

Chief Executive's Corporate Assurance Statement 2010/11

Directorates: Adults & Housing, Chief Executive's Dept., Children's Services, Community & Environment, Corporate Finance, Legal & Governance Services, Place Shaping

Chief Executive: Michael Lockwood

	AREA OF ASSURANCE	Working well across the Council	Working towards/gap identified	DETAILS	Satisfactory action plan & responsible officer in place/being developed	2009/10 results – working well across the Council	2009/10 results – working towards/gap identified
1.	Statutory Obligations and Organisational Objectives						
1.1	Relevant organisational and service specific legislation is complied with and mechanisms are in place to review procedures in light of legislative change. (AGS 1.1)	100%	0%	Confirmed by Corporate Directors Assurance Statements		100%	100%
1.2	The division has a delivery plan that covers all relevant service areas and clearly reflects the Council's strategic objectives and legal obligations. These are consistent with professional standards and the resources available, and reflect the management of the major service and budget risks. (OR1 & AGS 1.8)	91%	9%	Community & Environment (1/5 departments) working towards/gap identified	√	100%	100%

	AREA OF ASSURANCE	Working well across the Council	Working towards/gap identified	DETAILS	Satisfactory action plan & responsible officer in place/being developed	2009/10 results – working well across the Council	2009/10 results – working towards/gap identified
1.3	The division's objectives are clearly communicated to staff and stakeholders. (AGS 1.9)	100%	0%	Confirmed by Corporate Directors Assurance Statements		97%	3%
1.4	Adequate plans/procedures are in place for managing and collecting data for inspections, e.g. VFM Statement, Ofsted, CQC	100%	0%	Confirmed by Corporate Directors Assurance Statements		100%	0%
2.	Corporate Governance Arrangements						
2.1	All workers (f/t, p/t, temporary, agency staff and consultants) have received a copy of the Code of Conduct. (AGS 3.5 & 11.2)	97%	3%	Chief Executives Dept. (1/4 departments) working towards/gap identified	√	94%	6%
2.2	Workers are reminded regularly of the requirement to make declarations of interest/record gifts & hospitality in the Directorate's register.	84%	16%	Corporate Finance (1/2 departments), Chief Executive's Dept. (1/4 departments), Community & Environment (1/2 departments) working towards/gap identified	√	100%	0%
2.3	In addition to the corporate Scheme of Delegation there is a written directorate/service specific scheme of delegation in place, e.g. to cover HR responsibilities.	56%	44%	Chief Executive's Dept. (1/4 departments), Children's Services (5/5 departments), Adults & Housing (1/2 departments), working towards/gap identified	√	47%	53%

3.	Performance Management Arrangements						
3.1	The number and subject content of customer complaints and feedback received by the service is monitored and regularly reviewed by DMT and appropriate responsive action made and recorded. (SR7 & AGS 3.14, 9.6, 12.5)	100%	0%	Confirmed by Corporate Directors Assurance Statements		97%	3%
3.2	All data collected is verified and is appropriate for a specific use. (SR5)	91%	9%	Corporate Finance (1/2 departments), Adults & Housing (1/2 departments) working towards/gap identified	√	89%	11%
3.3	All data complies with the data quality policy. (SR5) http://harrowhub/downloads/file/878/data quality policy	94%	6%	Adults & Housing (1/2 departments) working well/gap identified	√	89%	11%
4.	Management of Strategic and Operational Risk						
4.1	Risk assessment & management is embedded within the division for: <ul style="list-style-type: none"> • Major projects • Financial planning • Major Policies & Legislative Changes • Delivery Planning 	100%	0%	Confirmed by Corporate Directors Assurance Statements		67%	33%
4.2	All staff assigned to manage premises, including the work of contractors, have been trained to manage safely.	78%	22%	Adults & Housing (2/2 departments), working towards/gap identified	√	92%	6%

4.3	Premises Managers in your division have made staff aware of any relevant Asbestos Management Plan for the building in which they reside.	94%	6%	Adults & Housing (1/2 departments) working towards/gap identified	√	53%	47%
4.4	Information handling and data security comply with the Council's suite of Information Management and Data Security Policies.	91%	9%	Corporate Finance (1/2 departments), Chief Executive's Dept. (1/4 departments), working towards/gap identified	√	92%	8%
4.5	Service Managers operationally own the information contained in their systems, i.e. they understand what information is held, how it is used and transferred, and who has access to it and why.	97%	3%	Chief Executive's Dept. (1/4 departments) working towards/gap identified	√	61%	39%
4.6	An annual risk assessment is undertaken by your Information Asset Owner (Divisional Directors) for all 'owned' information assets in accordance with Information Governance guidance and report to the SIRO (Senior Information Risk Owner), ensuring that information risks are identified, documented and addressed.	66%	34%	Corporate Finance (1/2 departments), Community & Environment (2/2 departments), Legal & Governance Services working towards/gap identified	√	33%	67%

5.	System of Internal Control in Place to Mitigate Principal Risks						
5.1	Staff are complying with the requirements of the Council's Financial Regulations and Contract Procedure Rules. (AGS 3.1)	78%	22%	Adults & Housing (2/2 departments) working towards/gap identified. Following recent work undertaken by Internal Audit and on information provided by Procurement and the Section 151 Officer, indications are that whilst all self-assessments other than Adults & Housing indicated 100% compliance that this is not the case. Work will continue throughout the year to improve the level of compliance.		100%	0%
5.2	Where contracts are due to expire in the coming 12 months there is a plan in place to: a) review service arrangements/options e.g. potential partnerships; and b) undertake a tender exercise where appropriate	94%	6%	Chief Executive's Dept. (1/4 departments), Legal & Governance Services working towards/gap identified	√	94%	6%
5.3	Divisional Directors/Heads of Service are aware of and support relevant officers in their roles as representatives on the Equality Task Group (ETG).	97%	3%	Legal & Governance Services working towards/gap identified	√	84%	16%
5.4	All key projects are managed in accordance with corporate project management guidelines. (SR4)	100%	0%	Confirmed by Corporate Directors Assurance Statements		75%	25%

5.5	Where services are jointly provided/funded/managed, robust partnership/governance arrangements are in place which clearly define the terms of the partnership, specifying whose rules and procedures are to be followed and are regularly reviewed. (SR4 & AGS 10.12, 11.8)	94%	6%	Adults & Housing (1/2 departments) working towards/gap identified	√	69%	31%
5.6	Budget spend on Learning & Development is known and the value obtained from the spend is analysed.	41%	59%	Adults & Housing (1/2 departments), Community & Environment (2/2 departments), Children's Services (2/5 departments) working towards/gap identified	√	42%	58%
5.7	Learning Logs are maintained for all staff.	66%	34%	Adults & Housing (1/2 departments), Community & Environment (2/2 departments) working towards/gap identified	√	28%	72%
6.	Budget Management & VFM						
6.1	Services are using benchmarking and other relevant data to ensure VFM is achieved. (AGS 9.7)	91%	9%	Adults & Housing (1/2 departments), Legal & Governance Services working towards/gap identified	√	92%	8%

7.	Corporate Strategies/Plans/Frameworks						
7.1	<p>Relevant officers are aware of the following strategies/plans/frameworks and are implementing them:</p> <ul style="list-style-type: none"> • Council's Vision for 2010/11 • Council's Priorities for 2010/11 • Council Transformation Programme • Community Strategy • Corporate Consultation Strategy • Major Incident Plan • Whistleblowing Policy • Counter Fraud & Corruption Policy • Strategy for People (workforce strategy) • CREATE values • Health & Safety Polices • Code of Conduct • Employees Assistance Programme 	97%	3%	Legal & Governance Services working towards/gap identified	√	New area of assurance	
8.	Areas Assessed by Internal Audit						
	Corporate Governance Arrangements						
8.2	Staff are aware of the Whistleblowing and Dignity at Work policy.	100%		Confirmed by IA - information on both contained on Intranet.		96%	6%

8.3	Governance arrangements are adequate for dealing with Freedom of Information (FOI) and Data Protection (DP) requests.	100%		Confirmed by IA: FOI guidance on Intranet FOI & DP Champions DP Policy on Intranet Information Management policy on Intranet Acceptable use of Information and Information systems policy on Intranet		100%	0%
Performance Management Arrangements							
8.4	Performance against the service improvement plans, delivery plans, Flagship Actions, major projects and improvement programmes is monitored through relevant performance measures (e.g. KPIs) and customer and stakeholder feedback, and appropriate action is taken to address any performance issues. (OR1, 3 & AGS 1.15)	100%		Confirmed by IA: Improvement board reports/action notes Performance Management framework on the Intranet KPIs incorporated in the corporate Directorate Service Improvement Plan Improvement Board and Workforce Strategy groups receive reports on KPIs. Corporate scorecards HSP report NIs published as part of Corporate Plan Annual Governance Review		100%	0%

Management of Strategic and Operational Risk							
8.6	A Health & Safety Plan is in place which covers significant hazards and is reviewed at appropriate regular intervals (at least once within the last 12 months). (AGS 3.13)		√ *	The Interim Health & Safety Lead confirmed to IA that 2010/11 was a period of great change within the Health & Safety Service which culminated in a proposal to CSB in April 2011 to rebuild the Health & Safety Service to implement a two year improvement plan. One of the areas for required improvement is the capturing of meaningful data that can be used to monitor performance and to therefore provide management assurance. An example of this has been the purchase of the self audit tool, which will determine legislative compliance in each service. This tool is currently under trial in Community & Environment directorate and will be rolled out across the council in 2011/12. A target has been set for the introduction of agreed monitoring mechanisms and more meaningful reporting will be possible in 2012/13.	√	89%	11%

* As this was assessed by IA on information provided by H&S it has not been possible to assess the percentage of compliance across directorates
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8.7	All new starters and new managers have attended the Health & Safety for staff/Managers induction within 3 months of their start date. (AGS 3.13)*		√ *	Assurance not gained by IA from comparing SAP Course Booker to new starters. Course Booker not in place for whole of 2010/11 and schools, etc., do not use Course Booker. The H&S team confirmed that it would be time consuming and difficult to gather and compare numbers of trainees against numbers of new starters and data would have to be manually collated for the first half of the year. The Interim Health & Safety Lead also confirmed that as a service Health & Safety are not delivering the H&S Induction for staff and managers to all new starters. These courses are run in line with a yearly training plan but attendance is not to the required level. This issue is being addressed in the two year H&S improvement plan and the H&S team are looking to procure an e-learning package with which to deliver these courses and make them more accessible to staff.	√	83%	17%
8.9	Your division has a Business Continuity Plan and Emergency Contact List that is reviewed on an annual basis. (OR6 & AGS 3.9)	100%		Confirmed to IA by the Emergency Planning Team that all the Council's divisions have a Business Continuity Plan including Emergency Contact List in place that has been reviewed on an annual basis. One was outstanding within Community & Environment but this has now been reviewed and signed on 8/7/11.		100%	0%

* As this was assessed by IA on information provided by H&S it has not been possible to assess the percentage of compliance across directorates
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System of Internal Control in Place to Mitigate Principal Risks							
8.11	All frauds and Suspected Financial Irregularities identified have been referred to Internal Audit and the Corporate Anti-fraud Team. (OR2)	√ ¹		Confirmed in Financial Regulations. Internal Audit & CAFT maintain a register of all frauds.		100%	0%

¹ Whilst it can be confirmed that it is working well, the actual percentage across directorates could not be confirmed.
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8.12	Recommendations made in Internal Audit, External Audit or Inspection Reports are implemented in a timely manner. (AGS 4.1)	97%	3%	As detailed in the IA year end report 2010/11, follow-up of recommendations showed that 58% of recommendations still applicable have been implemented; however a further 39% are in progress or were planned at the time of follow-up thus it is expected that in due course 97% will be implemented. It was identified that the majority of those not yet implemented was due to a slower than agreed implementation. External Audit and Inspection reports are self-regulatory.		92%	8%
8.14	The policies, strategies, practices and procedures of the service have been mapped and prioritised for Equality Impact Assessments and the Equality Impact Assessments scheduled for the last year have been undertaken and acted upon.		√ *	The Policy Officer - Equalities and Diversity confirmed to IA that the Council's Single Equalities Scheme (SES) was agreed at Cabinet in December last year and this includes a three year programme of Equality Impact Assessments. This included mapping and prioritising all functions, policies and services and developing a three year programme which starts from January 2011 – March 2014. The Policy Officer – Equalities and Diversity will be producing annual progress reports for CSB and the Overview and Scrutiny on the three year action plan each year with the first one due at the end of March 2012. The Council did not have an agreed Equalities Impact Assessment programme in place as such therefore for 2010/11.	√	31%	69%

* As this was assessed by IA on information provided by the Policy Officer - Equalities and Diversity, it has not been possible to assess the percentage of compliance across directorates
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8.15	IPADs have been undertaken for employees in 2009/10 in accordance with laid down procedures. (SR8 & 17)	92%	8%	IA obtained evidence from HR that 92% IPADs have been undertaken for employees in 2009/10.		44%	56%
8.16	Completed IPADs have been signed off by a 'grandparent'.*		√ *	HR confirmed to IA that it is not a corporate requirement to report on whether IPADs have been signed by a 'grandparent'. Therefore this cannot be verified.	√	47%	53%
Budget Management & VFM							
8.17	All budget managers prepare a SAP monthly forecast and undertake monthly budget monitoring to minimise the risk of the budget exceeding planned provision. (SR2)	√ ¹		The Divisional Director, Finance & Procurement confirmed that the Finance Business Partners actively monitor and support directorates/divisions.		83%	17%
8.18	The division explicitly monitors progress against planned savings, including NI 179, on a monthly basis and reports the position to the quarterly improvement board.	100%		It was confirmed by the Senior Performance Officer that NI 179 has been deleted for some time. Internal Audit confirmed by reviewing the quarterly Improvement Board papers that the Finance Reports include forecast outturn for the quarter (and commentary), key issues, value for money and efficiencies where appropriate.		100%	0%

¹ Whilst it can be confirmed that it is working well, the actual percentage across directorates could not be confirmed.


8.19	The divisional budget is on target. (SR2)	√ ¹		The Divisional Director, Finance & Procurement confirmed that for 2010/11 all budgets were on target/underspent. This is confirmed in the 2010/11 outturn report. Any potential overspends are highlighted during the year and efforts made to balance these during the year.		75%	25%
Corporate Strategies/Plans/Frameworks							
8.20	A Directorate Workforce Strategy is in place. (SR8)	100%		HR confirmed and provided evidence to IA that Directorate Workforce Strategies were in place for all directorates for this period.		72%	8%
Decision Making							

¹ Whilst it can be confirmed that it is working well, the actual percentage across directorates could not be confirmed.

8.21	Relevant Officers understand the process and adhere to timescales for the preparation and clearance of reports to CSB and Committee. (OR5)	100%	Assurance provided to IA by the Corporate Affairs Manager that the CSB process is very well understood and generally timescales are adhered to. Assurance provided to IA by the Democratic and Electoral Services Manager that clear advice is given regarding deadlines for the submission of reports to any committee/panels falling within the remit of Democratic & Electoral Services and all report proformas are available on the Intranet. It was also reported that Democratic & Electoral Services experience peaks and troughs with regard to timely submission by other officers of reports for committees. In terms of late submission there is a built in requirement that where a report does not conform with the deadlines it must explain why it is late and identify a reason for its late consideration rather than being delayed to the next committee meeting.		100%	0%
8.22	Resources, costs and risks, staffing/workforce issues, environment, performance, consultation, equalities impact, legal issues and community safety issues are taken into account when officers make decisions or recommend decisions to CSB or Committee. (OR5)	100%	Internal Audit review of a sample number of Committee/Cabinet reports for 2010/11 confirmed that all relevant issues were taken into account when officers make decisions or recommend decisions to CSB or Committee. Financial, Performance, Environmental, Risk Management, Equalities Impact were included in all reports and the other areas, e.g. staffing/workforce issues, etc., were included where relevant.		100%	0%

8.23	Appropriate planning and co-ordination for formal or informal consultation is carried out and the results of the consultation are explicitly referenced and taken into account when officers make decisions or recommend decisions to CSB or Committee. (OR5)	100%		Internal Audit review of a sample number of Committee/Cabinet reports for 2010/11 confirmed that the results of consultations are explicitly referenced and taken into account when officers make decisions or recommend decisions to CSB or Committee.		100%	0%
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I confirm that the above is a fair reflection of the internal control, risk management and governance arrangements in place for the Council during the financial year 2010/11.

Signature: 

Title:

Date: 17 August 2011

Key to Traffic Lighting – Areas of assurance

09/10	Change in 10/11	Colour
(Assurance level 75%)	(Assurance level 80%)	
Good assurance level (75% & above)	No change	Green
Good assurance level	Improved	Green
Good assurance level	Decrease but still above 80%	Amber
Good assurance level	Decrease below 80%	Red
Medium assurance level	No change	Amber
Medium assurance level	Improved & above 80%	Green
Medium assurance level	Still 80%	Amber
	Decrease but still 50%-79%	Amber
	Decrease 49% and below	Red
Poor assurance level	No change	Red
Poor assurance level	Improved & above 80%	Green
Poor assurance level	Improved & above 50%	Amber
Poor assurance level	Still less than 50%	Red

Key to Traffic Lighting (% controls operating well/working towards 10/11)

Good/acceptable assurance level (80% and over) = **Green**
 Medium/below acceptable level (50%-79%) = **Amber**
 Poor/unacceptable level (49% and below) = **Red**