

Chief Executive's Corporate Assurance Statement 2011/12

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	2010/11 results - working well across the Directorate	2010/11 results - working towards/gap identified
1.	Statutory Obligations and Organisational Objectives						
1.1	<p>Relevant new organisational and service specific legislation has been identified and is complied with. (AGS 1.1)</p> <p>All new legislation listed by Divisional Directors/Heads of Service reality checked by IA with Legal Services who confirmed that all new service specific legislation has been identified.</p>	100%	0%	Confirmed by Corporate Directors Assurance Statements and reality checking by Internal Audit		100%	0%

*Assessed by IA in 2010//11
managementassurance/statement/2011/12

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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.	100%	0%	Confirmed by Corporate Directors Assurance Statements		91%	9%
2.	Corporate Governance Arrangements						
2.1	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. Directorate/service schemes of delegations reviewed by IA to confirm that service specific delegations are covered, including HR responsibilities. However, reality checking confirmed varying degrees of detail/adequacy.	58%	42%	Children's Services, Chief Executive's Dept., Adults & Housing, (3/7 directorates) working towards/gap identified and reality checking by Internal Audit Comment: Although there is a slight improvement in this area a more significant step change is required. To facilitate this CSB are requested to ensure that non-financial delegations are developed for their respective directorates.	√	56%	44%

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2.2	<p>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.</p> <p>Examples of governance arrangements checked by IA for services listed by departments to check such arrangements are in place are adequate which was confirmed.</p>	61%	39%	<p>Children's Services, Adults & Housing, Corporate Finance, Legal & Governance Services (4/7 directorates) working towards/gap identified and reality checking by Internal Audit</p> <p>Comment: This reflects the number of new partnerships which are still at an early stage of development.</p>	√	94%	6%
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.	94%	6%	Place Shaping (1/7 directorates) working towards/gap identified	√	100%	0%
3.2	All data complies with the data quality standards as set out in the Council's Data Quality Policy. http://harrowhub.harrow.gov.uk/downloads/download/424/date quality policy	90%	10%	Chief Executive's Dept., Corporate Finance, (2/7 directorates) working towards/gap identified	√	94%	6%

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4.	Management of Strategic and Operational Risk						
4.1	<p>Risk assessment & management is embedded within the division for:</p> <ul style="list-style-type: none"> • Major projects • Financial planning • Major Policies & Legislative Changes • Delivery Planning <p>Major projects listed by departments were checked with the PMO to ensure that they were on VERTO which ensures that a risk assessment is undertaken and this was confirmed.</p>	97%	3%	Chief Executive's Dept. (1/7 directorates) working towards/gap identified and reality checking by Internal Audit	√	100%	0%
4.2	All staff assigned to manage premises, including the work of contractors, have been trained to manage safely.	94%	6%	Adults & Housing (1/7 directorates) working towards/gap identified	√	78%	22%

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4.3	Information handling and data security comply with the Council's suite of Information Management and Data Security Policies.	52%	48%	Adults & Housing, Community & Environment, Legal & Governance Services (3/7 directorates) working towards/gap identified Comment: This reflects a greater awareness of data security and improvements that have been identified as a result. This will be picked up in the relevant directorate action plans and also by the Information Security action plan which is being monitored by the SIRO.	√	91%	9%
4.4	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.	61%	39%	Children's Services, Chief Executive's Dept., Corporate Finance, Legal & Governance Services (4/7 directorates) working towards/gap identified	√	66%	34%
5.	System of Internal Control in Place to Mitigate Principal Risks						

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5.1	<p>Staff are complying with the requirements of the Council's Financial Regulations and Contract Procedure Rules. (AGS 3.1)</p> <p>Reality testing by IA has identified that the monthly SAP non-compliance report for March 2012 showed that 14.75% of orders (value £1,593,340.84) were raised after the invoice.</p>	85%	15%	<p>Chief Executive's Dept. (1/7 directorates) working towards/gap identified.</p> <p>Comment: Although this was self assessed as 90% working well, it has been downgraded slightly to 85% to reflect empirical data provided monthly on orders raised in compliance with Financial Regulations. This shows a significant improvement from last year from 71% of orders being compliant to 85% compliance; however the aim is to increase the number of compliant orders to over 90%.</p>	√	78%	22%
5.2	<p>Where contracts are due to expire in the coming 12 months there is a plan in place to:</p> <p>a) review service arrangements/options e.g. potential partnerships; and</p> <p>b) undertake a tender exercise where appropriate</p> <p>Reality checked by IA to the contracts register/s to ensure that appropriate contracts had been identified and this was confirmed.</p>	90%	10%	<p>Chief Executive's Dept., Corporate Finance, Place Shaping, (3/7 directorates) working towards/gap identified and reality checking by Internal Audit</p>	√	94%	6%

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5.3	In accordance with Financial Regulations all key projects are managed in accordance with corporate project management guidelines.	97%	3%	Chief Executive's Dept., (1/7 directorates) working towards/gap identified	√	100%	0%
5.4	Budget spend on Learning & Development is known and the value obtained from the spend is analysed. Reality checked by IA to confirm the directorate budget spend is known and analysed.	42%	58%	Children's Services, Adults & Housing, Corporate Finance, Community & Environment, (4/7 directorates) working towards/gap identified and reality checking by Internal Audit Comment: Although spend is generally known it is not being analysed to identify value obtained in all areas. This will be picked up in the relevant directorate action plans and also in the preparation for the core IIP standard.	√	41%	59%
5.5	Learning Logs are maintained for all staff.	58%	42%	Adults & Housing, Corporate Finance, Community & Environment, Legal & Governance Services (4/7 directorates) working towards/gap identified	√	66%	34%

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5.6	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.	77%	23%	Children's Services (1/7 directorates) working towards/gap identified Comment: Although this is only 1 directorate, because of the number of employees within Children's Services, this has a higher weighting and has a significant impact on the percentage result.	√		√*
5.7	There is a clear record of which employees should have an IPAD and IPADs for 2011/12 have been completed and documented. Numbers of IPADs provided checked and confirmed by IA to the records held by HRD.	94%	6%	Corporate Finance, Place Shaping (2/7 directorates) working towards/gap identified and reality checking by Internal Audit	√	92%	8%
5.8	All staff who have hit absence triggers are being managed in accordance with the Council's Absence Procedure.	100%	0%	Confirmed by Corporate Directors Assurance Statements		New area of assurance	
6.	Budget Management & VFM						

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6.1	All budget managers prepare a SAP monthly forecast and undertake monthly budget monitoring to minimise the risk of the budget exceeding planned provision.	71%	26%	Chief Executive's Dept., Adults & Housing (2/7 directorates) working towards/gap identified Comment: This is monitored by Corporate Finance and action taken when necessary.	√	83%	17%
7.	Corporate Strategies/Plans/Frameworks						
7.1	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. IA assessed this area of assurance by reviewing the Improvement Board papers which confirmed that a standard template is followed for reporting on the above areas by all directorates.	100%	0%	Confirmed by Corporate Directors Assurance Statements and reality checking by Internal Audit		100%	0%

I confirm that the above is a fair reflection of the internal control, risk management and governance arrangements in place for the Department during the financial year 2011/12:

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Signature:

Title:

Date:

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Assurance Rating (Area of Assurance)

Change in 11/12	Colour
(Assurance level 80%)	
No change	Green
Improved	Green
Decrease but still above 80%	Amber
Decrease below 80%	Red
No change	Amber
Improved & above 80%	Green
Still 80%	Amber
Decrease but still 50%-79%	Amber
Decrease 49% and below	Red
No change	Red
Improved & above 80%	Green
Improved & above 50%	Amber
Still less than 50%	Red

Assurance Rating (% controls operating well/working towards 11/12)

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

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