Corporate Director's Assurance Statement 2022/23

The Accounts and Audit Regulations require the Council to publish an Annual Governance Statement (AGS). The AGS is prepared annually, signed by the Leader and the Chief Executive and approved on behalf of Full Council by the Audit and Governance Committee

In summary the AGS is a statement of assurance to the effect that:

- The Council has followed the principles of Corporate Governance, outlined in the CIPFA / SOLACE publication "Delivering Good Governance in Local Government" and confirmed in the Council's own Local Code of Corporate Governance
- the Council has an effective Internal Control Framework (ICF) in place
- the ICF has been reviewed in the preceding year. (It must be reviewed annually)
- that any weaknesses that have been identified in the ICF are being dealt with through an appropriate action plan.

Each Corporate Director is responsible for delivering the relevant objectives set out in the corporate plan. Corporate Directors, with their Directors and Heads of Service are responsible for identifying and managing the risks that may affect delivery of corporate and service objectives they are responsible for. This work includes monitoring the effectiveness of controls put in place to mitigate the risks and carrying out remedial action where controls are weak or not in place.

Each Director is required to assist the preparation of the AGS for the Council by providing an assurance statement for the internal control framework within their division, to inform a collated Corporate Director's statement for the directorate in the form below. Taken together the assurance statements from the Corporate Directors will form a key part of the evidence that supports the signing of the AGS by the Leader and Chief Executive.

The required format for the Statement of Assurance is attached.

Directors/ Corporate Directors should read and **annotate** the Statements before signing the document. Please indicate in the blank column on the right of the table below brief information on any areas where the answer is 'No'.

The signed document should then be e-mailed to MonitoringOfficer@croydon.gov.uk along with an action plan with timescales to address any identified weakness.

	Statement	Yes/ No	If No, detail area of weakness identified
1	 Local Code of Corporate Governance The principles of Corporate Governance outlined in the Council's Corporate Code of Governance have been consistently applied in the delivery of services by this division/ directorate. I ensure that my division/ directorate scheme of delegation is kept up to date and published/ disseminated as appropriate. 		
2	 Risk Management I have identified all key risks that may affect the delivery of the division/ directorate's services. My Division/ Directorate Management Team has reviewed the risk register each quarter. I have also identified risks that are considered to be significant (Red) or categorised as 'extreme' (Impact Classification) and that do not at present have effective controls to mitigate the level of risk. I have put in place action plans to provide effective controls going forward where resources allow. I have through 121s and my Division/ Directorate Management Team, ensured continuous review of the progress of risk action plans and implemented contingency arrangements where necessary. 		
3	 Budget management The division/ directorate receives regular reports on the status of key financial indicators against planned outcomes. The division/ directorate's budget is reviewed on at least a quarterly basis at Division/ Directorate Management Team level including action plans to mitigate overspends. 		
4	Financial Control I confirm that all my budget holders are aware of, have read and complied with the Council's Financial Regulations and the Tenders and Contracts Regulations that are available as part of the Council's Constitution on the Intranet.		

	Statement	Yes/ No	If No, detail area of weakness identified
5	 Internal Controls The Division/ Directorate actively ensures that operational staff are diligent, taking responsibility for their actions and line management scrutinises, challenges and holds staff to account. I have identified controls that are designed to mitigate the key risks identified in 2 above. I have assigned responsibility for the effective operation of each control to a nominated officer. I have, through the 121 process, obtained assurance from each nominated officer that the controls have been tested and are operating effectively. I monitor completion of management action plans arising from internal audit 		
6	 reports and take action to implementation to agreed timescales. Counter Fraud Arrangements Staff in the department have access to and are aware of their responsibilities under the Council's Anti-Fraud & Corruption Strategy and actions to take in the event of detected or suspected fraud and corruption. The risk of fraud & corruption is specifically considered when reviewing risk registers. There have been no proven cases of fraud or irregularities that may impact on the ability of the department to achieve the service objectives. Staff in the department have access to and are aware of the Whistleblowing Policy. Staff are made aware of the need to make appropriate and timely disclosures of gifts, hospitality and declarations of interests. 		
7	• I have reviewed the Gifts and Hospitality Register on a quarterly basis. Major Projects The Council's Project Management Methodology has been applied for all projects and programmes. In line with this methodology, Division/ Directorate Management Team have reviewed and challenged any new project proposals, appropriate risk registers and action plans are in place and are regularly reviewed for all relevant projects and programmes and appropriate lessons learned exercises are completed on completion of each project.		
8	Performance Management There are relevant, sufficient and appropriate performance indicators operating for all services delivered by the department to appraise performance and where appropriate aligned to the Council's objectives, priorities and statutory		

	Statement	Yes/ No	If No, detail identified	area of	weakness
	 obligations. There are regular reports to Division/ Directorate Management Team at least quarterly, on the status of key performance indicators and other relevant performance measures against planned outcomes and there is a process in place to address and report on significant poor performance. Effective processes operate for data quality of source data used for performance management and checks are made on its robustness. Division/ Directorate Management Team actively monitors complaints, including the timeliness of complaint responses being reviewed in accordance with the Council's Complaints Policy, and these have not revealed any key issues that may affect the system of internal control. 				
9	 HR Management Staff within the department are aware, understand and comply with the HR Handbook, including the Staff Code of Conduct, Equal Opportunities, mandatory training and declarations of interest. There is effective monitoring and reporting of staff appraisals within the timescales prescribed. Effective arrangements operate to ensure compliance with appropriate statutory requirements including Health & Safety and Working Time Regulations. Staff job descriptions and person specifications are reviewed on a regular basis and updated as appropriate to ensure that they remain current and relevant. Levels of sickness absence are monitored and action taken in line with appropriate Council policies. Staff absence is appropriately authorised and recorded through appropriate Council systems. 				
10	 Information Governance Staff have attended the annual mandatory training on the Council's IT security policies and procedures including Email, Internet use and Social Media. All potential breaches/incidents in information security and data protection have been reported and actions taken to implement any improvements arising. Data held by service areas is accurate, up to date and relevant for the purpose being held under the Data Protection Act 2018. Appropriate consents are obtained and privacy notices deployed. Documents are managed in line with corporate policies. Appropriate data sharing protocols operate within the department including mechanisms for the secure transfer of data with all other organisations. 				

	Statement	Yes/ No	lf No, identific	area	of	weakness
11	External audits and inspections					
	 I monitor completion of management action plans arising from external audit and other inspections bodies and take action to ensure implementation to agreed timescales. 					
	 There are no other governance and financial management issues arising from external inspections, audits and assurance processes which are not listed in sections 1-10 above. 					
12	Overall Assurance from Director/ Corporate Director					
	Based on the information available to me, in my opinion the internal control					
	framework of this department has been soundly based during 2021/22.					
	All significant risks to delivery objectives have been identified and controls are in					
	place to mitigate those risks. The exceptions to this are listed in the attached action plan which also outlines progress towards implementing outstanding controls.					
	I also confirm my intention to ensure that a sound internal control framework is in operation throughout 2022/23.					
	Signed by Director/ Corporate Director					
	Date					

Statement of assurance – action plan forDivision/ Directorate

Control theme (eg Risk Management)	Action	Lead officer	Timescale for completion