for GARM 06/09/11
10.6	Make a senior officer (usually	Section 151 responsibilities	Role of S151 officer is allocated to interim Director of	JA&JT/J	LC 27.6.11	

	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
	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.	S112/114 Local Gov't Finance Act 1988 Statutory provision Statutory reports budget documentation job description/specification	Finance and supported by constitution and scheme of delegation. See financial regulations	H		
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 law – rationality, legality and natural justice into their procedures and decision making processes.	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 is in the constitution at: http://www.harrow.gov.uk/downloads/file/7993/part_3 a1-terms_of_reference_schedule Decision making reports are cleared by or on behalf of the Monitoring Officer.	HP&JT/J F	JF – 10 June	
10.8	Develop protocols to ensure effective communication and clear understanding between	Member/officer protocol	Code of Conduct and the Protocol on Councillor-Officer Relations set out in Part 5 of the Council's Constitution.	HP/JF	JF – 10 June	

	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
	members and officers in their respective roles		Leadership Group (informal meeting of cabinet and CSB) Relationship between Portfolio Holder and chief officer			
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 for jobs below Chief Officer status. For Chief Officers, local application of grades is determined by the Divisional Director of HRD in consultation The single status agreement is found on the intranet at: http://harrowhub/downloads/file/554/single_status Job evaluation is carried out by HRD, UNISON and GMB for jobs on grades H1 to H11; job evaluation is carried out by a Panel of HR Advisers and independently validated by the Organisational Development Manager for grades above H11. Details of the job evaluation procedures are available on the intranet: http://harrowhub/info/200138/rewards_and_payments/312/glpc_job_evaluation Allowances for Members are published on the Council's intranet at: http://www.harrow.gov.uk/downloads/file/8192/members_allowances_leaflet_2010-11	JT/LC	LC 27.6.11	

	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
10.10	When working in partnership ensure that members are clear about their roles and responsibilities both individually and collectively in relation to the partnership and to the authority	Protocols for partnership working. For each partnership there is: clarity of each partner's role within the partnership definition of roles of partnership board members line management responsibilities for staff who support the partnership a statement of funding sources for joint projects and clear accountability for proper financial administration a protocol for dispute resolution within the partnership (NB from special report ' Local Partnerships and Citizen Redress by LGO) *(See also appendix B1 & B2 of this rough guide – Partnerships suggested approach and determination)*	There are clear 'governance' arrangements in place for significant partnerships. For example, the Constitution for the Harrow Strategic Partnership (updated in July 2011) and relevant Capita (Business Transformation Partnership) contract schedules are attached.. The roles and structure of the Partnership bodies have been revised to recognise the abolition of LAAs and to focus more on outcomes. See report to Partnership Board July 2011 Also see report to Harrow Chief Executive's re Improvement Planning, also 25 September 2009. Also the Property & Infrastructure governance structures, terms of reference and disputes processes are included reference the Kiers and Enterprise Mouchel strategic partnerships	TW(MH)/ LD	LD 6/7/11	

10.11	When working in partnership:
	  - ensure that there is clarity about the legal status of the partnership
	  - ensure that representatives or organisations both understand and make clear
			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.	TW (MH)/LD	LD 6/7/11	

	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
	to all other partners the extent of their authority to bind their organisation to partner decisions.					

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	Code of conduct and standards committee 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. They are on the intranet at the following link: http://harrowhub.harrow.gov.uk/info/200139/workforce_planning_and_organisational_development/260/create_the_councils_values Create values are well known to staff and promoted by the council's leadership.	JT/LC	LC 27/6/11	
11.2	Put in place arrangements to ensure that members and employees of the authority are		The Council's Constitution refers, particularly section on Member and Officer Codes of Conduct, Planning Protocol, Contract and Financial procedure rules. Register on interests is maintained for Members which is available on the intranet. A register of gifts and hospitality	HP/JF	JF – 10 June	

	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
	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		is also maintained and is available or inspection. Officers Register of Interest which includes gifts and hospitality is maintained by the Corporate Directors and is available for inspection. Under the Localism Bill, the Council will no longer need a standards committee. A working group has been set up to decide: 1) if we need a standards committee; 2) code of conduct; and 3) what to do about breaches of the code if it is decided to retain one. Under the Localism Bill we still have to uphold high standards but the Bill does not provide for a mechanism for breaches except in the very serious cases where it will be a criminal offence not to declare an interest.			

	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	Contract Procedure Rules (see 3.2), Financial Regulations (see 3.1), Employee Code of Conduct and Members Code of Conduct all in place, Responsibility for monitoring these arrangements rests with management (except Members Code). Continuing effectiveness monitored via IPADs linked to CREATE framework + code of conduct.	JA/SD	CC 13/6/11	

	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	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. 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. Under the Localism Bill, the Council will no longer be required to have a standards committee. The effective date is likely to be around April 2012. A working group has been set up to decide: 1) if we need a standards committee; 2) code of conduct; and 3) what to do about breaches of the code if it is decided to retain one. Under the Localism Bill we still have to uphold high standards but the Bill does not provide for a mechanism for breaches except in the very serious cases where it will be a criminal offence not to declare an interest.	HP/JF	JF – 10 June	
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	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	TW(MH)/ LC		

	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
	collectively.					

	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.		The scrutiny function comprises an overview and scrutiny committee, a performance and finance sub committee, a health and social care 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.

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 is maintained.

The structure is subject to regular review and is supported by meeting of the scrutiny leadership group, comprising the leads and the chairs and vice chairs of the committees, which considers agenda and review programmes, provides strategic direction for the function and overall co-ordination between the leads and committees | TW/LD | LD 6/7/11 | |

	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
12.2	Develop and maintain open and effective mechanisms for documenting evidence for 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.		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. 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.	HP/JF	JF-10 June	
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 (please see note 3.5a) 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/JF	JF – 10 June	

	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
12.4	Develop and maintain an effective audit committee (or equivalent) which is independent or make other appropriate arrangements for the discharge of the functions of such a committee	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 presented	DW/SD	CC 13/6/11	
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.harrow.gov.uk/info/200209/members_and_committees/293/report_writing_for_council_cabinet_other_committeespanels_and_portfolio_holders/4 Key Performance Indicators	JT&HP& DW&MH/ LC	JF – 10 June	

	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
12.6	Ensure that professional advice on matters that have legal or financial implications is available and recorded well in advance of decision making and used appropriately	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. Lawyers are engaged in the preparation of reports on planning matters and attend the initial briefings with members to ensure any concerns are addressed before Committee meetings.	HP&JA& JT/JF	JF – 10 June	
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/NB	NB 10.06.11	

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 opportunities for members and officers to update their knowledge on a regular basis	training and development plan induction programme update courses/information	Information on induction sessions and Member Development Programme is referenced at 1.18. See 13.3 for other development	JT/LC	LC 29.6.11	
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	Protocol to support S151 and monitoring officer roles All 4 statutory officers report directly to the CE Experienced people in post Roles well understood by members	JT/LC	LC 29.6.11	
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	Member development programme – see referenced at 1.18 Regular reports are provided to the Member Development Panel evaluating any development provided and including options for future development: http://moderngov:8080/ieListDocuments.aspx?CId=286&MId=60306&Ver=4 Leadership programme and Management Development Programme (referenced at 1.13 and 1.19) – these will continue to be designed to reflect the Council's values and to meet appropriate ethical standards. A Corporate Leadership Development programme commenced in 2010 and concluded in May 2011. This was delivered by the Office for Public Management. Evaluation of these events have been made. 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	JT/LC	LC 29.6.11	

	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
			objects for staff. The Corporate training programme for staff is published annually – for 2010/11, no brochure was produced but information circulated regularly through Communications Newsletters to staff. E-learning available to all through intranet and is being extended in 2010/11 to cover a broader range of subjects, e.g. risk: http://harrowhub/info/200210/courses_qualifications_and_events/301/harrow_e-learning_zone/1 Coursebooker, a new online system was launched in April 2010 which allows staff to view all corporate courses, and from November 2010, was available for on-line booking by staff. Learning and Development Strategy and Planning framework agreed August 2009: http://harrowhub.harrow.gov.uk/info/200131/learning_and_development/361/learning_and_development_framework_and_strategy			
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 2010.11. Details of development are on the council's intranet at: http://harrowhub.harrow.gov.uk/info/200248/member_development Changes were made 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:	JT/LC	LC 29.6.11	

	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
			http://moderngov:8080/ieListDocuments.aspx?CId=286&MId=60303&Ver=4 E-learning is available to all Members using the Learning Pool services at the following link: http://harrowhub/info/200248/member_development/582/e_e-learning			
13.6	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. 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.	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. • Examples of benchmarking and business improvement activity to improve workforce productivity. • 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	The Council entered a period of significantly reduced recruitment activity (reduction in the number of appointments to Directorates by 75% between 2008/09 and 2010/11) and commenced a period of reducing the size of the workforce. The majority of recruitment advertising is on-line. In completing the first Workforce assessment for the Comprehensive Area Assessment in March 2010, there were a range of examples where the council had demonstrated improvements against the range of requirements here. This is included in the evidence table. Although the CAA was abandoned before concluding for Harrow, informally we had been advised that the council met level 3 out of 4 in its requirements. The Better Deal for Residents transformation programme regularly provides updates to staff on the programme and e-mail updates are regularly provided.: http://harrowhub.harrow.gov.uk/info/200222/better_deal_for_residents Staff views are periodically gathered through a staff survey. The last full survey was carried out in late 2009 and an interim in March 2011. For 2009: http://harrowhub.harrow.gov.uk/info/200134/employee_relations/247/staff_surveys For 2011:	JT/LC	LC 29.6.11	

	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
		absence. •	http://harrowhub.harrow.gov.uk/info/200140/wellbeing_and_benefits/604/interim_staff_survey_2011 The Council has a wide range of employment policies: http://harrowhub/info/200128/working_for_harrow			
13.7	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 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.	Investors in People assessment. • 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 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.	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. The plan continued it's delivery into 2010/11: http://harrowhub/info/200140/wellbeing_and_benefits/371/harrow_council_staff_wellbeing_plan_200910 A refreshed Well-being Plan is being developed for 2011 and beyond. 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. 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.harrow.gov.uk/info/200134/employee_relations/247/staff_surveys The March 2011 interim staff survey results are on the intranet at: http://harrowhub.harrow.gov.uk/info/200140/wellbeing_and_benefits/604/interim_staff_survey_2011 Key indicators about people management are reported on a quarterly basis to Improvement Boards.	JT/LC	LC 29.6.11	

	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
13.8	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.		Workforce considerations were included in the Corporate Director Service & Budget Planning templates for 2009/10. However, these have been expanded for 2010/11 year.

Further work on embedding workforce planning with an emphasis on change management and delivering services with less, is included in the People Module of the Management Development Programme which commenced in late 2010 and will conclude in late 2011: http://harrowhub/info/200247/management_leadership/633/mdpp

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. The strategy is in the evidence file.:

Officers closely monitor (in Procurement and HRD) agency worker costs, and information on this is reported to Improvement Boards on a quarterly basis | JT/LC | LC 29.6.11 | |
| 13.9 | The council takes a corporate approach to workforce planning. This reflects strategic priorities 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. | | See 13.8 | JT/LC | LC 29.6.11 | |
| 13.10 | Strategic workforce planning addresses current, and future, | | See 13.8

The views of staff are captured in the staff survey – see | JT/LC | | |

	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
	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.		13.7.			
13.11	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 and appropriate brand as an employer in the context of the local labour market, for example to attract under-represented groups.		There is an integrated Children's Workforce Strategy and joint induction arrangements for those working with children across local partners.

No further progress was made on this in 2010/11. The challenges are that the public sector is meeting the challenge presented by cost-reductions which results in organisations focussing on the immediate future rather than longer term. | JT/LC | LC 29.6.11 | 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.

CGG agreed gap 09/08/11 – no need for further action |
| 13.12 | Senior management manages and supports organisational change effectively while involving the workforce in the process. Senior | | The Council's Protocol for Managing Organisational Change sets out the process in managing organisational change and is accessible on the intranet at the following link. In additional Organisational Standards regarding Spans of Control and further guidance on managing change is included.: | JT/LC | LC 29.6.11 | |

	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
	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-implementation reviews include monitoring and evaluation of the impact of change on staff.		http://harrowhub/info/200135/managing_change/164/managing_change_suite 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 under each project.: http://harrowhub.harrow.gov.uk/info/200222/better_deal_for_residents 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. The Council has an Employee Consultative Forum of Members and the Trades Unions meets quarterly			
13.13	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		See 13.12 Reviews of the learning points from major change programmes are made at their conclusion	JT/LC	LC 29.6.11	

	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 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 communication strategies. Post-implementation reviews assess the benefits of change against clearly defined success criteria and the council learns from the results					
13.14	The council has established and maintained policies and practices, including		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:	JT/LC	LC 29.6.11	

	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
	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		http://harrowhub/info/200128/working_for_harrow A process of converting these to toolkits for managers concluded in December 2009 with the launch of the first of these, Capability Procedure, in January 2010 and two others in April 2010. Further roll-out of the toolkits has been delayed due to challenges in reaching agreement with the unions on the approach. http://harrowhub/info/200134/employee_relations/77/a-z_employment_policies_and_procedures 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. CSB agreed in 2010/11 to working to achieve Excellent status under the Equality Framework by 2012. The Local Pay Review (single status) was completed in 2004/05. The Single Status Agreement is accessible via the intranet at: http://harrowhub/downloads/file/554/single_status			
13.16	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		Staff survey details are included at 13.6. The survey for late 2009 showed 86% improvement in the perceptions of staff to specific questions, 30% of these significantly. The staff survey for March 2011 maintained that position despite the extent of change currently and expected. Turnover has increased from 9.6% at 31/3/10 to 11.1% at 31/3/11. This is not high and reflects the Voluntary Severance Scheme in place and other change initiatives which impact on employee numbers. Turnover and other workforce data is reported to Improvement Boards quarterly. Consideration was given to introducing a Total Reward	JT/LC	LC 29.6.11	

	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
	for flexible working arrangements to support staff through key life events.		approach to rewards and is an action in the Council's People Strategy for 2010-12. In part this has been overtaken by the Modernising Terms and Conditions of Employment project which commenced in March 2011, although, as far as possible, a Total Rewards approach will be considered. This started with he introduction of the Staff Benefits brochure the core, voluntary and flexible benefits available to them.			
			The Staff Benefits brochure is included in the Evidence file			
			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.			
			Flexible working options are well established and referenced in the Staff Benefits brochure.			
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	Harrow has a defined performance management framework. The framework is available in the evidence file (As part of Cabinet Development two sessions on performance management were held in 2009/10. A Member Development Programme has been in operation during 2007 (review available at http://moderngov:8080/ieListDocuments.aspx?CId=286&MId=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://moderngov:8080/Published/C00000286/M00004344/AI00045102/$ReportforMemberDevelopmentPanel2ndJuly08_v1.docA.ps.pdf	TW&JT/LD	LD 6/7/11	
13.18	Ensure that effective arrangements designed to encourage individuals from all sections of the	strategic partnership framework stakeholders forums' terms of reference area forums'	The Service Planning, Performance and Budgeting Framework provides for the establishment of service user groups to enable participation.	TW(MH)/LD	LD 6/7/11	

	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
	community to engage with, contribute to and participate in the work of the authority. 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 These arrangements should recognise that different sections of the community have different priorities and establish explicit processes for dealing with these competing demands.	roles and responsibilities residents panel structure communication strategy	The Council's Residents' Panel provides for more structured engagement. Harrow Strategic Partnership included representatives of stakeholder groups on its thematic management groups that were charged with delivering the Local Area Agreement and other partnership targets. Harrow Strategic Partnership continues to include two reference groups providing the views and priorities of, in one case, Older People and in the other, the Voluntary and Community Sector. 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 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			
13.19	Ensure that career structures are in place for members and officers to encourage participation and development	succession planning	A member development programme is referenced at 1.18 There is no career-planning programme in place at the officer level although this is reflected in the Strategy for People 2010-12 action plan.	JT /LC	LC 29.6.11	GAP 2010/11 CGG agreed gap 09/08/11 – no need for further action

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	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 Priority 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 An A-Z of Council Services, a Council Tax book and Harrow People available to residents + published set of accounts including AGS.	TW(MH)/LD	LD 6/7/11	

	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 was, as stated in 14.1 above, accountable to Harrow Strategic Partnership for the delivery of elements of the Local Area Agreement. Performance reports were submitted regularly. Formal relations have been reviewed and are continuing to develop. Evidence Governance Handbook adopted. Renewed structure paper July 2011. 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. Draft of Funding and Procurement Code.	TW(MH)/L D	LD 6/7/11	
14.3	Produce an annual report on scrutiny function activity	annual report	The 2010/11 report is available online at http://www.harrow.gov.uk/downloads/file/9656/scrutiny_an nual_report_2010-11	AD(LM)/L D	LD 6/7/11	
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.	TW(MH)/L D	LD 6/7/11	

	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 accessability.		Access to information rules – Part 4g of the Constitution Meetings are held in public and the agenda and minutes are published. Exploring the possibility of putting a statement on Harrow's website to have meetings in public.	HP/JF	JF – 10 June	

	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
14.6	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	Access to Services Inspection

Petition under constitution

Consultation & call in procedure

Questions at meetings

Cabinet Question Time

Scrutiny Function

Cllr Complaints Procedure

Cllr Question Time

Budget Consultation

Evidence: Constitution as before

Public ability to complain about councillors. (Article 3 of the Constitution sets out what citizens can expect from the Council) | HP/JF | JF – 10 June | |

	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 are on the intranet at the following links: ECF: http://harrowhub/info/200134/employee_relations/155/ecf_terms_of_reference CJC : http://harrowhub/info/200134/employee_relations/152/cjc_terms_of_reference DJC: http://harrowhub/info/200134/employee_relations/153/djc_terms_of_reference The Recognition Agreements for UNISON and GMB are on the council's intranet at the following link: http://harrowhub/downloads/download/299/recognition_agreements	JT&HP/LC	LC 29.6.11	