

Annual Governance Statement 2012/13

1. **Scope of responsibility**

- 1.1 Herefordshire Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 1.2 In discharging this duty, the Council is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions. These include arrangements for the management of risk.
- 1.3 The Council has adopted a code of corporate governance that is consistent with the principles of the Chartered Institute of Public Finance & Accountancy ("CIPFA")/Society of Local Authority Chief Executives ("SOLACE") framework for delivering good governance in local government. A copy of the code can be obtained from the Head of Governance.
- 1.4 The Annual Governance Statement for 2012/13 explains how the Council has complied with its code of corporate governance. It also explains how the requirements of Regulation 4(2) of the Accounts and Audit Regulations 2003, as amended by the Accounts and Audit (Amendment) (England) regulations 2006 in relation to the publication of a statement have been met.

2. **The purpose of the Governance framework**

- 2.1 The governance framework comprises the systems, processes, culture and values by which the Council is managed and controlled. The framework also sets out how the Council accounts to, engages with and leads the community.
- 2.2 The governance framework enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate and cost-effective services.
- 2.3 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives as an individual's failure to comply with policies and procedures, even when provided with comprehensive training on them, can never be entirely eliminated.

- 2.4 The system of internal control is based on an ongoing process designed to:
- (a) identify the risks to the achievement of the Council’s policies, aims and objectives;
 - (b) evaluate the likelihood and impact of the risks should they be realised; and
 - (c) identify and implement measures to reduce the likelihood of the risks being realised and to negate, or at least mitigate, their potential impact.

3. The Governance framework

- 3.1 The Council’s corporate governance framework was approved by the Audit and Corporate Governance Committee on 21 November 2008. It seeks to ensure that the principles of good governance are embedded into all aspects of the Council’s work. The five principles agreed by the Audit and Corporate Governance Committee have been linked to the six principles of good governance outlined in the SOLACE/CIPFA publication “Delivering good Governance in Local Government”.
- 3.2 For ease of reference, the following table matches the Council’s set of principles with those contained in the SOLACE/CIPFA guidance:

SOLACE/CIPFA Guidance - Principle 1	Focusing on the purpose of the authority, on outcomes for the community and creating and implementing a vision for the local area.
Council – Principle 1	Provide the best possible service to the people of Herefordshire.
SOLACE/CIPFA Guidance - Principle 2	Members and officers working together to achieve a common purpose with clearly defined functions and roles.
Council – principle 2	Define the roles of members and officers, ensure that they work together constructively and improve their effectiveness.
SOLACE/CIPFA Guidance - Principle 3	Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour.
Council – Principle 3	Require high standards of conduct.
SOLACE/CIPFA Guidance - Principle 4	Taking informed and transparent decisions which are subject to effective scrutiny and managing risk.

Council – Principle 4	Take sound decisions on the basis of good information.
SOLACE/CIPFA Guidance - Principle 5	Developing the capacity and the capability of members and officers to be effective.
Council – Principle 2	Define the roles of members and officers, ensure that they work together constructively and improve their effectiveness.
SOLACE/CIPFA Guidance - Principle 6	Engaging with local people and other stakeholders to ensure robust public accountability.
Council – Principle 6	Be transparent and open: responsive to Herefordshire’s needs and accountable to its people.

3.3 To comply with the Code of Governance (approved by Council on 31 October 2008) the following has been carried out:

Principle 1 – Provide the best possible service to the people of Herefordshire

3.4 In April 2011 the Council along with NHS Herefordshire and Wye Valley NHS Trust set up a Joint Venture (JV) Company to deliver shared services to all partners. The Company, called Hoople Ltd, was formally established on 1 October 2012, and has made year good progress in implementing the structures required to ensure sound governance and robust internal control – it has a Board and other committees in place. Hoople Ltd provides a range of services for its owners including ICT, financial services, HR and training. The Council has made substantial savings through transferring services to Hoople Ltd.

The Council also continues to transform the way in which services are delivered. A number of themed Root and Branch reviews have been undertaken which have identified substantial savings during the year.

3.5 The Council has a Joint Risk Management and Assurance Policy and Joint Risk Management Assurance Guidance which was approved by Cabinet in September 2011.

3.6 The Council has an Environmental Management System (British Standard 14001).

Principle 2 – Define the roles of members and officers, ensure that they work together constructively and improve their effectiveness

- 3.7 The Constitution clarifies roles and responsibilities and ensures accountability for setting the policy framework, including the corporate objectives and long term outcomes in the Corporate Plan, for fulfilling executive functions including a much clearer scheme of delegation to officers, improved planning arrangements and greater clarity of roles for all councillors.
- 3.8 The Audit and Governance Committee’s Terms of Reference have been enlarged to provide for regular review of the Constitution. This provides a regular forum for improvement.
- 3.9 The Chief Executive is the Head of Paid Service, the Chief Officer – Finance and Commercial Services is designated the Section 151 Officer and the Head of Governance is designated the Council’s Monitoring Officer.
- 3.10 There is a formal staff performance review requirement for all officers.

Principle 3 – Require High Standards of Conduct

- 3.11 A regular programme of member training has been delivered and induction for new members. A half-day session on member/ officer relations was particularly well attended and has been repeated.
- 3.12 The work undertaken in 2012 on ethics and standards has continued into 2013. Both county and parish councils have adopted new codes of conduct and a new system for determining complaints under those codes have been implemented. Three new Independent Members of the Standards Panel have been appointed.
- 3.13 There are Codes of Conduct for Members and Officers.
- 3.14 Complaints made between May 2012 and July 2012 fell to be considered under the standards Committee procedure in place at that time. During this period, four complaints were received. Two of these complaints concerned to the same member of Herefordshire Council and related to the same allegations. This complaint was investigated and the allegations upheld. Of the two other complaints, one related to an allegation of failure to declare a personal and prejudicial interest. The allegation was not upheld and no action was taken. The second complaint related to an allegation that a member had failed to treat another person with respect and had brought the authority into disrepute. The standards committee decided, in this case, that the member was not acting in their capacity as a councillor at the relevant time.
- 3.15 Complaints received after July 2012 and dealt with under the new system:
- | | |
|--------------------------------------|----|
| Total number of complaints received: | 40 |
| Complaints withdrawn: | 8 |

Of the 32 complaints taken forward, 13 (41%), related to town and parish councillors, and 19 (59%), related to Herefordshire Councillors.
 Allegations related to the following sections of the code of conduct:

Reasons for allegations				
	T/P councils	HC	All	%
Inappropriate involvement in staff matter	0	2	2	6%
Inappropriate publication on website	1	3	4	13%
Misuse of council resources	2	1	3	10%
Bullying, failure to show respect	10	6	16	50%
Failure to declare an interest	0	2	2	6%
Bringing authority into disrepute	0	2	2	6%
Failure to respond to correspondence	0	3	3	9%
Totals	13	19	32	100%

Outcome of allegations:

	Six months July – December 2012	Six months January – June 2013
Total Complaints received	17	23
Withdrawn	2	6
Investigated	2	0
Upheld	2	1
No action	12*	8*
Referred to CIU	1	0
Outstanding	0	8

* 'No action' means that, following consideration by the monitoring officer and independent persons, no failure to comply with the code of conduct has been identified, and no formal action has been taken. However, it includes cases where the monitoring officer might informally remind the member of the need to be aware of their responsibility to comply with the code of conduct.

3.16 Of the 37 complaints against parish or town councillors, 30 related to members of the same council. 18 of those required no further action, 18 were referred to Standards for England and one was withdrawn. Of the remaining seven parish/town council complaints, five required no further action, one was referred for training and one was referred for investigation.

3.17 In respect of Herefordshire Councillors, no action was required in 10 cases, two cases were referred to the Monitoring Officer for other action, such as training or written guidance, four were referred for investigation and two were withdrawn.

- 3.18 The Council has shared values, which act as a guide for decision-making and a basis for developing positive and trusting relationships within the Council.
- 3.19 There are procedures and policies in place to ensure that Members and Officers are not influenced by prejudice, bias or conflicts of interest when making decisions and when dealing with stakeholders.
- 3.20 A register of members' interests is maintained and updated on a regular basis.
- 3.21 Anti-fraud and Anti-corruption Policy is in place.
- 3.22 A Whistle-blowing Policy is in place and forms part of the Council's Constitution. This was reviewed in December 2011.
- 3.23 There is a formal Monitoring Officer Statement in relation to the use of the Monitoring Officers powers.
- 3.24 Written assurances are received from key managers. These assurances highlight any areas of concern.

Principle 4 – Take sound decisions on the basis of good information

- 3.25 There is an overview and scrutiny function that encourages constructive challenge. The Council has two Overview and Scrutiny Committees, one of which is responsible for Health and Social Care and the other has wider responsibilities.
- 3.26 The Council has an Audit and Governance Committee, which is independent of the executive and scrutiny functions.
- 3.27 The Council has a report writing framework and template which have been developed to ensure that all reports have contributions from key support officers, eg finance, legal, risk management and consultation. Report writing guidance makes it clear what other matters should be considered when preparing reports, eg equalities and human rights, alternative options.
- 3.28 Decisions made by Cabinet and Committees are based upon written reports as presented.
- 3.29 There is a Data Quality Policy previously agreed by Cabinet in May 2008 and updated in July 2010.

Principle 5 – Be transparent and open: responsive to Herefordshire's needs and accountable to its people

- 3.30 All meetings are held in public unless there are legal reasons for confidentiality.
- 3.31 The format of the Cabinet meeting is designed to ensure greater transparency of decision-making and to emphasise the separate roles of cabinet members, scrutiny members, political group leaders and to ensure

that those in attendance express the views of the members of the Committee or group that they represent.

- 3.32 All Committee agendas, reports and minutes are publicly available on the Council's website other than for confidentiality reasons.
- 3.33 The Cabinet published its Rolling Programme of future decisions.
- 3.34 The public are allowed to ask a question at Council as long as a copy of the question is deposited with the Head of Governance.
- 3.35 There is a Herefordshire Customer Insight Unit, established as a single point of contact for Herefordshire Council. The unit is made up of officers from across the Council, who work together to administer and monitor feedback such as feedback and complaints. Every directorate receives monthly performance reports relating to feedback.
- 3.36 For the period 2012/13, a total of 263 compliments and 363 complaints have been received. Of these, 32 complaints were escalated to the Local Government Ombudsman. It should be noted that since January 2010 no complaints escalated to the Local Government Ombudsman or to the Parliamentary and Health Service Ombudsman were upheld.
- 3.37 Arrangements are in place for the Council to inform the public about council services and service developments. Regular press and media notices are also issued.
- 3.38 Further information about services can be found on the Council's website and through other channels. Text notifications are sent to residents where appropriate.
- 3.39 In line with legislation, the council publishes all information relating to expenditure of over £500 on the website. As required by the Localism Act the council also publishes a pay policy statement, which details the remuneration of senior officers, and officer decisions are also now published on the Council's web site.

4. Review of effectiveness

- 4.1 Herefordshire Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework, including the system of internal control. The review of effectiveness is informed by the work of the managers within the Council, who have responsibility for the development and maintenance of the governance environment: the Head of Internal Audit reports on the audits conducted throughout the year and also by comments made by the external auditor and other review agencies and inspectorates.
- 4.2 The process of review is continuous and results in the Head of Internal Audit Annual Assurance Reports being presented to the Audit & Corporate Governance Committee. This report is used to inform the Annual Governance Statement. The Annual Governance Statement is signed by

the Leader of the Council, the Chief Executive, the Chief Officer – Finance and Commercial Services and the Head of Governance.

4.3 The main independent sources of assurance on the operation of the corporate governance framework are the Council's Audit Services team, its external auditors, other external review bodies and the Audit and Governance Committee.

4.4 The review of effectiveness for the current financial year identified that the following work had been undertaken in 2011/12 in relation to the key aspects of the Council's governance framework.

(A) Constitution

4.5 The Audit and Governance Committee's Terms of Reference have been enlarged to provide for regular review of the Constitution. This provides a regular forum for improvement.

4.6 Two decisions made by Cabinet were called in during 2012/13 as follows:

(a) Variation of the retail quarter (old livestock market development)

(b) Supplementary agreement and deed of variation to the retail quarter (old livestock market development agreement)

(B) Corporate Objectives and Priorities

4.7 On 20 June 2012 Cabinet received a report on 'Understanding Herefordshire' (the integrated evidence base and needs assessment); in light of this Cabinet agreed that a review of the Corporate Plan should be undertaken and the recommendations of Cabinet regarding a refreshed Corporate Plan were scheduled and considered by Council on 23 November 2012.

4.8 The Joint Corporate Plan is supported by an annually refreshed delivery plan; the most recent iteration of the delivery plan, including measures and projects, was approved by Cabinet on 23 November 2012.

4.9 The Plan provides the starting point for performance monitoring reporting and management across the Council, which is supplemented by a range of organisational performance indicators.

(C) Medium Term Financial Strategy

4.10 The Medium Term Financial Strategy was developed in line with the Council's approved financial procedures. There was an integrated approach to corporate, service and financial planning processes.

4.11 The updated Medium Term Financial Management Strategy for 2013/16 was presented to Cabinet on 17 January 2013. Cabinet recommended to Council the recommendations for updating.

(D) Code of Governance

- 4.12 The Audit & Corporate Governance Committee approved the Annual Governance Statement for 2011/12 at its September 2012 meeting.
- 4.13 The Audit and Governance Committee considered the Audit Commission's Annual Governance Report at their September 2012 meeting. The Audit Commission made recommendations which were accepted by the Council.

(E) Financial management arrangements

- 4.14 The Audit Commission's Annual Audit Letter dated October 2012 indicated the council received an unqualified opinion on its accounts. It also concluded that the council had made proper arrangements to secure economy, efficiency and effectiveness (the statutory value for money opinion). The certificate to indicate the Whole of Government Accounts audit was completed was also issued... The Audit Commission noted that the accounts closedown process for the 2011/12 financial year was particularly challenging as it was the first year that the new shared services company HOOPLE closed down the accounts and the same year that a new integrated ledger was implemented. This degree of change is rarely seen in a single year and adversely affected the approach the Audit Commission usually sees at Herefordshire. The letter also identified four key issues that continue to require focus:

- Financial position
- Adult Social Care
- Waste disposal; and
- Health and Social Care Act

- 4.15 The Council had an overspend of £1.5 million in 2012/13; this is being funded from the general fund.
- 4.16 The Council established Hoople Ltd in October 2011. Since this date a number of the Council's financial management processes have been undertaken by Hoople on behalf of the Council such as the production of monthly budgetary control statements which are distributed to officers within the Council. Hoople also input into the Council's medium term financial planning process through the production of cash flow forecasts. The Council obtains assurance on how effectively financial management controls within Hoople have been applied in a number of ways. This includes Audit Services completing internal audit reviews of key systems which are then reported to the Council's management and the Audit and Governance Committee.

This is the second year the Council has to declare whether it conforms with the financial management arrangements prescribed in the CIPFA *Statement on the Role of the Chief Financial Officer in Local Government* (2010) and set out in the Application Note to *Delivering Good Governance in Local Government: Framework*.

It is a matter for an individual council to assess whether it wishes to confirm with the recommended financial management arrangements in the CIPFA statement. The council has taken the view that it broadly complies with most key aspects. However, in 2012/13 it decided not to follow CIPFA's statement about the position in the organisation of the lead financial role in the authority but has taken steps to allow access of the S151 role to both the Chief Executive and Leadership Team. From April 2013 this has been addressed by the new Chief Executive and the S151 role now reports to the Chief Executive and Management Board.

(F) Performance management arrangements

- 4.17 The Council has a performance improvement framework which underpins the Corporate Plan. The performance improvement framework encompasses the Council's arrangements for preparing directorate and service plans in support of corporate priorities.
- 4.18 The arrangements for monitoring performance within directorates and reporting progress to members is established and culminated in quarterly Integrated Corporate Performance Reports to Cabinet in 2012/13. The performance reports detail performance against the key priorities, performance measures and commitments as included in the Corporate Plan. In addition, as part of the report, each directorate now provides a commentary highlighting other performance related issues that were not part of the original Corporate Plan, including those of partners.

(G) Risk management arrangements

- 4.19 Since April 2011, the Council has developed its approach to risk management to ensure that processes are consistent across the organisation at a Directorate level. A single framework has been adopted for the documentation of strategic and operational risks, based upon an Excel spread sheet model. The approach includes reporting the strategic risks which arise from Directorates through to the Management Board.
- 4.20 The Council approved its Risk Management and Assurance Policy and Guidance in September 2011; it reflects good practice principles and as a consequence the design of the process is considered effective.. The Policy includes the roles and responsibilities of Officers and Groups across the Council, and documents the process for risk identification, control, reporting and monitoring. Director's and Managers are responsible under the Risk Management Policy to manage risks assigned to them, ensuring effective risk management processes are in place. This includes the reporting of significant risks and those risks where there is inadequate control to the relevant Committee or Board.
- 4.21 The formal arrangements which have been developed are at a Directorate and Division level. Service areas and teams have been encouraged to discuss risk management and develop risk management arrangements; however, there is not prescriptive format for the recording of risks at this level, as is in the case of Division and Directorate level.

(H) Anti-Fraud, anti-corruption and whistle-blowing arrangements

- 4.22 The Council has anti-fraud and corruption and whistle-blowing policies which were last updated in October 2011. These policies are available on the Intranet. Staff induction includes ensuring employees are aware of all relevant policies and procedures. Reminders are issued throughout the year through corporate communication channels. There was 1 whistleblowing incident recorded in 2012/13.
- 4.23 The Council has its own anti-benefit fraud team that looks at fraudulent benefit claims. The team is proactive and has taken forward a number of cases in the year. It has successfully carried out a number of prosecutions leading to a significant recovery of fraudulently claimed benefit.

(I) Project management arrangements

- 4.24 The Council has adopted the Prince 2 project management methodology for all major programmes and projects. The key principles of the Prince 2 methodology are applied to the management of less major projects. There is a Corporate Programmes team with project management responsibilities.
- 4.25 The Joint Corporate Plan 2010-13 contains a large number of projects. The status of projects is monitored through Corporate Performance Reports presented to Cabinet.

(J) Community engagement

- 4.26 The Community Engagement Framework is about developing a dialogue between public agencies and the local communities - listening, talking and working together, so that people are involved in addressing the issues that impact on their lives and feel they are able to influence service providers and vice versa.
- 4.27 Implementing the Framework is happening in tandem with the Locality Strategy. To take this forward, as well as ensuring more effective co-ordination in those areas on which the Council needs to engage with citizens, its partners are also supporting mechanisms and facilitating opportunities for communities to be engaged in issues which matter to them. The latter includes existing mechanisms such as parish plans, together with new opportunities provided through locality working.

(K) Data Quality

- 4.28 The need to maintain and improve data quality remains critically important. The Knowledge and Information Steering Group recommended in January that rather than having a separate data quality action plan, projects being commissioned need to have data quality embedded in them, and the Information Governance Team need visibility of these projects. Three key areas for improvement in data quality already identified are Frameworki, Agresso and CRM. Data quality will be reported through the projects via

Information Management & Technology (IM&T) governance arrangements. The actions agreed will then be monitored through the integrated corporate performance report to Cabinet & the Overview and Scrutiny Committee rather than by separate reports.

- 4.29 There is a Data Quality Policy previously agreed by Cabinet in May 2008 and updated in July 2010. This is due for review in May 2013, however further current organisational changes mean that the Policy will be updated later in 2013.

(L) Independent review

- 4.30 The Audit and Governance Committee met seven times during the year. The Committee received reports from officers, Audit Services and the Audit Commission in a number of areas including internal control, external audit and governance.
- 4.31 The Council's responsibility for maintaining an effective internal audit function is set out in Regulation 6 of the Accounts and Audit Regulations 2003. The responsibility is delegated to the Chief Officer - Finance and Commercial Services. This Officer also has responsibility for the administration of the Council's financial affairs as set out in section 151 of the Local Government Act 1972.
- 4.32 The internal audit service is delivered via a contract with KPMG and this function operates in accordance with best practice, professional standards and guidelines. The Head of Internal Audit is a KPMG member of staff who ensures an independent and objective review, on a continual basis, of the internal control environment. This is evidenced by the opinion given on the Council's overall system of control by the Head of Audit.
- 4.33 The Audit & Governance Committee receives interim and annual reports on internal audit activity and approves the annual audit plan and
- 4.34 Sufficient internal audit work has been carried out to enable the Head of Internal Audit to draw a reasonable conclusion about the adequacy and effectiveness of the Council's risk management, control and governance processes.
- 4.35 In the opinion of the Head of Internal Audit the Council has adequate and effective risk management, control and governance processes to manage the achievement of its objectives, except for those areas highlighted as limited. This is the same outcome as last year, although it should be noted that there are fewer areas covered by this exception this year and in particular the controls governing key financial and IT systems have shown an improvement.
- 4.36 The audits have been conducted in accordance with the relevant internal audit standards. As reported previously to the Committee, CIPFA's Code of Practice for Internal Audit in local government in the United Kingdom represented the applicable professional standards during 2012/13. From April 2013 this has been superseded by PSIAS. These frameworks require all local authorities to base the opinion on:

- All audits undertaken during the year;
- Any significant recommendations not accepted by management and the consequent risks;
- The effects of any significant changes in the Council's objectives or systems;
- Matters arising from previous reports to the Audit and Governance Committee; and
- Any limitations which may have been placed on the scope of the internal audit.

4.37 In 2012/13, 21 audit reviews have been either completed or are in draft. There are currently eight reviews being completed by Audit Services, with draft reports issued in another five areas. Within our final reports we raised seven priority one recommendations, 28 priority two and 13 priority three recommendations.

4.38 The Annual Internal Audit Report sets out further detail on the areas above. It also sets out how the internal audit service has complied with the PSIAS.

4.39 The report notes that the Council has faced a number of challenges in 2012/13. These range from the impact of the government's deficit reduction programme to local issues such as those affecting Adult Social Care.

(M) Audit Strategy

4.40 We have issued a total of 13 final audit reports and made 48 recommendations. Four areas were graded as **Substantial Assurance** which reflects positively on the organisation and its control framework. These include areas such as Treasury Management, NNDR and Council Tax and Housing Benefit. Five areas have been rated as **Adequate Assurance** and this assurance conclusion suggests scope to improve, but not fundamental control weaknesses. These areas included Access Controls to the Academy and IDOX systems, Income collection (Car Parking) and ISO 27001 Modern Records Unit.

4.41 Four areas were rated as **Limited Assurance** indicating that the control framework is weak within that area and significant improvements are required to ensure that key risks are being mitigated. These were Data Protection, Legal Services, Industrial Lets (income protection) and Food Licensing.

4.42 The Council has recognised that significant improvements are required to these systems and has put in place action plans to resolve the issues which Internal Audit has highlighted.

(N) External Inspections - Audit Commission Annual Audit and Inspection Letter (November 2011)

- 4.43 The Audit Commission in their Annual Audit Letter stated that the Council is managing and using its money, time and people to deliver value for money. The Letter notes that further work is required to ensure that more effective measures are put in place to address the main risk of adult social care over spending.

(O) Information Technology Security Controls (ISO 27001)

- 4.44 The external assessor SGS completed their 2012/13 audit in December 2012, and concluded after a further visit in March 2013 that Herefordshire Council has maintained its information security management system in line with the requirements of the ISO 27001 standard for its ICT Services (managed by Hoople Ltd) and the Modern Records Unit managed within the Council,
- 4.45 The Council's ISO 27001 certification was continued.

(P) Assurances by Managers

- 4.46 Written assurances have been received from managers. These confirm that they have examined transactions charged to their budgets in 2012/13 and that they do not include any suspicious or unexplained entries.

5. Significant Governance issues 2012/13

The Council is required to include in its Annual Governance Statement (AGS) any significant control issues. It was noted that the Council has improved controls over its key financial and IT systems in 2012/13. However, based on the reviews undertaken the following issues are included:

- the controls over Data Protection need strengthening to ensure that the risks in relation to inappropriate access and manipulation of data are mitigated;
- the Council needs to develop controls within its Legal Services, Industrial Lets and Food Licensing functions to ensure that they can meet their objectives and manage key risks; and
- the controls within the Adult Social Care function require strengthening to ensure that the system can meet its objectives in terms of the service it delivers and the financial resources being managed.

It should be noted that there is already evidence that controls over the Data Protection function system have been strengthened. Action is also being taken by the Council in respect of the other areas.

Cllr Philip Price
Deputy Leader of the Council
(on behalf of The Leader)

Signed:
Date:

Alistair Neill
Chief Executive & Head of Paid Services

Signed:
Date:

David Powell
Chief Officer – Finance and Commercial Services
& Section 151 Officer

Signed:
Date:

John Jones
Head of Governance
and Monitoring Officer

Signed:
Date: