

**Objective 1 – Establishing principal statutory obligations and organisational objectives:**

<b>Step 1: In support of objective 1 – Mechanism established to identify principal statutory obligations</b>		
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Bridgend's Documents that may evidence this</b>
1. Responsibilities for statutory obligations are formally established	<p>Inspection of:</p> <ul style="list-style-type: none"> <li>Documents (e.g. constitution) recording individual officer and member responsibilities</li> <li>Minutes of delegations to officers and committees</li> <li>Committee terms of reference</li> <li>Job descriptions of key officers</li> <li>Structure charts</li> </ul>	<p><u>Constitution</u></p> <p>Pages 21 to 23</p> <p>Pages 31 to 54</p> <p>Page 11</p> <p>Pages 21 to 23</p> <p><u>Constitution</u> – page 144</p> <p><u>Corporate Improvement Plan</u> - page 4</p> <p><u>Strategic / Strategy plans</u></p> <p><u>Council and Cabinet reports</u></p> <p><u>Scheme of delegation</u> requires formal written notifications of all decisions taken and specifies responsibility for statutory functions</p> <p><u>Directorates</u> structured into specialist teams of qualified and support staff with defined responsibility to clients and work types</p>
2. Record held of statutory obligations	<ul style="list-style-type: none"> <li>Accessible record of statutory obligations (e.g. central registry or legal library, intranet site)</li> </ul>	<p><u>Central legal library</u> – kept electronically</p> <p>Maintained by Professionally qualified legal staff</p> <p><u>Legal Service Level Agreement (SLA)</u> held with each Directorate specifies work types</p>
3. Effective procedures to identify, evaluate, communicate, implement, comply with monitor legislative change exist and are used	<ul style="list-style-type: none"> <li>Appointment of suitably qualified and experienced employees, selected against accurate and specific job descriptions and person specifications</li> <li>Evidence of effective arrangements for internal and external communication (e.g. by review of communication of recent legislation to relevant officers and</li> </ul>	<p><u>Staff Recruitment and Selection Policy</u></p> <p>Policy appears on the <u>Intranet</u></p> <p><u>Weekly management and team meetings within the Legal</u></p>

	<p>members)</p> <ul style="list-style-type: none"> <li>• Appropriate induction training has been given to specific post holders</li> <li>• Awareness training tailored to job profiles has been provided</li> <li>• Inspection of reports to members of new legislation</li> </ul>	<p><u>Department</u></p> <p><u>Monthly Corporate Induction</u> – supported by individual induction and specific issues e.g. pension scheme</p> <p><u>Legal Services business plan</u> dedicated to provision of legal services in line with needs of Authority including provision for legislative change</p> <p><u>Legal Services Training Plan, PDP and appraisal system</u> linked with Business Plan to ensure statutory responsibilities are implemented and planned.</p> <p><u>All committee reports checked for legality and probity</u></p> <p><u>Director’s report to school governing bodies and records of meetings</u></p>
<p>4. Effective action is taken where areas of non-compliance are found in either mechanism or legislation</p>	<ul style="list-style-type: none"> <li>• Review of evidence to demonstrate that action has been taken to overcome identified areas of non-compliance, for example: <ul style="list-style-type: none"> <li>– Internal /external audit reports to audit committee or equivalent</li> <li>– Monitoring reports on progress on delivering action plans in response to identified legal/statutory risks in risk register (e.g. on implementation of Freedom of Information Act 2000)</li> <li>– Evidence of corrective action being taken in response to upheld complaints against the authority</li> </ul> </li> </ul>	<p><u>Wales Audit Office</u> – Relationship Manager’s Annual Letter incorporating Appointed Auditor’s Annual Letter. This document refers to the area of Financial compliance (page 19 and 20)</p> <p><u>KPMG</u> – Annual Audit Letter</p> <p><u>Directorate Freedom of Information “Champions”</u></p> <p><u>Legal Services Section</u> monitor committee reports to ensure compliance, undertake regular monitoring meetings with clients to plan for compliance and legislative change</p> <p><u>Corporate and Ombudman’s complaints</u> logged and reported</p> <p><u>Personal Services</u> – Social Services complaints procedures</p>

<b>Step 2: In support of Objective 1 – Mechanism in place to establish corporate objectives</b>		
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Bridgend's Documents that may evidence this</b>
1. Consultation with stakeholders on priorities and objectives	<ul style="list-style-type: none"> <li>Results from internal and/or external consultation exercises have been analysed and published</li> </ul>	<u>Consultation Best Practice Guide</u> – appears on the Intranet.  <u>Citizens Panel</u> – made up of 1,350 adults  Forums (e.g. School Budget Forum)
2. The authority's priorities and organisational objectives have been agreed (taking into account feedback from consultation).	<ul style="list-style-type: none"> <li>Authority's approved and published strategic plan takes account of all consultation and local and national priorities</li> </ul>	<u>Corporate Improvement Plan (2005-2008)</u>  <u>Audited by KPMG</u>
3. Priorities and objectives are aligned to principal statutory obligations and relate to available funding	<ul style="list-style-type: none"> <li>Corporate priorities and objectives are clearly set out in the strategic plan</li> <li>Strategic plan takes account of annual budget and medium term financial plan</li> </ul>	<u>Corporate Improvement Plan (2005-2008)</u>  Budget settlement takes account of Corporate priorities / Business Plans
4. Objectives are reflected in departmental plans and are clearly matched with associated budgets	<ul style="list-style-type: none"> <li>Clear terms of reference are set for the preparation of departmental and/or service plans</li> <li>Departmental and/or service plans clearly reflect corporate objectives and match approved</li> </ul>	<u>Directorate Business Plans and Sectional Business plans</u> co-ordinated by Corporate Services  <u>Business Plans</u> must refer to corporate objectives and business efficiency
5. The authority's objectives are clearly communicated to staff and to all stakeholders.	<ul style="list-style-type: none"> <li>A communication strategy in respect of the corporate objectives has been developed, approved and implemented</li> <li>Evidence of consultation with stakeholders (e.g. public and internal surveys etc) on service provision against cost.</li> <li>Corporate objectives and aims are set out in key documents (annual plans etc) on the authority's website and intranet site</li> </ul>	<u>Community Strategy (2005-2016)</u>  <u>Citizens Panel</u> – made up of 1,350 adults  <u>Community Strategy (2005 – 2016)</u>

<b>Step 3: In support of objective 1 – Effective corporate governance arrangements are embedded within the authority</b>		
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Bridgend's Documents that may evidence this</b>
1. Code of corporate governance established	<ul style="list-style-type: none"> <li>A Code of Corporate Governance in line with CIPFA/SOLACE guidance has been adopted by the authority</li> </ul>	<p>The Authority has not formally adopted a Code of Corporate Governance.</p> <p><u>Constitution</u></p> <ul style="list-style-type: none"> <li>governs decision making of Council and Cabinet</li> <li>provides Officer and Member codes of conduct</li> <li>provides structure of the Authority,</li> </ul> <p><u>Schemes of Delegation</u> govern Officer and Cabinet Member decision making</p> <p><u>Corporate Improvement Plan</u> – covers such issues as community involvement and focus</p>
2. Review and monitoring arrangements in place	<ul style="list-style-type: none"> <li>The Code itself incorporates a review date and/or a system for continuous update in response to changed requirements</li> <li>There are clear arrangements for continuously monitoring compliance with the Code e.g. reports on compliance are regularly submitted to the committee charged with corporate governance responsibility</li> <li>An annual report on compliance with the Code of Corporate Governance is prepared and submitted to members</li> <li>Internal/external audit reports on adequacy of corporate governance arrangements</li> </ul>	<p><u>Regular reports to Council and Cabinet</u> on update of Constitution and review of Constitution under way.</p> <p><u>Monitoring Officer</u> advises on all Corporate legal issues</p> <p>The <u>Financial aspects</u> of Corporate Governance are discussed in the <u>KPMG Annual Audit Letter</u> (pages 11 to 25)</p> <p><u>Internal and External Auditor</u></p> <p><u>CIPFA Code of Internal Audit Practice</u></p>
3. Committee charged with governance responsibilities	<ul style="list-style-type: none"> <li>Committee terms of reference clearly demonstrating responsibility for corporate governance issues has been assigned</li> <li>Minutes from committee charged with corporate governance responsibility</li> </ul>	<p><u>Standards Committee</u></p> <p><u>Audit Committee</u></p> <p><u>Standards Committee and Audit Committee minutes</u> are available</p>

	<p>indicate that the responsibility is being discharged adequately in accordance with terms of reference</p>	
<p>4. Governance training provided to key officers and all members</p>	<ul style="list-style-type: none"> <li>• Induction courses for key new officers and all new members incorporate suitable training on corporate governance issues according to responsibilities</li> <li>• Ongoing awareness training is provided as appropriate to key staff and all members to ensure that changes in the Code are made known within the authority</li> </ul>	<p>Professionally qualified finance and legal staff are appointed and regularly attend professional development training courses.</p> <p>Standards Committee and member training undertaken. Officer training on Schemes of Delegation undertaken</p>
<p>5. Staff, public and other stakeholder awareness of corporate governance</p>	<ul style="list-style-type: none"> <li>• There is a general staff awareness training programme</li> <li>• The Code has been published and is accessible to all staff, the public and other stakeholders</li> </ul>	<p>The Authority has not adopted a Code of Corporate Governance but other documents have been published on the Intranet e.g. the Constitution.</p>

<b>Step 4: In support of objective 1 – Performance management arrangements are in place</b>		
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Bridgend's Documents that may evidence this</b>
1. Comprehensive and effective performance management systems operate routinely	<ul style="list-style-type: none"> <li>• There is a clearly defined performance management framework that identifies: <ul style="list-style-type: none"> <li>– all sources of performance measures;</li> <li>– who is responsible for collating the data for each one;</li> <li>– who determines and approves the performance measures;</li> <li>– who receives reports on performance</li> </ul> </li> <li>• Reports resulting from internal or external reviews of performance management</li> <li>• Best value reviews, including benchmarking results</li> <li>• Departmental and/or service benchmarking results</li> </ul>	<p><u>Policy and Performance Management Unit</u></p> <p><u>Corporate Improvement Plan</u> (appendix 8 – page 159) sets out the Performance Management Framework. This is being revised in 2006 within the Performance Management Flagship Project. Progress reports are regularly reported to Cabinet.</p> <p><u>Joint Risk Assessment</u></p> <p><u>ESTYN – Strategic Management</u> (June 2005)</p> <p><u>Social Services Joint Review</u>  <u>SSIW – Adult Services Review</u>  <u>SSIW – Reports on Children's Services</u></p> <p>Twelve Best Value Plans have been undertaken</p> <p>Participation in all-Wales Benchmarking Clubs</p>
2. Key performance indicators are established and monitored	<ul style="list-style-type: none"> <li>• Appropriate key performance indicators (KPIs) have been established and approved for each service element and are included in departmental and service business/annual plans</li> </ul>	<p>Establishment of three <u>flagship projects</u> (noted in the Wales Audit Office Relationship Manager's Annual Letter</p> <p><u>Quarterly reports</u> prepared for Cabinet Members on Performance Indicators</p>

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
3. The authority knows how well it is performing against its planned outcomes	<ul style="list-style-type: none"> <li>• Internal and external auditor's reports on key performance indicators</li> <li>• Key performance indicator risk scorecards</li> <li>• Best Value Performance Indicators (BVPI)</li> <li>• Internal performance indicators</li>   <li>• Regular budget monitoring reports (capital and revenue, current year and medium-term)</li>   <li>• Voluntary benchmarking exercises with peer groups</li> </ul>	<p>Targets are set for most of the PI's reported to Cabinet</p> <p><u>Quarterly budget monitoring</u> reported to Cabinet</p> <p>Participation in all-Wales Benchmarking Clubs</p>
4. Knowledge of absolute and relative performances achieved is used to support decisions that drive improvements in outcomes	<ul style="list-style-type: none"> <li>• Monitoring reports are regularly presented to the appropriate committee</li> <li>• The reports include detailed performance results,</li> <li>• Performance targets in subsequent corporate and departmental and/or service business plans are revised in the light of actual performance</li> </ul>	<p><u>Quarterly budget monitoring</u> reported to Cabinet</p> <p>Reports to <u>Audit Committee</u></p>
5. The authority continuously improves its performance management	<ul style="list-style-type: none"> <li>• The performance management systems are regularly reviewed and updated to take account of changes in organisational structure. The performance management arrangements are revised in line with external or internal review of the arrangements</li> </ul>	<p><u>Corporate Improvement Plan</u></p> <p><u>Joint Risk Assessment</u></p> <p><u>ESTYN – Strategic Management</u> (June 2005)</p> <p><u>Social Services Review</u></p> <p><u>Flagship Project on Performance Management</u></p> <p><u>Self-assessments in service plans</u></p>

**Objective 2 – Identify principal risks to achievement of objectives:**

**Step 1: In support of objective 2 – The authority has robust systems and processes in place for the identification and management of strategic and operational risk**

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
<p>1. There is a written strategy and policy in place for managing risk which:</p> <ul style="list-style-type: none"> <li>• Has been formally approved at political and risk management board (or equivalent) level</li> <li>• Is reviewed on a regular basis</li> <li>• Has been communicated to all relevant staff</li> </ul>	<ul style="list-style-type: none"> <li>• Existence of approved strategy and policy document</li> <li>• Evidence of formal approval (e.g. management board/committee minutes)</li> <li>• Evidence of communication strategy, possibly covered in strategy document</li> </ul>	<p><u>Policy for the Management of Risk</u> (February 2006) Approved at the March Council meeting (29/03/06)</p> <p>N/A – recently published document</p> <p>Through training documents</p>
<p>2. The authority has implemented clear structures and processes for risk management which are successfully implemented and:</p> <ul style="list-style-type: none"> <li>• Management board and elected members see risk management as a priority and support it by personal interest and input</li> <li>• Decision making considers risk</li> <li>• A senior manager has been appointed to "champion" risk management</li> <li>• Roles and responsibilities for risk management have been defined</li> <li>• Risk management systems are subject to independent assessment</li> <li>• Risk management is considered in the annual business planning process</li> </ul>	<ul style="list-style-type: none"> <li>• Management board / committee minutes</li> <li>• Job descriptions of senior and operational managers and corporate risk manager</li> <li>• Internal audit reports and external audit comments on risk management system</li> <li>• Annual business plans</li> <li>• Link between internal audit and risk management functions is clearly defined in terms of reference of internal audit</li> <li>• Responsibility for risk management function is set at appropriate senior level</li> <li>• Committee reports setting out options for change include an appropriate risk assessment, including the 'no change' option</li> <li>• The corporate business plan and financial plan assess risks as appropriate and in particular take account of new and emerging risks facing the authority</li> </ul>	<p><u>Policy for the Management of Risk</u> (February 2006) Approved at the March Council meeting (29/03/06)</p> <p>Internal Audit - Risk Management report (February 2006)</p> <p>Business Plans co-ordinated by Corporate Services are required to make links with key risks within each Directorate</p> <p><u>Risk Management Programme Board</u> reports to Corporate Management Board – Cabinet – Council</p> <p>Discussed in the <u>Corporate Improvement Plan (2005-2008)</u></p>
<p>3. The authority has developed a corporate approach to the identification and evaluation of risk which is understood by all staff</p>	<ul style="list-style-type: none"> <li>• Systematic procedures for risk identification and evaluation have been agreed and are consistently applied across all business units</li> <li>• Examples of dissemination e.g. induction, briefings, awareness sessions, strategic diagnostic questionnaire results</li> </ul>	<p>Discussed in the <u>Corporate Improvement Plan (2005-2008)</u></p>

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
4. The authority has well defined procedures for recording and reporting risk	<ul style="list-style-type: none"> <li>• Evidenced by review of risk management strategy and policy</li> <li>• Examination of corporate risk register</li> <li>• Key risk indicators have been determined and there is evidence of monitoring against these risks</li> <li>• Evidence of regular and frequent reporting of risk to political and management board level</li> <li>• Evidence of risk based auditing being carried out</li> <li>• Evidence of risks not properly addressed identified in internal audit reports etc being fed into the risk management process</li> </ul>	<p><u>Policy for the Management of Risk</u> (February 2006) Approved at the March Council meeting (29/03/06)</p> <p><u>Corporate Risk Register feeds into the Corporate Improvement Plan</u></p> <p>Implementation of the <u>Excelsis Performance Management</u> package (which incorporates a Risk Register and Scoring Mechanism) (target date June 2006)</p> <p><u>Internal Audit Report</u> (February 2006)</p>
5. The authority has well-established and clear arrangements for financing risk	<ul style="list-style-type: none"> <li>• All legal requirements for insurance are met</li> <li>• Evidence that self-insurance provisions are subject to annual independent actuarial valuation and that contributions to the fund are adjusted accordingly</li> <li>• Insurance claims being managed in accordance with 'Woolf' principles</li> <li>• Evidence of monitoring the incidence of successful and unsuccessful claims and of feeding the results back into the policy for risk financing accordingly</li> </ul>	<p>Undertaken by <u>Insurance and Risk Manager</u></p> <p>Yes</p> <p>Independent appraisal undertaken by <u>Marsh</u></p>
6. The authority has developed a programme of risk management training for relevant staff	<ul style="list-style-type: none"> <li>• Appropriate responsibilities for risk management incorporated into job descriptions and appraisals</li> </ul>	<p>Undertaken by <u>Insurance and Risk Manager</u></p>

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
<p>7. The corporate risk management board (or equivalent) adds value to the risk management process by:</p> <ul style="list-style-type: none"> <li>• Advising and supporting corporate management team on risk strategies</li> <li>• Identifying areas of overlapping risk</li> <li>• Driving new risk management initiatives</li> <li>• Communicating risk management and sharing good practice</li> <li>• Providing and reviewing risk management training</li> <li>• Regularly reviewing the risk register(s)</li> <li>• Coordinating the results for risk reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Corporate risk management board or equivalent terms of reference</li> <li>• Minutes of corporate risk management board</li> <li>• Reports to corporate management team</li> </ul>	<p><u>Risk Management Programme Board</u></p> <p><u>Risk Management Programme Board</u> reports to Corporate Management Board – Cabinet – Council</p> <p><u>Policy for the Management of Risk</u> (February 2006) provides a basis on which to build processes</p>
<p>8. A corporate risk officer has been appointed with the necessary skills to analyse issues and offer options and advice and:</p> <ul style="list-style-type: none"> <li>• Support decision making and policy formulation</li> <li>• Provides support in the risk identification and analysis process</li> <li>• Provides support in prioritising risk mitigation action</li> <li>• Provides advice and support in determining risk treatments</li> <li>• Inspires confidence in managers</li> </ul>	<ul style="list-style-type: none"> <li>• Job description of corporate risk officer</li> <li>• Key task matrix of corporate risk officer</li> <li>• Evidence of the corporate risk officer reporting to corporate management team on risk management issues</li> <li>• Evidence of training on current risk management topics / membership of appropriate organisations (e.g. ALARM)</li> <li>• Use of consultancy as appropriate</li> </ul>	<p><u>Insurance and Risk Manager</u></p> <p><u>Risk Management Programme Board</u> reports to Corporate Management Board – Cabinet – Council</p> <p><u>Insurance and Risk Manager</u> - member of ALARM (Association of Local Authority Risk Managers)</p> <p><u>Marsh</u></p>
<p>9. Managers are accountable for managing their risks</p>	<ul style="list-style-type: none"> <li>• Evidence of manager involvement in risk identification and analysis process</li> <li>• Job descriptions of managers outline their risk management responsibilities</li> <li>• Evidence of (at least) annual review of risk at service/operational levels</li> <li>• Analysis of completed control and risk self-assessment questionnaires</li> </ul>	<p><u>Policy for the Management of Risk</u> (February 2006)</p> <p>Constitution job description for Directors</p> <p>Directorate and Service area <u>Business Plans</u></p>

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
10. Risk management is embedded throughout the authority	<ul style="list-style-type: none"> <li>• Evidence of a general risk management culture at all levels</li> <li>• Risk management training programme</li> <li>• Evidence of managers involvement in risk management aspects of business planning</li> <li>• Results of strategic diagnostic survey to ascertain the extent to which risk management is understood by each category of officer (senior management, operational managers etc) and members</li> </ul>	<p><u>Policy for the Management of Risk (February 2006)</u></p> <p><u>Legal Services</u> risk assessed weekly</p> <p><u>Business Plans</u></p> <p><u>Risk assessments routinely made at all levels within operational services</u></p>
11. Risks in partnership working are fully considered	<ul style="list-style-type: none"> <li>• Evidence of risk assessments being undertaken before the commencement of major projects, preferably in the report on which the decision to proceed is based</li> <li>• Evidence that risk assessment are regularly reviewed during the project period</li> <li>• Evidence that potential partners are required to produce and submit risk assessments</li> <li>• Evidence that there are effective arrangements in place for risk sharing (e.g. in the partnering contract terms and conditions)</li> </ul>	<p><u>Financial Appraisals</u> Undertaken prior to contract being signed.</p> <p><u>Approved contractor lists</u> maintained.</p> <p>Written as part of contract negotiation</p>
12. Where employed, risk management information systems meet users' needs	<ul style="list-style-type: none"> <li>• Evidence of risk information being updated promptly</li> <li>• Review of accuracy and usefulness of output from information systems</li> </ul>	<p><u>Excelsis system</u></p> <p>- Performance Management package (which incorporates a Risk Register and Scoring Mechanism) (target date June 2006)</p>

**Objective 3 – Identify key controls to manage principal risks:**

**Step 1: In support of objective 3 – The authority has robust system of internal control which includes systems and procedures to mitigate principal risks**

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
<p>1. There are written financial regulations in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff:</p> <ul style="list-style-type: none"> <li>• Authority has adopted CIPFA code on Treasury Management (note: recent legislative requirement by virtue of the prudential code)</li> <li>• Compliance with the Prudential Code</li> </ul>	<ul style="list-style-type: none"> <li>• Financial regulations and instructions exist are reviewed &amp; updated regularly</li> <li>• Evidence of formal approval</li> <li>• Examples of dissemination e.g. induction, briefings, awareness sessions, accessible in finance manuals and/or on intranet site</li> <li>• Reports to audit committee or equivalent confirming compliance or identifying extent of non-compliance with regulations and instructions</li> <li>• Report approving annual treasury management and investment strategy</li>   <li>• Outturn report on treasury mgt.</li>   <li>• External audit assessment of compliance with Prudential Code</li> </ul>	<p><u>Constitution</u> Section A – pages 91 to 108</p> <p><u>Constitution</u> – approved 28/03/2002</p> <p>Appears on the <u>Intranet</u> and Internet</p> <p><u>Finance Handbook</u></p> <p><u>Audit reports</u> comment on deviation from Financial Regulations</p> <p><u>Treasury Management Policy Statement</u> – submitted Council as part of budget report</p> <p>Submitted to Council with <u>Draft Statement of Accounts</u></p> <p>Undertaken as part of <u>External Audit</u> procedures</p>
<p>2. There are written contract standing orders in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff</p>	<ul style="list-style-type: none"> <li>• Standing orders exist are reviewed and updated regularly to cover new procedures such as partnering arrangements and on-line tendering</li> <li>• Evidence of formal approval</li>   <li>• Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible in finance manuals and/or on intranet site</li> </ul>	<p><u>Constitution</u> Section C – pages 108 to 118</p> <p><u>Constitution</u> – approved 28/03/2002</p> <p><u>Scheme of Delegation</u></p> <p>Appears on the <u>Intranet</u> and Internet</p>
<p>3. There is a whistle blowing policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff</p>	<ul style="list-style-type: none"> <li>• Whistle blowing policy exists and has been reviewed and updated regularly</li>   <li>• Evidence of formal approval</li>   <li>• Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible on website and intranet</li> </ul>	<p><u>Constitution</u> – page 130 <u>Whistle blowing policy</u></p> <p><u>Constitution</u> – approved 28/03/2002</p> <p>Appears on the <u>Intranet</u></p>

	<p>site</p> <ul style="list-style-type: none"> <li>Evidence of effectiveness of policy (e.g. reports on incidence of usage, evidence on annual declarations on fraud to Audit Commission)</li> </ul>	
<p>4. There is a counter fraud and corruption policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff</p>	<ul style="list-style-type: none"> <li>Counter fraud and corruption policy exists and has been reviewed and updated regularly</li> <li>Evidence of formal approval</li> <li>Examples of dissemination (briefings, induction, awareness sessions, accessible on website and intranet site)</li> </ul> <ul style="list-style-type: none"> <li>Evidence of effectiveness of policy (e.g. reports on identified frauds; annual AF70 returns to Audit Commission, reports on results of National Fraud Initiatives)</li> <li>Compilation and review of register of gifts and hospitality</li> </ul>	<p><u>Anti-Fraud and Corruption Strategy</u></p> <p>Appears on <u>Intranet</u></p> <p><u>Annual Audit Review</u> - Chief Internal Auditor</p> <p><u>Annual Audit Letter</u> – External Auditor</p> <p><u>Benefits Verification Framework</u></p> <p>Each Directorate maintains a <u>Register</u></p>

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
5. There are codes of conduct in place which have been formally approved and widely communicated to all relevant staff	<ul style="list-style-type: none"> <li>Codes of conduct have been agreed, including national schemes (e.g. police officers)</li> <li>Evidence of formal approval</li> <li>Examples of dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site</li> </ul>	<p><u>Constitution</u> – Members and Officers - pages 122 to 140</p> <p>approved 28/03/2002</p>
6. A register of interests is maintained, regularly updated and reviewed	<ul style="list-style-type: none"> <li>Inspection of register of interests (members and staff)</li> <li>Evidence of regular updating and review by senior officer(s)</li> </ul>	<p><u>Constitution</u> – page 133</p> <p><u>Members Register of Gifts and Hospitality</u> located within Cabinet &amp; Committee Section</p> <p><u>Staff Register of Gifts and Hospitality</u> in each Directorate</p> <p>Register of Member interests declared at <u>Committee</u> within minutes</p>
7. Where a scheme of delegation has been drawn up, it has been formally approved and communicated to all relevant staff	<ul style="list-style-type: none"> <li>Scheme of delegation incorporates adequate controls and sanctions</li> <li>Evidence of formal approval</li> <li>Examples of communication and dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site</li> <li>Regular reports on the operation of the scheme (e.g. compliance, budget monitoring, year-end balances)</li> </ul>	<p><u>Constitution</u> – Part 3 – pages 31 to 54</p> <p>Formally approved at first <u>Council</u> following elections – amendments regularly approved</p> <p>Appears on <u>Intranet</u> and Internet</p> <p>Local Management of Schools Scheme</p> <p>Legal Services staff training undertaken</p>
8. A corporate procurement policy has been drawn up, formally approved and communicated to all relevant staff	<ul style="list-style-type: none"> <li>Procurement policy exists and has been reviewed and updated regularly to take account of new initiatives e.g. drive towards wider consortia arrangements</li> <li>Evidence of formal approval</li> <li>Examples of dissemination e.g. induction, briefings, awareness sessions, accessible on intranet site</li> <li>Evidence of effectiveness of policy (e.g. benchmarking results, best value review, internal/ external audit review)</li> </ul>	<p><u>Constitution</u> – pages 108 to 118</p> <p>Approved 28/03/2002</p> <p><u>Corporate Procurement Policy</u> appears on the Intranet</p> <p><u>Action Plan</u> developed as part of the Wales Audit office staged inspection Referred to in the</p>

		Corporate Improvement Plan – page 27. Approved by PIG and CMB.
9. Business/service continuity plans have been drawn up for all critical service areas and the plans: <ul style="list-style-type: none"> <li>• Are subject to regular testing</li> <li>• Are subject to regular review</li> </ul>	<ul style="list-style-type: none"> <li>• Current business/service continuity plans exist covering all critical service areas and are readily accessible</li> <li>• Evidence of regular testing</li> <li>• Evidence of regular review in the light of the results of testing and for changes in structures, procedures, information systems, responsibilities etc</li> </ul>	<u>Directorate and Section Business Plans</u>  Business continuity issues now being explored on a corporate basis
10. The corporate / departmental risk register(s) includes expected key controls to manage principal risks	<ul style="list-style-type: none"> <li>• Risk register sets out principal risks and sets out appropriate key controls to manage them.</li> <li>• Key controls are monitored, reviewed and updated regularly</li> <li>• Use of risk management workshops to underpin the process and review of register and key controls</li> <li>• Risk owners are assigned to manage principal risks</li> </ul>	<u>Policy for the Management of Risk</u> (February 2006)

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
11. Key risk indicators have been drawn up to track the movement of key risks and are regularly monitored and reviewed.	<ul style="list-style-type: none"> <li>• Appropriate key risk indicators are documented</li> <li>• Evidence of regular monitoring</li> <li>• Evidence of changes in risk indicators (and reasons for change) emanating from appropriate information sources (e.g. where internal audit findings are used to change the perceived level of risk)</li> </ul>	Monitored through the Risk Management Programme Board
12. The authority's internal control framework is subject to regular independent assessment	<ul style="list-style-type: none"> <li>• Internal audit plans and reports</li> <li>• Annual report/opinion of Head of Internal Audit</li> <li>• External audit reports</li> </ul>	<u>Annual Audit Plan</u> <u>Audit reports on services / sections</u>  <u>Annual Audit Review</u> <u>Annual Management Letter</u>
13. 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	<ul style="list-style-type: none"> <li>• Health &amp; safety policy exists and has been reviewed and updated regularly</li> <li>• Evidence of formal approval</li> <li>• Examples of dissemination e.g. induction, briefings, awareness sessions, inclusion of policy on website and intranet site</li> <li>• Evidence of effectiveness of policy e.g. number of cases investigated by Health &amp; Safety Executive – and the number of cases proven</li> <li>• Review of number of reported incidences and 'near misses'</li> </ul>	<u>Occupational Health Unit - coordinates</u>  <u>Directorate Health &amp; Safety Officers</u>  <u>Corporate Induction</u>  Appears on <u>Intranet</u>  Figures maintained with <u>Directorate Health and Safety sections</u>  <u>Reports collated by individual Directorates</u>
14. A corporate complaints policy/procedure has been drawn up, formally approved, communicated to all relevant staff, the public and other stakeholders is regularly reviewed	<ul style="list-style-type: none"> <li>• Complaints policy/procedure exists and has been reviewed and updated regularly</li> <li>• Procedure is compliant with all relevant statutory requirements</li> <li>• Evidence of formal approval</li> <li>• Examples of dissemination e.g. induction, briefings, awareness sessions, inclusion of policy on</li> </ul>	<u>Directorates administer complaints procedure (Under review to bring control to centre)</u>  Social Services complaints procedures have statutory basis and appeals now managed by SSIW / WAG. Regulations require annual reports to be published  Directorates refer to <u>Legal Services</u>  <u>Leaflets</u> distributed to Council buildings e.g. Civic Offices

	<p>website and intranet site</p> <ul style="list-style-type: none"> <li>• Leaflets/posters highlighting complaints procedure</li> <li>• Complaints files</li> <li>• Committee reports summarising complaints dealt with analysed by outcome</li> </ul>	<p>Files kept with Directorates</p>
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	<ul style="list-style-type: none"> <li>• Annual report of Head of Internal Audit, including opinion on internal control framework</li> </ul>	<u>Annual Audit Review</u>
6. Corporate Governance Arrangements	<ul style="list-style-type: none"> <li>• Annual corporate governance assurance statement</li> <li>• Internal or external audit review of corporate governance arrangements</li> <li>• Monitoring reports to committee on delivery of action plans in response to reviews of corporate governance</li> </ul>	<p>The Authority has not formally adopted a Code of Corporate Governance.</p> <p><u>Constitution</u> – covers such issues as the structure and processes of the Authority, codes of conduct</p>
7. Performance monitoring arrangements	<ul style="list-style-type: none"> <li>• Annual and in-year reports on delivery of key performance indicators by internal and/or external review agencies</li> </ul>	<p>Internal Audit</p> <p>Policy and Performance Management Unit</p>

**Objective 5 – Evaluate assurances and identify gaps in control/ assurances:**

**Step 1: In support of objective 5 – The authority has made adequate arrangements to identify, receive and evaluate reports from the defined internal and external assurance providers to identify areas of weakness in controls**

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
<p>1. Responsibilities for the evaluation of assurances are clearly defined throughout the organisation.</p>	<ul style="list-style-type: none"> <li>• Minutes of committee meetings</li> <li>• Training plans</li> <li>• Job descriptions</li> <li>• Committee terms of reference</li> </ul>	<p>This will be developed further during 2006/07</p>
<p>2. Mechanism established for collecting SIC assurances</p> <ul style="list-style-type: none"> <li>• Overall responsibility allocated to SIC senior officer group</li> <li>• Required assurances are agreed and recorded</li> <li>• Central record of all assurances (either evidence file, or showing clear link to where evidence is held)</li> <li>• Clear guidance as to evaluation procedure including assurance over risks, independence and objectivity of assurances</li> <li>• Defined evaluation mechanism</li> <li>• Timetable for completion by statutory deadline</li> <li>• Gap assessment – performed and challenged</li> </ul>	<ul style="list-style-type: none"> <li>• Terms of reference and key responsibilities</li> <li>• Record of assurances required and received is held and is complete</li> <li>• Approved written guidance re evaluation procedure</li> <li>• Scoring matrix/methodology (<i>Not all assurances are suitable for grading; many will be subjective anyway. Key points are that and that there is a consistent and reliable assessment process and that the conclusions drawn are in line with the evidence produced</i>)</li> <li>• An agreed timetable, allowing for in-year evidence gathering and assessment and for the period between the year-end and the date of the SIC (<i>timetable driven by that for the production of the annual statement of accounts</i>)</li> <li>• Gap assessment results and actions arising there from</li> <li>• Minutes of meetings</li> <li>• Annual report of Head of Internal Audit – including opinion on internal control framework</li> <li>• Reports of external auditor and other external review agencies</li> </ul>	<p>A Statement of Internal Control Working Group has been established. There was an initial workshop and thereafter information, comments and amendments were shared within the Group. The membership of the Group is all Executive Directors, the Leader, Cabinet Members and the Monitoring Officer.</p> <p>The approval of the statement by the Group is the evidence of their assurance. The actual process of assurances will be further developed next year.</p> <p>This will be presented to the same Audit Committee as the Statement Papers supporting the development of the Joint Risk Assessment</p> <p>Reports from SSIW on their assessment of the progress being made to address the serious concerns in Children's Services</p>

**Objective 6 – Action plan to address weaknesses and ensure continuous improvement of the system of internal control:**

**Step 1: In support of objective 6 – There is a robust mechanism to ensure that an appropriate action plan is agreed to address identified control weaknesses and is implemented and monitored**

Examples of assurance:	Evidenced by:	Bridgend's Documents that may evidence this
1. An action plan is drawn up and approved	<ul style="list-style-type: none"> <li>• Prioritised action plan, setting out actions, responsibilities and timescales, approved at appropriate level</li> <li>• Minutes</li> </ul>	<p>Part 5 of the Statement of Internal Control has an Action Plan with Timescales and Responsible officers</p> <p>Targets and actions agreed with SSIW to secure improvements in Children's Services. These are regularly reviewed and revised</p> <p>Targets on Cultural Services Reviews are reported to Cabinet</p>
2. All actions are 'SMART': <ul style="list-style-type: none"> <li>• Specific</li> <li>• Measurable</li> <li>• Achievable</li> <li>• Realistic</li> <li>• Time-bound</li> </ul>	<ul style="list-style-type: none"> <li>• Each action on prioritised action plan is compliant with 'SMART' test</li> </ul>	All actions are 'SMART'
3. Actions communicated and responsibilities assigned	<ul style="list-style-type: none"> <li>• Responsibilities for each action are defined in action plan</li> <li>• Evidence of distribution of action plan to those who require it</li> </ul>	Each action is assigned to an executive director The Action Plan has been distributed to all members of the working group for the Statement of Internal Control
4. Implementation timescales agreed	<ul style="list-style-type: none"> <li>• Target dates included in action plan</li> </ul>	Target dates are included
5. Ongoing review of progress and of continuing appropriateness of action	<ul style="list-style-type: none"> <li>• Timetabled reviews</li> <li>• Minutes</li> <li>• Progress reports</li> <li>• Internal audit or other review of implementation of agreed actions</li> </ul>	This will occur once the Statement of Internal Control has been approved and will be monitored throughout 2006/07

**Objective 7 – Statement on Internal Control:****Step 1: In support of objective 7 – A statement on internal control has been drafted in accordance with the statutory requirements and timetable set out in the Accounts and Audit Regulations 2003 and is in accordance with CIPFA guidance**

<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Bridgend's Documents that may evidence this</b>
1. Responsibility for the compilation of the statement on internal control has been assigned	<ul style="list-style-type: none"><li>• Documented key responsibilities</li><li>• Minutes</li></ul>	Membership of the Statement of Internal Control Workshop
2. There is a statement on internal control production timetable that meets the statutory deadline	<ul style="list-style-type: none"><li>• Statement on internal control timetable is linked to that for the preparation of statutory accounts</li></ul>	Workshop, Audit Committee and Cabinet timetabled to meet statutory requirements
3. The statement on internal control is reviewed, challenged and approved by the authority	<ul style="list-style-type: none"><li>• Terms of reference assigned to senior officers group</li><li>• Statement on internal control is compliant with CIPFA guidance</li><li>• Minutes</li></ul>	The Statement of Internal Control is compliant with CIPFA guidance. It will be reviewed by Audit Committee

**Objective 8 – Report to cabinet / executive committee:**

Step 1: In support of objective 8 – An annual report to the authority (or delegated committee) on the Statement on Internal Control is presented, in accordance with the CIPFA *pro forma*<sup>1</sup>

<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Bridgend's Documents that may evidence this</b>
1. Responsibility for reporting is clearly defined	<ul style="list-style-type: none"> <li>• Initial report explaining the requirement to produce a SIC should establish the reporting arrangements / responsibilities of all involved and set out who should sign the SIC after approval by the authority or designated committee</li> <li>• Reports identifying any changes to initial arrangements</li> </ul>	Report of the Deputy Chief Executive and Executive Director Resources to Audit Committee 01/06/06
2. The signatories to the SIC are defined and are appropriate in accordance with statutory requirements (i.e. Most senior officer and most senior member of the organisation)	<ul style="list-style-type: none"> <li>• As above</li> </ul>	It will be signed by the Leader and the Deputy Chief Executive and Executive Director Resources
3. The report is likely to be published in a timely fashion with the statutory accounts	<ul style="list-style-type: none"> <li>• Assessment of the current position in relation to the statutory deadline</li> </ul>	Reviewed by Audit Committee 01/06/06 and will be included in the Statement of Accounts to be presented to Cabinet 11/07/06