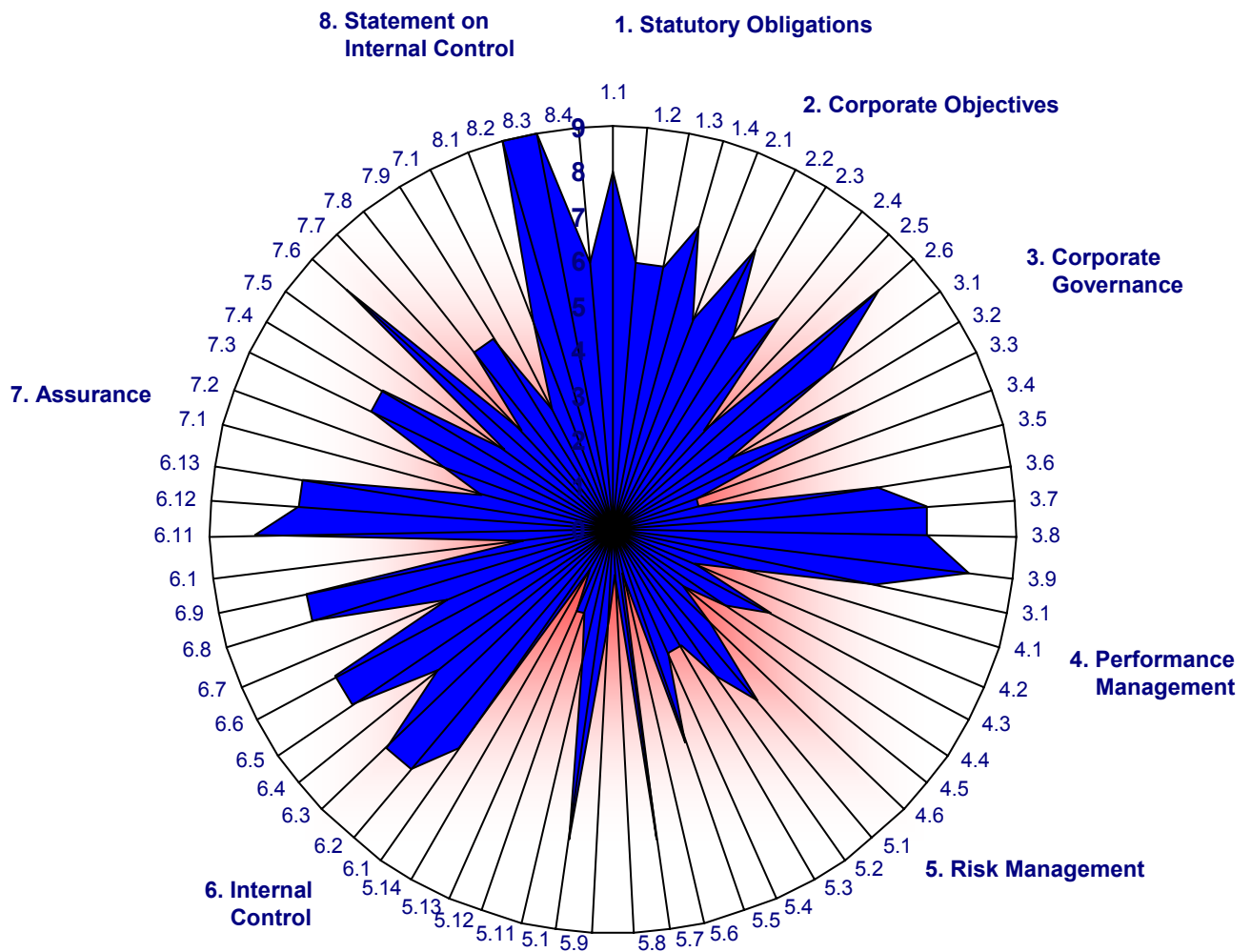


**Internal Control & Corporate Governance Framework
Overview 2004/05 (Management Group Evaluation)**



The chart maps the scores produced by the SIC Management Group for each of the 67 internal control features in the framework (which are numbered around the edge). The blue areas represent the extent to which the Council's arrangements are judged to provide effective control (i.e. the larger the blue area, the better).

Where larger areas of white, and particularly red, are displayed, the greater the scope and need to improve arrangements.

Management Group Evaluation

1 Statutory Obligations		Score	1 2 3 4 5 6 7 8 9
1.1	Responsibilities for statutory obligations are formally established	8	
1.2	Statutory obligations are communicated to and understood by all relevant people in the organisation	6	
1.3	Effective procedures exist to identify, evaluate, communicate, implement, comply with, and monitor legislative change	6	
1.4	Effective action is taken where areas of non-compliance are found either in mechanism or legislation	7	
2 Corporate Objectives		Score	1 2 3 4 5 6 7 8 9
2.1	Consultation with stakeholders on priorities and objectives	5	
2.2	The authority's priorities and organisational objectives have been agreed (taking into account feedback from consultation)	7	
2.3	Priorities and objectives are aligned to principal statutory obligations and relate to available funding	5	
2.4	Resources are allocated according to corporate priorities	6	
2.5	Objectives are reflected in departmental plans and are clearly matched with associated budgets	3	
2.6	The authority's objectives are clearly communicated to staff and to all stakeholders	8	
3 Corporate Governance		Score	1 2 3 4 5 6 7 8 9
3.1	Code of corporate governance established	6	
3.2	Review and monitoring arrangements in place	3	
3.3	Committee charged with governance responsibilities	6	
3.4	Governance training provided to key officers and all members	2	
3.5	Staff, public and other stakeholder awareness of corporate governance	2	
3.6	Encourage community/stakeholder engagement and establish clear channels of communication.	6	
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.	7	
3.8	Clear, documented and understood management processes for policy development, implementation and review and for decision making, monitoring and control, and reporting.	7	
3.9	Services are delivered by trained and experienced people.	8	
3.10	Appropriate procedures to ensure the openness, integrity and accountability of officers and members.	6	

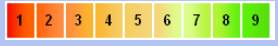



Management Group Evaluation

4 Performance Management		Score	1 2 3 4 5 6 7 8 9
4.1	Standards and targets for performance in the delivery of services are set on a sustainable basis and with reference to equality policies.	3	
4.2	Comprehensive and effective performance management systems operate routinely	2	
4.3	Key performance indicators are established and monitored	4	
4.4	The authority knows how well it is performing against its planned outcomes	3	
4.5	Knowledge of absolute and relative performances achieved is used to support decisions that drive improvements in outcomes	2	
4.6	The authority continuously improves its performance management	3	
5 Risk Management		Score	1 2 3 4 5 6 7 8 9
5.1	There is a written strategy and policy for managing risk	5	
5.2	The authority has implemented clear structures and processes for risk management which are successfully implemented	4	
5.3	The authority has developed a corporate approach to the identification and evaluation of risk which is understood by all staff	3	
5.4	The authority has well defined procedures for recording and reporting risk	3	
5.5	The corporate/departmental risk register(s) includes expected key controls to manage principal risks	5	
5.6	Key risk indicators have been drawn up to track the movement of key risks and are regularly monitored and reviewed	1	
5.7	The authority has well-established and clear arrangements for financing risk	7	
5.8	The authority has developed a programme of risk management training for relevant staff	1	
5.9	The corporate risk management board (or equivalent) adds value to the risk management process	2	
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.	7	
5.11	Managers are accountable for managing their risks	3	
5.12	Risk management is embedded throughout the authority	2	
5.13	Risks in partnership working are fully considered	2	
5.14	Where employed, risk management information systems meet users' needs	1	

Management Group Evaluation

6 Internal Control		Score	1	2	3	4	5	6	7	8	9
6.1	Financial management arrangements ensure public funds are properly safeguarded and are used economically, efficiently and effectively.	6									
6.2	Written financial regulations are in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff	7									
6.3	There are written contract standing orders in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff	7									
6.4	There is a whistleblowing policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff	5									
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	7									
6.6	There are codes of conduct in place which have been formally approved and widely communicated to all relevant staff	7									
6.7	A register of interests is maintained, regularly updated and reviewed	4									
6.8	Where a scheme of delegation has been drawn up, it has been formally approved and communicated to all relevant staff	7									
6.9	A corporate procurement policy has been drawn up, formally approved and communicated to all relevant staff	7									
6.10	Business/service continuity plans have been drawn up for all critical service areas	2									
6.11	The authority's internal control framework is subject to regular independent assessment	8									
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	7									
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	7									
7 Assurance		Score	1	2	3	4	5	6	7	8	9
7.1	The authority has determined appropriate internal and external sources of assurance	3									
7.2	Appropriate key controls on which assurance is to be given have been identified and agreed	4									
7.3	Mechanism established for collecting SIC assurances	6									
7.4	Department heads provide assurance statements that key controls are in place and have been in operation for the period concerned.	6									
7.5	External assurance reports are collated centrally	3									
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.	8									
7.7	Responsibilities for the evaluation of assurances are clearly defined throughout the organisation	3									
7.8	A 'SMART' (Specific, Measurable, Achievable, Realistic and Time-bound) action plan is drawn up and approved	5									
7.9	Actions are communicated and responsibilities for implementation within agreed timescales are assigned	5									
7.10	Ongoing review of progress and of continuing appropriateness of action	3									

Management Group Evaluation

8	Statement on Internal Control	Score	
8.1	Annual reporting of the Authority's activities and achievements, financial position and performance.	5	
8.2	Responsibilities for the compilation, signing and reporting of the Statement on Internal Control in accordance with statutory requirements have been assigned	9	
8.3	There is a timetable for the production and publication of the Statement on Internal Control that meets the statutory deadline	9	
8.4	The Statement on Internal Control is reviewed, challenged and approved by the authority	6	