Process area	REF:	ACTION	Action Priority	RESPONSIBLE OFFICER	DATE BY	IMPLEMENTATION STATUS	% COMPLETE	Status	RESPONSIBLE OFFICER UPDATE AS AT 31.10.17	REVIEW DATE
A. RISK MANAGEMENT	2	• Risk Management Strategy and Framework to be reviewed by Audit Committee.	H	Governance & Risk Manager	30.09.17	Partially Implemented	95%	Overdue	To be presented to the next Audit Committee 15th January 2018 with the objective of the document being accepted and signed by the audit chair.	31.12.17
	4	• Refresh and cascade the risk management strategy and framework	H	Governance & Risk Manager	31.03.18	Partially Implemented	90%	On track	Work has started to embed the risk management strategy throughout the business through involvement with service area DMT's. Service plans and related risk registers and KPI's are included in a new format. The governance team are working with the service areas to complete these documents prior to the new financial year.	31.03.18
	6	Generate a training plan for key officer and member groups to include • Management Team • Heads of Service • Project Managers • Members - Cabinet • Audit Committee members Specialist risk management training to become mandatory for all officers involved in projects. This to apply to current and future projects. Specialist training, workshops to be arranged and delivered with external and internal resources and in consultation with the Council's internal auditors Establish and embed risk management surgeries.	H	Governance & Risk Manager	30.09.17	Partially Implemented	75%	Overdue	Proforma Training and Development form devised and to date the following have still to be interviewed: - Audit Committee (M.Markham, C.Chunga, L Marriott) - Chief Executive - Borough secretary PWC to faciltate risk management training. Governance team to embed themselves within DMT's to discuss, review and update risk registers on a monthly basis.	31.12.17
B. REVIEW ALL CURRENT PROJECT PROCESSES	8	Identify and log all projects currently live and in the pipeline. Perform reviews of each project for feasibility and governance assurance. Ensure all relevant projects to go through a gateway or similar process, including a) Categorise and apply rigorous but proportionate methodologies and documentation. b) Requirement for a Project Initiation Document (PID), minuted project/programme meetings and a full risk assessment c) Programmes/projects will be required to be maintained on central paper records with clear documented minutes of meetings and professional advice received.	H	Borough Secretary	30.09.17	Partially Implemented	50%	Overdue	A register will be produced and maintained centrally and reviewed by Management Board. As of January 2018, a new governance structure will be implemented which will incorporate the Corporate Delivery Board. This board will review all projects within NBC, the terms of reference for this board will include performing gateway reviews. Individual project registers for IT and 'other' will be merged into one main document with refernce numbers allocated once approved by Corporate Management Board. Work has started to collate all projects within NBC.	31.12.17

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	9	Risk reporting to be reviewed ensuring that there is an effective cascade and tracking of risk through governance arrangements Refreshed monitoring and tracking process ie project/service risks may also become a corporate risk Clarity on risk exception reporting process. Corporate, service and project risks are to be reviewed monthly.	H	Borough Secretary	31.3.18	Partially Implemented	75%	On track	A revised risk register template is to be implemented and will incorporate a service risk log, information risk log, fraud risk log and health and safety risk log. The governance team will be working with each directorate and service areas to record the risks within their areas; the registers will be updated each quarter. Once updated, the risk registers will be presented to the Corporate Governance Board for review and where appropriate, identified risks will be escalated to management board for inclusion in the corporate risk register. The corporate risk register will also be reviewed quarterly with recommendations made to management board in relation to adding/deleting new and existing risks.	31.12.17
C. PROGRAMME & PROJECT SUPPORT	14	• Mandatory Training programme on project programmes and major projects competencies to be completed as part of the Licence to Practice Programme and to be written into staff contracts	H	Governance & Risk Manager	31.12.17	Not Implemented	0%	Overdue	Major programme and project management training is included in LTP as a high-priority module. Mandatory training element will be progressed in line with roll-out of the project management framework to start February 2018.	31.12.17
D. DUE DILLIGENCE (Incl. loans to 3rd parties)	15	• Establish a due diligence and compliance manual	H	Chief Financial Officer	31.3.18	Partially Implemented	50%	On track	1. First stage (Loans Checklist) fully completed (95%). Second stage (production of the Manual itself) is being progressed internally but the methodology/approach is not decided yet may need a discussion on whether there is a need for some external/consultancy support to complete the Manual - Still to be completed.	31.12.17
F. EFFECTIVE DECISIONS - CABINET CLEARANCE PROCESS	22	• Deliver training on Equality Impact Assessments	H	Leadership Support	30.10.17	Partially Implemented	25%	Overdue	Equalities training included in the Licence to Practice Programme during January 2018. Delay due to finding a suitable trainer.	31.12.17
	30	• Monitoring of Cabinet decisions, implementation and compliance, included delegated decisions. To include regular reporting to the leader and audit committee.	H	Borough Secretary	TBC	TBC	TBC	TBC	TBC	31.12.17
	31	Delivery of the Licence to Practice Organisational Development and Training Plan to address key governance areas to improve governance skill-sets and capacity	H	Borough Secretary/Interim HR Manager	31.12.17	Partially Implemented	50%	Overdue	Cathie Wright taken over training plan from August 2017. A review of the plan has identified areas where internal training can be facilitated and specialist areas for external consultants i.e due diligence, risk management & some elements of project management.	31.12.17
G. GOVERNANCE	33	• Carry out a fundamental review of all current NBC governance arrangements against the CIPFA/SOLACE 2016 standard. ˚ full gap analysis and action plan to address any identified weaknesses ˚ Update the local code with annual reporting against the code to Audit Committee ˚ External validation report of progress against the standard	H	Governance & Risk Manager	30.09.17	Partially Implemented	Ongoing	On track	An assessment has been carried out and the results are: Actions in place/partly in place = 84% Not in place = 16% Quite a number of actions relate to the update of policies and procedures. A full gap analysis will be presented at the January 2018 Audit Committee.	Annual review

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	34	Ensure there are adequate processes (incl. planning, engagement and best practice processes) in place in 17/18 to produce the Annual Governance Statement (AGS) in a timely manner	H	Governance & Risk Manager	31.5.18	Partially Implemented	20%	On track	Lessons learned exercise in progress and on-going on the 16/17 AGS in conjunction with Finance to identify areas for potential improvement including processes and presentation	31.12.17