Internal Audit Evaluation and Opinion

1   Statutory Obligations

1.1   Responsibilities for statutory obligations are formally established

Score   **IA Opinion**

8   Statutory responsibilities are formally established in corporate documents and policies, particularly the Constitution. Pulling all information together (e.g. in a database) would enhance control (c.f. Ref. 1.2).

1.2   Statutory obligations are communicated to and understood by all relevant people in the organisation

Score   **IA Opinion**

6   Statutory obligations are established and documented (c.f. Ref. 1.1) and the Authority's Legal Services maintain a legal library. Each Service has a dedicated page on the Intranet site setting out service responsibilities and providing links to further pages and documents relating to those responsibilities. However it is felt that the site could be developed to facilitate the retrieval of information through:
 - ensuring statutory responsibilities are included, in general terms, within the 'homepage' for each Service;
 - allocating responsibilities for the overall structure of the Intranet to ensure clarity (e.g. what constitutes a corporate document as opposed to a service document) and regular review; and
 - the introduction of a Corporate standard for documents to include a document date, author or responsible officer, approving body if applicable (e.g. Council) and proposed review date.
It is also felt that there is scope to utilise Corporate Induction training to communicate statutory obligations in general terms. Current training (Jan. 2005) gives an introduction to;
 - the Council and the relationship between Members and officers;
 - Corporate priorities; and
 - the work of three Services, namely, Communications, Corporate Strategy and HR&OD.
A more general look at the work of all Services, linking them to the overall structure of the Authority could enhance control.

1.3   Effective procedures exist to identify, evaluate, communicate, implement, comply with, and monitor legislative change

Score   **IA Opinion**

6   Service Heads are responsible for identifying and implementing legislative change per their generic job descriptions and reports would be channelled through the decision-making process as appropriate. Control therefore reliant upon individual Service Heads. Problems may arise when new legislation is not readily identifiable as the responsibility of a particular service head (e.g. the Civil Contingencies Bill 2004).

1.4   Effective action is taken where areas of non-compliance are found either in mechanism or legislation

Score   **IA Opinion**

6   Internal and External Audit reports have not identified significant areas of non-compliance in the last year. Progress on implementing audit action plans is monitored, the percentage implemented varying between Services. A system for further follow-ups is to be developed by internal audit. The results of follow-ups are reported to the Audit Committee though it is felt that their role in ensuring implementation and compliance could be developed.
The Council has an effective complaints procedure, the Ombudsman Annual Letter and Report 2003/04 stating with regards to ombudsman complaints 'the Council's complaints procedure is well publicised and accessible for those that need it'.

2   Corporate Objectives

2.1   Consultation with stakeholders on priorities and objectives

Score   **IA Opinion**

5   The need to consult is felt to be well established and improvements continue to be made (e.g. the Leader of the Council outlining budget and policy framework proposals to the LSP's Executive and Economic Stakeholders' Forum on 02/02/05, improved website, formation of Young People and LCC Task Group etc.). Levels of consultation and success/effectiveness vary from Service to Service or project to project etc. An effective corporate, co-ordinated approach to consultation has yet to be implemented though work is ongoing to implement the Consultation Strategy in 2005/06.

Internal Audit Evaluation and Opinion

2   Corporate Objectives

2.2   The authority's priorities and organisational objectives have been agreed (taking into account feedback from consultation)

Score   IA Opinion

7   Organisational aims and objectives are set out in the Corporate Plan agreed by Council. The Plan is based on the Community Strategy which was subjected to rigorous consultation. The Corporate Plan is felt to take account of local and national priorities and consultation, though consultation mechanisms require further development (c.f. 2.1).

2.3   Priorities and objectives are aligned to principal statutory obligations and relate to available funding

Score   IA Opinion

2   Corporate prioirities and objectives are set out in the Corporate Plan but do not take account of principal statutory obligations (e.g. the need to implement the Planning and Compulsory Purchase Act 2004). Control therefore reliant on service business plans. Business plans this year have not been formally approved and are not readily available (e.g. through the Intranet).
Attempts have been made to link prioirities to available funding within the Corporate Plan and a 'Resource/Budget Implications' column in business plans but mechanisms are insufficiently developed to meet the control.
The Budget process is effectively linked to the MTFS through a spreadsheet maintained by the Accountancy Services Manager who monitors the impact of decisions on the Council Tax figure.

2.4   Resources are allocated according to corporate priorities

Score   IA Opinion

3   To some extent resources are allocated according to priorities, all bids for funding to be linked to a corporate priority and Star Chamber aiming to allocate resources to priorities by challenging service budgets. Service Heads are also required to identify the resources required against each objective within their business plan.
Ultimately the control is reliant on effective mechanisms to link activities to spend which is not in place.

2.5   Objectives are reflected in departmental plans and are clearly matched with associated budgets

Score   IA Opinion

1   Service Business Plans are required to link service objectives to corporate objectives as set out in the Corporate Plan. However mechanisms to ensure Corporate priorities are adequately reflected in service plans are considered not sufficiently developed and clear terms of reference for the preparation of service business plans are not readily available. Mechanisms to match objectives to funding require further development (c.f. Refs. 2.3 and 2.4)

2.6   The authority's objectives are clearly communicated to staff and to all stakeholders

Score   IA Opinion

8   The Communications Action Plan 2004/05 clearly states the mechanisms for communicating authority objectives to staff (e.g Corporate Induction, Intranet etc.) and stakeholders (Quarterly Residents' Magazine, Council Tax leaflet etc.) and the Corporate Plan is available on both the Intranet and Internet. The EDPA Scheme aims, amongst other things, to 'improve job performance by linking the performance of the individual with the Service business plan ' and all related interviews should be documented. There is no evidence readily available of consultation with stakeholders (e.g. public and internal surveys) on service provision against cost.

3   Corporate Governance

3.1   Code of corporate governance established

Score   IA Opinion

5   A Code of Corporate Governance was adopted by the Council in July 2002 but the Code is not well publicised and a communications strategy in relation to the Code has not been developed.

3.2   Review and monitoring arrangements in place

Score   IA Opinion

3   The Code does not include a review date and arrangements for continually monitoring compliance are not in place though an annual report on compliance, forming part of the SIC, is presented to the Audit Committtee.

3.3   Committee charged with governance responsibilities

Score   IA Opinion

5   The Audit Committee's Terms of Reference include 'monitoring the effectiveness of the Code of Corporate Governance' though the Terms are not comprehensive in ensuring all aspects of the Code are covered. The 2003/04 Statement on Internal Control and Corporate Governance was 'noted' by the Audit Committee on 28/07/05 suggesting more needs to be done to develop the Committee's monitoring role.

Internal Audit Evaluation and Opinion

3	Corporate Governance

3.4 Governance training provided to key officers and all members

Score **IA Opinion**

2   There is insufficient information readily available on the content of training to fully evaluate the control though governance issues are not prominently publicised and the Code is not readily available. Whilst the Internal Audit Review of Corporate Governance (02/0490) found compliance with the CIPFA/SOLACE guidance high, resulting agreed actions relating to training have not been implemented.

3.5 Staff, public and other stakeholder awareness of corporate governance

Score **IA Opinion**

1   There is no general staff awareness training programme in respect of corporate governance and the Code is not readily accessible to staff and the public through the Intranet/Internet.

3.6 Encourage community/stakeholder engagement and establish clear channels of communication.

Score **IA Opinion**

6   Community/stakeholder engagement is improving and in some areas is focused, publicised and accessible. The need to engage stakeholders is considered fairly well established though resources are often sighted as a barrier to effective engagement. It is felt that a corporate, co-ordinated approach would enhance control and there is a need to ensure engagement mechanisms are inclusive.

3.7 The authority maintains an objective and professional relationship with its external auditors and statutory inspectors and puts in place arrangements for the effective implementaton of agreed actions.

Score **IA Opinion**

7   Control considered in place in that no evidence to the contrary presents. Internal Audit are in the process of developing a mechanism to monitor the implementation of External Audit agreed actions, progress to be reported to the Audit Committee. Pulling together the action plans from all statutory inspections to aid the monitoring of implementation would enhance control.

3.8 Clear, documented and understood management processes for policy development, implementation and review and for decision making, monitoring and control, and reporting.

Score **IA Opinion**

8   Processes for policy development and decision-making are set out in the Council's Constitution. Reporting mechanisms are considered effective, Management Team reviewing all reports prior to them being presented to Members and Statutory Officer comments included. Documenting the source of authority to make officer delegated decisions on the decision notice (e.g. original minute number) would enhance control (c.f. Audit Review of Financial Management 04/0584).

3.9 Services are delivered by trained and experienced people.

Score **IA Opinion**

8   There are various mechanisms in place (e.g. recruitment and selection procedures, EDPAs) to ensure that services are delivered by trained and experienced people. Probationary periods and the Council's Capability Policy provide mechanisms to deal with employees not delivering per expectations. The recent setting of personal objectives through the EDPA scheme should further enhance control.

3.10 Appropriate procedures to ensure the openness, integrity and accountability of officers and members.

Score **IA Opinion**

6   Procedures for ensuring the openness, integrity and accountability of officers and members are considered appropriate. Regular compliance monitoring in respect of some, particularly Financial Regulations and Procedures and Contract Procedure Rules, would enhance control.

Internal Audit Evaluation and Opinion

4 Performance Management

4.1 Standards and targets for performance in the delivery of services are set on a sustainable basis and with reference to equality policies.

Score **IA Opinion**

3 Standards and targets for performance are set out in a number of documents (e.g. MTFS, Corporate Plan, Business Plans, BVPP) but there is no mechanism to capture all performance information with a view to providing an accurate picture of how the Authority is performing overall. An Internal Audit Review of Best Value (04/0571) found different approaches to target setting, some resulting in unrealistic targets for improvement and not all demonstrating a consideration of sustainability. The review also found insufficient performance standards and targets to effectively monitor service delivery.

4.2 Comprehensive and effective performance management systems operate routinely

Score **IA Opinion**

2 There is no clearly defined Performance Management Framework identifying:
- all sources of performance measures;
- responsibilities, quality assurance mechanisms;
- monitoring mechanisms;
- actions to be taken in the event of underperformance;
and demonstarting how performance is driven upwards over time.
An annual performance plan is produced providing a year-on-yaer comparison against targets but there is little evidence of this being used to effectively drive improvement. Some services do use performance information and benchmarking effectively but generally this is not the case.

4.3 Key performance indicators are established and monitored

Score **IA Opinion**

4 KPIs have been established for the priorities set out in the Corporate Plan and performance is being monitored through the Performance Review Committee. There is a recognised need to improve information to Members, particularly the Budget and Performance Panel responsible for monitoring service performance. Better information should aid the establishment of effective lower level KPIs (c.f. Audit Review of Best Value (04/0571).

4.4 The authority knows how well it is performing against its planned outcomes

Score **IA Opinion**

3 There is no established Performance Management Framework to enable the Authority to know how well it is performing overall against planned outcomes. Performance is measured and reported on different levels through:
- high level outcomes set out in the Corporate Plan being monitored by the Performance Review Committee;
- the Best Value Performance Plan providing a year-on-year comparison of performance against targets;
- statutory inspections (e.g. CPA);
- corporate financial monitoring; and
- services monitoring performance against their own plans.
More needs to be done to collate and monitor performance information with a view to continuous improvement.

4.5 Knowledge of absolute and relative performances achieved is used to support decisions that drive improvements in outcomes

Score **IA Opinion**

2 Whilst monitoring is taking place information is generally retrospective and failing to provide a effective basis on which to make a decision for improvement. This is further hampered by the lack of linking resources to performance (i.e. would the cost of a decision for improvement be worth it in terms of the improvement achieved). There is a need to ensure that performance measures are appropriate to drive improvement, are cost-effective and worthwhile in demonstrating achievements.

4.6 The authority continuously improves its performance management

Score **IA Opinion**

3 There have been improvements in performance management over the last year with the setting and monitoring of KPIs for corporate objectives, the recognised need to improve information to the Budget and Performance Panel and the ongoing development and piloting of the Escendency system. A report is to be presented to the Budget and Performance Panel (05/07/05) outlining performance targets not met in some services (not all responded to a memo for the information) with a view to the Panel inviting some for further questioning with regards underperforming targets. Overall improvement is too slow and the Performance Management Framework lacks clarity, leadership and impetus.

Internal Audit Evaluation and Opinion

5	Risk Management

5.1 There is a written strategy and policy for managing risk

Score   **IA Opinion**

5   There a written Policy and Strategy formally approved by the Audit Committee in December 2003. The documents have not been reviewed since and progress on their implementation is limited, risk management not yet effectively embedded within the Authority.

5.2 The authority has implemented clear structures and processes for risk management which are successfully implemented

Score   **IA Opinion**

4   Structures are in place in that responsibilities are clearly defined within the Risk Management Strategy, a Risk and Insurance Manager is in place, as are Risk Champions and a Risk Management Steering Group. Internal Audit adopt a risk based approach to all audit assignments, clearly demonstrated in their reporting process. Risks are considered in the corporate decision-making process through the completion of an 'Options and Options Analysis (including risk assessment')' section in reports. However testing in the recent Internal Audit Review of Financial Management (04/0584 - Ref. 008726) found the reports generally did not demonstrate a robust risk assessment process, often risks were not effectively linked to financial implications and the format did not always enable an easy comparison of risks across the options presented. Further the Quick Guide to Report Writing did not promote robust risk assessments. A risk register database is being developed by Internal Audit and the Risk and Insurance Manager, risks within generally arising from Internal Audit Work. There is now a recognised need for the register to be presented to service managers with a view to them taking ownership and embedding risk management.

5.3 The authority has developed a corporate approach to the identification and evaluation of risk which is understood by all staff

Score   **IA Opinion**

3   (c.f. 5.2) - The risk register database and associated guidance will provide a systematic process for consistency in risk identification. There is a recognised need to raise risk awareness through dissemination of the register.

5.4 The authority has well defined procedures for recording and reporting risk

Score   **IA Opinion**

2   (c.f. 5.2). Key risk indicators have yet to be determined though risk based auditing helps by identifying significant risks for the areas under review, these being used to populate the risk register. Processes to update the register on an ongoing basis, to identify new and emerging risks and to report risk to Members have yet to be developed.

5.5 The corporate/departmental risk register(s) includes expected key controls to manage principal risks

Score   **IA Opinion**

5   The risk register being developed (c.f. 5.2) does enable the recording of expected key controls against risks identified. When 'rolling out' the register there is a need to ensure risk owners are assigned to mange principal risks and controls are monitored, reviewed and updated regularly.

5.6 Key risk indicators have been drawn up to track the movement of key risks and are regularly monitored and reviewed

Score   **IA Opinion**

1   Key risk indicators have not been drawn up but corporate implementation of the new risk register will provide a means of meeting the control (See also Ref. 5.5).

5.7 The authority has well-established and clear arrangements for financing risk

Score   **IA Opinion**

8   Control in place per the recent audit review of Financial Management (04/0584). A formally documented and regularly reviewed risk financing policy would enhance control.

5.8 The authority has developed a programme of risk management training for relevant staff

Score   **IA Opinion**

1   As yet there is no training programme for risk management. Newsletters and guidance are posted on the Intranet under Financial Services but these are not promoted.

Internal Audit Evaluation and Opinion

5   Risk Management

5.9   The corporate risk management board (or equivalent) adds value to the risk management process

Score	IA Opinion
2	Terms of Reference are in place for the Risk Management Steering Group within the Risk Management Strategy. However there is little evidence of the Group actively embedding risk management throughout the Authority.

5.10   A corporate risk officer has been appointed with the necessary skills to analyse issues, offer options and advice and support decision making and policy formulation.

Score	IA Opinion
7	The Senior Insurance Officer was appointed to the post of Risk and Insurance Manager in September 2203. Her responsibilities are set out in the Risk Management Strategy and her job description. The officer has helped raise awareness of risk management, advises services on a day-to-day basis and has been instrumental in the development of the risk register. However the effectiveness of her position is hampered by the lack of corporate impetus for embedding risk management.

5.11   Managers are accountable for managing their risks

Score	IA Opinion
2	Managers are not yet accountable for managing their risks and service head generic job descriptions do not outline risk management responsibilities. There are no provisions for an annual review of risk at service/operational levels and control and risk self-assessment questionnaires are not routinely completed. The internal audit process promotes accountability for risk and levels of risk awareness and management vary from service to service. The risk management database provides for risk owners and there is a recognised need to 'roll out' the register to services to promote ownership and facilitate demonstration of effective risk management.

5.12   Risk management is embedded throughout the authority

Score	IA Opinion
2	Levels of risk awareness/management vary between services per internal audit work. There is no risk management training programme and no assessment to ascertain the need for training. Risks are considered in the business planning process in so far as stating whether there is a corporate risk to register but there is no process, as yet, to link to risk registers or test the robustness of the risk assessment.

5.13   Risks in partnership working are fully considered

Score	IA Opinion
2	Financial procedures require partnerships 'to ensure that risk managemnet process are in place to identify and assess all known risks'. Risks are considered in the decsion-making process (c.f. Ref. 5.2) but procedures are not considered robust. There are no procedures to formally review/report risks throughout the term of the partnership.

5.14   Where employed, risk management information systems meet users' needs

Score	IA Opinion
1	There is scope to ensure the risk register (c.f. Ref. 5.2) meets user needs when it is 'rolled out' to Services.

6   Internal Control

6.1   Financial management arrangements ensure public funds are properly safeguarded and are used economically, efficiently and effectively.

Score	IA Opinion
6	Compliance with Financial Regulations and Procedures ensures the control is in place though regular compliance monitoring would enhance control. It is felt that more could be done with regards benchmarking and challenging VFM. The new Terms of Reference for Star Chamber should help, the process to challenge services' financial management with a view to achieving efficiency savings as required by Gershon.

6.2   Written financial regulations are in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff

Score	IA Opinion
6	Formally approved financial regulations are in place and are available on the Intranet (c.f. Ref. 1.2 re. versions available). The Head of Financial Services feels that communication could improve and induction training for Responsible Spending Officers could be developed further (c.f. Audit Review of Financial Management (04/0584).

Internal Audit Evaluation and Opinion

6	Internal Control

6.3 There are written contract standing orders in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff

Score   **IA Opinion**

6   Control in place per the internal audit review of Financial Management (04/0584) though more could be done to improve communication and compliance monitoring would enhance control.

6.4 There is a whistleblowing policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff

Score   **IA Opinion**

7   There is a formally approved whistleblowing policy available on the Intranet. The National Code of Conduct for Members is being reviewed and consulted upon at present and this includes a review of whistleblowing. The National Code of Conduct for Officers has recently been reviewed and the Authority's Code of Conduct is being updated accordingly. A formal review programme and more regular promotion/communication with staff would enhance control.

6.5 There is a counter fraud and corruption policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff

Score   **IA Opinion**

7   Control in place through corporate and Benefits specific policies though corporate policies have not been reveiwed for some time. A formal review programme and more regular promotion/communication with staff would enhance control. Registers of gifts and hospitality are maintained though regular reminders of the need to complete them are not sent out.

6.6 There are codes of conduct in place which have been formally approved and widely communicated to all relevant staff

Score   **IA Opinion**

7   Formally approved Codes of Conduct are in place and again a formal review programme and more regular promotion/communication with staff would enhance control. See also Ref. 6.4

6.7 A register of interests is maintained, regularly updated and reviewed

Score   **IA Opinion**

4   Registers of Interest are maintained for both Members and staff, though they could be updated more regularly, the last reminder to staff being December 2003.

6.8 Where a scheme of delegation has been drawn up, it has been formally approved and communicated to all relevant staff

Score   **IA Opinion**

8   The scheme of delegation is included in the Constitution (c.f. 1.2 re. versions available on the Intranet) and is formally approved. Dissemination appears to be the responsibility of Service Heads, there having been no briefings, awareness sessions in the last few years. There are regular reports to members on the operation of the scheme (e.g. budget monitoring, officer delegated planning decisions etc).

6.9 A corporate procurement policy has been drawn up, formally approved and communicated to all relevant staff

Score   **IA Opinion**

6   A corporate procurement strategy, approved by Cabinet, is in place setting out the Council's policy for procurement. The Strategy is available on the Intranet and is communicated to relevant staff through the work of the Corporate Procurement Officer. Effectiveness is to be measured, the Authority due to undergo a fitness check in respect of procurement and KPIs, designed by the IDeA to measure procurement performance, are being considered. A higher score may be warranted following the fitness check and any benchmarking.

6.10 Business/service continuity plans have been drawn up for all critical service areas

Score   **IA Opinion**

1   Plans are in place for some areas (e.g. Central Control) per managers assurance statements though many recognise that this a weak area and more corporate guidance is required. There is a need to meet the requirements of the Civil Contingencies Bill 2004.

Internal Audit Evaluation and Opinion

6	Internal Control

6.11 The authority's internal control framework is subject to regular independent assessment

Score **IA Opinion**

8   Control in place through Internal Audit, External Audit, CPA, the and application of Department for Works and Pensions Housing Benefit Performance Standards and the Benefit Fraud Inspectorate. A more proactive Audit Committee could enhance control.

6.12 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

Score **IA Opinion**

7   A Corporate Health and Safety Policy is in place (though appears not to have been reviewed for some time (2001)) and is supplemented by service specific policy statements. Corporate Briefings on Health and Safety were carried out in April 2004 and the Health and Safety section of the Intranet is regularly updated, new information being promoted through 'Message of the Day'. A system is in place to report incidents through the Intranet and incidence rates are monitored through the Corporate Health and Safety Committee. Minutes of the Committee (17/03/05) highlighted a need for a Service Head briefing to outline their resonsibilities. Service Safety Audits are in the process of being carried out.

6.13 A corporate complaints policy/procedure has been drawn up, formally approved, communicated to all relevant staff, the public and other stakeholders and is regularly reviewed

Score **IA Opinion**

7   A complaints procedure is in place and is available on the Internet together with contact details etc. The complaints procedure is effective per the Ombudsman Annual Letter and Report 2003/04 stating with regards to ombudsman complaints 'the Council's complaints procedure is well publicised and accessible for those that need it'. The issue of how the Council deals with complaints is being looked at as part of the Access to Services Review and a revised complaints leaflet is being developed. The Corporate Complaints Officer is currently located in Administration Services and has been part of the group looking at this issue whilst consideration is being given to the transfer of the responsibility for dealing with complaints to Customer Services.

7	Assurance

7.1 The authority has determined appropriate internal and external sources of assurance

Score **IA Opinion**

3   The Authority has not formally determined appropriate internal and external sources of assurance. One aim of this database is to identify current sources of assurance with a view to highlighting any weaknesses where further assurance may need to be sought. Responsibility for considering assurances currently rests with the Audit Committee though the need to develop a more robust review mechanism is recognised.

7.2 Appropriate key controls on which assurance is to be given have been identified and agreed

Score **IA Opinion**

4   A last minute effort to address the control has been made through the issue of a memo to all service heads requesting the return of a 'Corporate Responsibilities Statement'. Guidance was limited to information within the memo and the offer of assistance from internal audit. It is recognised that the process needs further development.

7.3 Mechanism established for collecting SIC assurances

Score **IA Opinion**

4   A senior officer group has not yet been formed in relation to collecting and evaluating SIC assurances. This database aims to be a central record of all assurances with links to where the evidence is held, though its development has highlighted problems regarding the accessibility of relevant information through the Intranet/Internet. An evaluation mechanism and guidance has yet to be developed. The timetable to meet the statutory deadline for the SIC requires further developments as does the gap assessment and challenge mechanism.

7.4 Department heads provide assurance statements that key controls are in place and have been in operation for the period concerned.

Score **IA Opinion**

4   Service Heads have been asked to complete 'Corporate Responsibilities Statements' (c.f. Ref. 7.2). More needs to be done to develop this process in future years particularly with regards guidance/training and evaluation mechanisms which should include 'reality checking'.

Internal Audit Evaluation and Opinion

7	Assurance

7.5 External assurance reports are collated centrally

Score | **IA Opinion**

3 | This database aims to provide a link to all external assurance reports though its development has found that not all are readily accessible.

7.6 Internal Audit reports regularly to the Audit Committee and the Head of Internal Audit provides an annual report , including an opinion on the internal control framework.

Score | **IA Opinion**

8 | Control in place and may be enhanced further through developments in relation to the SIC.

7.7 Responsibilities for the evaluation of assurances are clearly defined throughout the organisation

Score | **IA Opinion**

1 | Responsibilities currently rest with the Audit Committee. See also Refs. 7.1 and 7.2.

7.8 A 'SMART' (Specific, Measurable, Achievable, Realistic and Time-bound) action plan is drawn up and approved

Score | **IA Opinion**

5 | Control in place through the Corporate Performance Plan approved by Council. It is felt more could be done to make the plan SMART particularly in terms of ensuring outcomes are measurable. It is also felt that more could be done to collate identified control weakness arising from internal and external inspections etc.

7.9 Actions are communicated and responsibilities for implementation within agreed timescales are assigned

Score | **IA Opinion**

5 | The Corporate Performance Plan is high level and assigns responsibilities. It is assumed that those with responsibilities are aware of them as it is felt that the Plan could be more readily accessible and more effectively promoted. It is felt that some of the responsibilities (e.g. the action 'The corporate plan identifies specific tasks to take our ambitions forward. The High Level Objectives/ Tasks are allocated to service areas for delivery through business plans and to individuals through EDPA' with an outcome 'A systematic corporate, approach to the setting collection and monitoring of clear targets and outcomes through an integrated business planning process') are unrealistic without sufficient corporate backing/leadership and therefore responsibilities are not appropriately assigned. All actions include implementation dates.

7.10 Ongoing review of progress and of continuing appropriateness of action

Score | **IA Opinion**

3 | A six monthly progress report is presented to the Performance Review Committee but the report (last report 22/03/05) does not offer the information in a way that enables effective challenge. Further, the actions in the progress report do not always match those set out in the original Plan (e.g. the progress report includes an action 'Develop a Pay and Workforce Strategy (including a Workforce Development Plan)' whilst the original Plan's action was 'Develop the Human Resource Management Strategy into a three-year People Plan') suggesting an interim review.

8	Statement on Internal Control

8.1 Annual reporting of the Authority's activities and achievements, financial position and performance.

Score | **IA Opinion**

5 | Control in place but needs further development, particularly with regards performance management and preparation of the SIC, as set out in other parts of this database.

8.2 Responsibilities for the compilation, signing and reporting of the Statement on Internal Control in accordance with statutory requirements have been assigned

Score | **IA Opinion**

2 | Responsibilities are not formally established though responsibilities for signature are clear.

Internal Audit Evaluation and Opinion

8	Statement on Internal Control

8.3   There is a timetable for the production and publication of the Statement on Internal Control that meets the statutory deadline

Score	IA Opinion
1	It is recognised that a detailed timetable needs to be in place for future years (c.f. Ref.7.3)

8.4   The Statement on Internal Control is reviewed, challenged and approved by the authority

Score	IA Opinion
2	A report on the SIC is presented to the Audit Committee. It is recognised that review and challenge mechanisms require further development (c.f. Ref. 7.3)