

Notice of Meeting

Governance and Audit Committee

Monday, 8th July, 2013 at 6.00 pm
in Committee Room 1 Council Offices
Market Street Newbury

Date of despatch of Agenda: Friday, 28 June 2013

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Andy Day / Moira Fraser on (01635) 519459 / (01635) 51904

e-mail: aday@westberks.gov.uk / mfraser@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk



Agenda - Governance and Audit Committee to be held on Monday, 8 July 2013 (continued)

To: Councillors Jeff Beck (Chairman), Paul Bryant, Sheila Ellison, Tony Linden, Geoff Mayes, Julian Swift-Hook (Vice-Chairman) and Quentin Webb

Substitutes: Councillors Peter Argyle, Brian Bedwell, Gwen Mason and Tony Vickers

Agenda

Part I

Page No.

1. **Apologies**
To receive apologies for inability to attend the meeting (if any).
2. **Minutes** 1 - 4
To approve as a correct record the Minutes of the meetings of this Committee held on 29 April and 14 May 2013.
3. **Declarations of Interest**
To receive any Declarations of Interest from Members.
4. **Internal Audit - Workplan for 13-14 (GA2678)** 5 - 44
Purpose: To outline the proposed work programme for internal audit for the coming year.
5. **Amendments to the Constitution: Articles of the Constitution (Article 6 - The Executive), Scheme of Delegation - Public Health and Executive Rules of Procedure - Health and Wellbeing Board (GA2683)** 45 - 76
Purpose:
 1. *To note that Article 6 of the Constitution (The Executive) and Paragraph 5.1.9 (Executive Rules of Procedure) have been updated to reflect the fact that the Health and Wellbeing Board is a Sub-Committee of the Executive.*
 2. *To note the Council's Scheme of Delegation has been updated to reflect the new Public Health duties placed on the Council in accordance with the Health and Social Care Act 2012.*

Andy Day
Head of Strategic Support



West Berkshire
C O U N C I L

Agenda - Governance and Audit Committee to be held on Monday, 8 July 2013 (continued)

West Berkshire Council is committed to equality of opportunity. We will treat everyone with respect, regardless of race, disability, gender, age, religion or sexual orientation.

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.



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Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

GOVERNANCE AND AUDIT COMMITTEE

MINUTES OF THE MEETING HELD ON MONDAY, 29 APRIL 2013

Councillors Present: Jeff Beck (Chairman), Tony Vickers and Quentin Webb

Also Present: Andy Day (Head of Strategic Support)

Apologies for inability to attend the meeting: Councillor Tony Linden

Councillors Absent: Councillor Paul Bryant, Councillor David Holtby and Councillor Julian Swift-Hook

PART I

29. Minutes

The Minutes of the meeting held on 11 February 2013 were approved as a true and correct record and signed by the Chairman.

30. Declarations of Interest

There were no declarations of interest received.

31. Public Health - Scheme of Delegation (C2651)

The Committee considered a report (Agenda Item 4) concerning proposals to amend the Council's Scheme of Delegation (Part 3 of the Constitution) to reflect the new Public Health duties placed on the Council in accordance with the Health and Social Care Act 2012.

Andy Day reported that the proposed roles and responsibilities were as set out in the Health and Social Care Act 2012 and would be carried out by the Director of Public Health (based in Bracknell Forest Borough Council) supported by the six Consultants in Public Health, one located in each unitary authority.

Councillor Tony Vickers referred to the Health and Wellbeing Board and questioned whether the constitution would be amended to reflect the Board's role and responsibilities. Andy Day reported that the Executive Rules of Procedure would need to be amended to reflect the existence of the Health and Wellbeing Board, particularly as this was a Sub-Committee of the Executive.

RESOLVED that Council be requested to approve changes to the Scheme of Delegation to reflect the Council's duties in relation to Public Health.

32. Amendment to the Constitution - Part 7 Speaking Rights at Planning Meetings (C2641)

The Committee considered a report (Agenda Item 5) concerning proposals to amend speaking rights for adjoining Parish Council's at Planning Committee meetings.

The Committee questioned whether an adjoining Parish Council was permitted to address the Committee and whether these speaking rights would be extended to Ward

GOVERNANCE AND AUDIT COMMITTEE - 29 APRIL 2013 - MINUTES

Members. Andy Day reported that the current speaking rights covered off this point on the basis that they permitted Ward members to speak.

RESOLVED that: the amendments to the Regulatory and Other Committee Rules of Procedure (Paragraphs 7.13.3 and 7.13.4) be recommended to Council for approval.

(The meeting commenced at 6.00pm and closed at 6.20pm)

CHAIRMAN

Date of Signature

DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

GOVERNANCE AND AUDIT COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY, 14 MAY 2013

Councillors Present: Jeff Beck, Paul Bryant, David Holtby, Tony Linden, Geoff Mayes, Julian Swift-Hook and Quentin Webb

PART I

1. Election of Chairman

RESOLVED that Councillor Jeff Beck be elected Chairman of the Governance and Audit Committee for the 2013/14 Municipal Year.

2. Apologies for Absence

There were no apologies for inability to attend the meeting.

3. Appointment of Vice-Chairman

RESOLVED that Councillor Julian Swift-Hook be appointed Vice-Chairman of the Governance and Audit Committee for the 2013/14 Municipal Year.

(The meeting commenced at 8.15 pm and closed at 8.16 pm)

CHAIRMAN

Date of Signature

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Agenda Item 4.

Title of Report:	Internal Audit – Workplan for 13-14
Report to be considered by:	Governance and Audit Committee
Date of Meeting:	08 July 2013
Forward Plan Ref:	GA2678

Purpose of Report: To outline the proposed work programme for internal audit for the coming year.

Recommended Action: Review and approve the plan.

Reason for decision to be taken: To ensure that there is an effective internal audit in place for the Council

Other options considered: None

Key background documentation: None

The proposals will help achieve the following Council Strategy principle:

CSP9 - Doing what's important well

Portfolio Member Details	
Name & Telephone No.:	Councillor Alan Law - Tel (01491) 873614
E-mail Address:	alaw@westberks.gov.uk
Date Portfolio Member agreed report:	22 April 2013

Contact Officer Details	
Name:	Ian Priestley
Job Title:	Chief Internal Auditor
Tel. No.:	01635 519253
E-mail Address:	ipriestley@westberks.gov.uk

Implications

Policy: none

Financial: none

Personnel: none

Legal/Procurement: none

Property: none

Risk Management: Internal Audit plays a key role in helping to identify and mitigate risk to the delivery of Council services

Equalities Impact none required

Assessment:

Is this item subject to call-in?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
<p>If not subject to call-in please put a cross in the appropriate box:</p> <p>The item is due to be referred to Council for final approval <input type="checkbox"/></p> <p>Delays in implementation could have serious financial implications for the Council <input type="checkbox"/></p> <p>Delays in implementation could compromise the Council's position <input type="checkbox"/></p> <p>Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months <input type="checkbox"/></p> <p>Item is Urgent Key Decision <input type="checkbox"/></p> <p>Report is to note only <input type="checkbox"/></p>		

Executive Summary

1. Introduction

- 1.1 This report sets out the proposed plan of work for internal audit over the next three years.
- 1.2 The report outlines the method used to compile the plan, which is based around risk.

2. Proposals

- 2.1 The audit plan sets out a range of proposed audits. In addition work carried out in the previous year will be followed up. A copy of the audit plan is at appendix C.
- 2.2 The main areas of focus will be the "Key Financial Systems" and the anti fraud work, particularly the National Fraud Initiative.

3. Equalities Impact Assessment Outcomes

- 3.1 There is no decision to be made and therefore no Equality Impact Assessment has been undertaken.

4. Conclusion

- 4.1 The work of internal audit is designed to provide the Council with assurance on the state of the Council's internal control framework. The work is also designed to highlight and remedy weaknesses identified in the Council's service delivery systems.

Executive Report

1. Introduction

- 1.1 The purpose of this report is to set out a risk based plan of work for Internal Audit that will provide assurance to the Governance and Audit Committee on the operation of the Council's internal control framework and support the Committee's review of the Annual Governance Statement.
- 1.2 In the past the work of internal audit was regulated by the "Code of Practice for internal audit in local government" - produced by CIPFA. However, from 1.4.13 the Relevant Internal Audit Standard Setters (RIASS) - CIPFA for Local Government - have adopted the "Public Sector Internal Audit Standards" based on the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF). These provide a:
- (1) Definition of Internal Auditing
 - (2) Code of Ethics
 - (3) International Standards for the professional practice of internal auditing (including interpretations and glossary)
- 1.3 CIPFA are due, in March, to produce some guidelines on the interpretation and application of the new standards, and once these have been received, the work and methods of internal audit will need to be reviewed to ensure compliance.
- 1.4 The report covers the following points:
- (1) Audit objectives and outcomes
 - (2) How audit work is planned to ensure significant local and national issues are addressed.
 - (3) Basis for the opinion of the Chief Internal Auditor on the internal control framework
 - (4) Methods of providing and resourcing the service.
- 1.5 The main areas of focus will be the audits of the "Key Financial Systems", anti fraud work, and review of the key strategic risks that are the responsibility of the Chief Executive
- (1) The audits of the "Key Financial Systems", in Customer Services and Finance, are carried out annually, partly because of the scale and materiality of them and partly as the Council's external auditor relies on the work Internal Audit does on these systems. These audits are highlighted in the audit plan with an F.
 - (2) The main element of anti fraud work is in relation to the National Fraud Initiative, which is a data matching exercise run by the Audit Commission. In addition a review of the Council's overall anti fraud framework is planned
 - (3) The key strategic risks that are the responsibility of the Chief Executive are:

Children's and Adults safeguarding
Budget Management
Health and Safety
Information Security
Civil Contingencies planning
Business Continuity
Performance Management

2. Audit Objectives and Outcomes

2.1 The CIPFA Code of Practice for Internal Audit in Local Government provided the following definition of the purpose and role of Internal Audit.

"Internal Audit is an assurance function that provides an independent and objective opinion to the organisation on the control environment, by evaluating its effectiveness in achieving the organisation's objectives. It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources."

2.2 The new Public Sector Internal Audit Standards provide the following definition that replaces the previous definition.

"Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes"

2.3 The difference between the definitions appears minimal and translated into plain English, Internal Audit is there to help Services deliver the Council Strategy by identifying and helping to mitigate weaknesses in service delivery systems and procedures.

2.4 The objectives for Internal Audit are set out in the Audit Charter which forms an appendix to the Terms of Reference of the Governance and Audit Committee. The full charter is attached at appendix B.

2.5 The main outcomes from the work of Internal Audit are:

- (1) Audit reports produced at the conclusion of each audit, for the relevant Head of Service and Director.
- (2) Monitoring reports on progress with implementation of agreed audit recommendations.
- (3) An annual assurance report and an interim update report for Management Board and Governance and Audit Committee on the outcomes of Internal Audit work.

3. Audit Planning

3.1 The work programme for Internal Audit for the period 2013-16 is attached at appendix C. The plan analyses the different areas of Council activity that Internal

Audit fees require auditing. The Plan is laid out by, Corporate Audits, then by Head of Service and for each audit covers:

- (1) The key risks that the audit will cover
- (2) The level of risk associated with the subject, as assessed by Internal Audit
- (3) The complexity of the audit.
- (4) The type of audit
- (5) An initial estimate of the number of days that will be required to complete the audit, and the year in which the audit is planned

3.2 The process of putting the plan together is extensive in terms of the documents and people who are consulted. The following identifies the key drivers:

- (1) The Council Strategy. This is reviewed to ensure that audit resources are used to support the delivery of Council objectives.
- (2) The Council's risk registers, particularly the Strategic Risk Register. This is used to highlight areas where assurance is required for controls that are in place to significantly reduce levels of risk to the Council.
- (3) Results of previous audit, inspection and scrutiny work, by internal teams and external agencies, is considered.
- (4) The views of stakeholders, Heads of Service, Corporate Board, Management Board are considered.
- (5) Plans are made available to the Council's external auditor to ensure that there is no unnecessary duplication of effort.

3.3 The work programme is based on levels of risk. The risk registers are used to inform the level of risk where appropriate and this is supplemented by an audit view of risk. This takes account of:

- (1) Results of risk self assessments (Strategic and Operational Risk Registers);
- (2) Complexity/scale of system and processes / volume and value of transactions;
- (3) Fraud and corruption - eg the risk of fraud or corruption occurring;
- (4) Inherent risk - eg degree of change/instability/confidentiality of information;
- (5) Internal Audit knowledge of the control environment based on previous audit work.

4. Audit approach and opinion

4.1 The work of Internal Audit forms the basis of the opinion given by the Chief Internal Auditor on the Council's internal control framework. The work of Internal Audit is regulated by the Public Sector Internal Audit Standards. This sets out the standards and methods that should be applied in doing the work. At an operational level Internal Audit have a procedure manual that explains in detail how work is delivered.

In addition an Audit Protocol is published to all Heads of Service setting out how the service operates. A copy of this is at Appendix D

4.2 There are a number key elements to the process that ensure the output from audit is fit for purpose.

- (1) Consultation takes place at various stages of each audit with the service under review (Terms of reference, rough and formal draft and final reports and action plans are all discussed and agreed with the service under review)
- (2) Audits are followed up to ensure that agreed actions are implemented. (Method and approach to follow up work varies depending on the nature of the issues identified in the original audit)
- (3) All audit work is reviewed before being released. (The review process is ongoing during the course of each audit)
- (4) The External Auditor relies on the work of Internal Audit, and will raise any concerns in their annual audit letter, to date no concerns have been raised.

4.3 The work produced by Internal Audit is designed to identify and remedy weaknesses in the internal control framework. Weaknesses that are identified are categorised according to their severity (fundamental, significant, moderate and minor).

4.4 Taken together, the above provides a sound basis for the Chief Internal Auditor to provide an annual opinion of the internal control framework of the Council.

5. Service provision and resources

5.1 Resources have been reduced for the section, in order to support the need to reduce the Council's budget. The Chief Internal Auditor now has the support of 6 FTE's compared to 8 FTE's in previous years. Corporate Board take the view that this is the minimum level of resource to provide adequate assurance to the Council.

Appendices

Appendix A – Equality Impact Assessment – Stage 1

Appendix B - Internal Audit Charter

Appendix C - Internal Audit Workplan

Appendix D - Internal Audit Protocol

Consultees

Local Stakeholders: N/a

Officers Consulted: Corporate Board

Trade Union: N/a

Equality Impact Assessment – Stage One

Name of item being assessed:	
Version and release date of item (if applicable):	
Owner of item being assessed:	
Name of assessor:	
Date of assessment:	

1.	What are the main aims of the item?

2.	Note which groups may be affected by the item, consider how they may be affected and what sources of information have been used to determine this. (Please demonstrate consideration of all strands – age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation)
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Group Affected	What might be the effect?	Information to support this.

Further comments relating to the item:

3.	Result (please tick by clicking on relevant box)
<input type="checkbox"/>	High Relevance - This needs to undergo a Stage 2 Equality Impact Assessment
<input type="checkbox"/>	Medium Relevance - This needs to undergo a Stage 2 Equality Impact Assessment
<input type="checkbox"/>	Low Relevance - This needs to undergo a Stage 2 Equality Impact Assessment
<input type="checkbox"/>	No Relevance - This does not need to undergo a Stage 2 Equality Impact Assessment

For items requiring a Stage 2 equality impact assessment, begin the planning of this now, referring to the equality impact assessment guidance and Stage 2 template.

4. Identify next steps as appropriate:	
Stage Two required	
Owner of Stage Two assessment:	
Timescale for Stage Two assessment:	
Stage Two not required:	

Name:

Date:

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Appendix B

AUDIT CHARTER

1 Definition and Purpose of Internal Audit

- 1.1 The CIPFA Code of Practice for Internal Audit in Local Government (2006) defined Internal Audit

Internal Audit is an assurance function that provides an independent and objective opinion to the organisation on the control environment, by evaluating its effectiveness in achieving the organisation's objectives. It objectively examines, evaluates and reports on the adequacy of the control environment¹ as a contribution to the proper, economic, efficient and effective use of resources.

- 1.2 Internal Audit is a statutory service in the context of the Accounts and Audit Regulations 2006, which state in respect of Internal Audit:
- 1.3 'A relevant body shall maintain an adequate and effective system of internal audit of its accounting records and its system of internal control in accordance with the proper internal audit practices.'
- 1.4 The existence of an Internal Audit function does in no way diminish the responsibility of management to establish systems of internal control to ensure that activities are conducted in an efficient, secure and well ordered manner within the Authority.

2 Responsibility & Objectives

- 2.1 As an independent appraisal function within the Authority, the objectives of Internal Audit are:
- To review, appraise and report on the adequacy of internal controls as a contribution to the economic, efficient and effective use of resources.
 - Ascertain the extent of compliance with procedures, policies, regulations and legislation.
 - Provide reassurance to management that their agreed policies are being carried out effectively
 - Facilitate good practice in managing risks
 - Recommend improvements in control, performance and productivity in achieving corporate objectives.
 - Review the value for money processes, best value arrangements, systems and units within the Authority.
 - Work in partnership with External Audit
 - Identify fraud as a consequence of its reviews and deter crime.

3 Scope and Accountability

- 3.1 Internal Audit as a function will remain independent of the Authority's operational activities, and its auditors will undertake no operational duties. This will allow auditors to perform duties in a manner which facilitates impartial and effective professional judgements and recommendations.
- 3.2 The scope of Internal Audit allows for unrestricted coverage of the Authority's activities and access to all staff, records and assets deemed necessary in the course of the audit.
- 3.3 Accountability for the response to advice and recommendations made by Internal Audit lies with the management of the Authority. Management can accept and implement advice and recommendations provided or formally reject it. Internal Audit is not responsible for the implementation of recommendations or advice provided.
- 3.4 Internal Audit sits within the Finance Service and supports the statutory functions of the Head of Finance. However, Internal Audit is also accountable to the Governance and Audit Committee for the delivery of assurance in relation to the Council's system of internal control

4 Reporting

- 4.1 All audit assignments will be the subject of a formal report written by the appropriate auditor. The report will include an 'opinion' on the adequacy of controls in the area that has been audited.
- 4.2 Every Internal Audit report issued, is subject to a follow up in order to ascertain whether actions stated by management in response to the audit report have been implemented. Internal Audit will determine if progress made in response to recommendations stated in the issued audit report is satisfactory, or if a further follow up is required.
- 4.3 Internal Audit will prepare half yearly reports for the Governance and Audit Committee and give an opinion on the Council's internal control framework.
- 4.4 Internal Audit will bring to the attention of the Governance and Audit Committee any serious matters of concern that may arise in the course of audit work

5 Resources

- 5.1 Internal Audit will prepare an Audit Strategy each year that sets out the aims and objectives of the service.
- 5.2 A detailed risk based plan of work will be prepared for approval by the Governance and Audit Committee, including the resources required to

carry out the work. This will set out the key areas / risks that are to be subject to audit.

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Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered

Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
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AUDIT PLAN RATIONALE

- 1) Frequency of review is based on the overall risk rating and when the previous review was carried out.
- 2) Level of audit resource is dependent on complexity of the area to be reviewed and the level of assurance required for the risks identified.
- 3) Risk assessment factors taken into account when determining the risk category:- degree of instability/complexity of system/sensitivity of information/likelihood of fraud or corruption/previous audit control opinion

AUDIT TYPE - KEY

- SR Strategic Risk
- KFS Key Financial System

- AFW Anti Fraud Work

- ACW Anti Corruption Work

- VFM Value for Money

- OR Operational Risk
- Sch Schools

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Corporate Audits									
Mileage Claims - Essential Users	a) Inaccurate/inappropriate claims resulting in theft/fraud	1	Medium	AFW	New	10			10
Income collection - spot checks	a) Theft/Fraud	1	High	AFW	2012-13	15	15	15	45
Capital planning / programme / use of PMM	a) Ineffective project management - budgets exceeded/deadlines exceeded/outcome does not meet client needs b) Implementation and usage of PMM	4	High	SR	2012-13				0
Establishing processes for Community Infrastructure Levy (CIL)	a) The Council is not effectively recording/monitoring CIL funds that are due/have been paid b) Policy targets are not met c) Corruption d) Income is not maximised	4	High	SR	New	15			15
F NFI Investigation work	a) fraud by employees/residents	2	High	AFW	2012-13	25	25	25	75
Ensure information security	a) Non compliance with Data Protection Act b) Information not stored securely c) Personal information issued/sent to incorrect parties b) data could be amended/destroyed/sensitive data made		High	SR	New	15			15
Telecommunications	a) Inappropriate use of equipment/ineffective monitoring of persona calls resulting in unnecessary expenditure being incurred possibility	3	Medium	AFW	2010-11			15	15
Procurement cards	Ineffective monitoring of card usage resulting in inappropriate expenditure being incurred	2	High	AFW/SR	2012-13		10		10
Grant Allocation/monitoring	a) Grants not awarded appropriately b) Grant allocations are not accurately recorded/effectively monitored	2	Low	SR	2006-07			15	15
Corporate Fraud Review	a) Council's approach to dealing with fraud does not meet the revised CIPFA guidance b) The Council is not being a pro-active as it could in deterring/highlighting fraud	2	Medium	AFW	New	15			15
Strategic Risk Assurance Process - 1st year - detailed audit review of 3 areas to ensure content of Control Assurance form is appropriate - areas highlighted under relevant HOS	a) Control mechanisms have not been determined, are not appropriate and/or are not working effectively.	3	High	SR	New			20	20
total						95	50	90	235

Appendix C - Internal Audit Work Programme - 2013-16

	Key risks to be covered	Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est	
Resources Directorate										
	Travel Claims	a) Fraudulent claims b) Inaccurate payments	1	Medium	AFW	2010-11		10	10	
	total					0	10		10	
Head of Public Health and Wellbeing										
	Public Health Unit	a) Non compliance with legislation b) Ineffective joint working arrangements resulting in poor budgetary control and/or service provision	3	High	SR	New		25	25	
							25		25	
Head of Finance										
	Insurance	a) Inappropriate assessment of uninsured losses b) inaccurate claims record for management information	2	High	SR	2011-12			0	
	Governance / Risk Management	a) Non compliance with Legal requirements b) Ineffective framework for AGS reporting	3	High	SR	2007-08		20	20	
	Health and Safety	a) Non compliance with H&S Legislation - legal action/penalties	2	High	SR	2012-13			0	
	Webrisk	a) Poor use of information	2	Medium	SR	2008-09			0	
F	General Ledger (managed audit)	a) Inaccurate information for management decisions b) Budgets	2	Medium	KFS	2012-13	10	10	10	30
	Asset Management Strategy	b) Non compliance with legislation, b) Mis mgt of asset portfolio	2	Medium	SR	2005-06		15	15	
	Fixed Asset Register	a) Non compliance with accounting standards b) Qualified Accounts	2	Low	SR	2010-11		15	15	
	Budget Monitoring	a) Inaccurate Information b) poor decision making	2	High	SR	2007-08			0	
	MTFS (to incorporate Business Rates estimating and profiling)	a) Council's financial targets are not realised b) Budget pressures c) Increases in Council Tax	4	High	SR	2006-07	15		15	
F	Treasury Management (managed audit)	a) Inappropriate cashflow decisions - income not maximised b) Legislation/Internal polices not complied with	2	Low	KFS	2012-13	10	10	10	30
	Bank Reconciliation (cover Chaps payments)	a) Inappropriate transactions processed through the bank b) Inaccurate year end accounts c) Qualified opinion from External	2	Medium	OR	2010-11		15	15	
	VAT	a) Non compliance with Revenues & Customs requirements - financial penalties	2	Medium	OR	2003-04	15		15	
	Commercial Rents	a) Non compliance with legislation, b) Loss of income/increased void periods, c) Misappropriation of leases	3	High	OR	2012-13 (commenced 11/12)	10		10	
	Total					60	55	50	165	

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Head of HR									
Recruitment (process)	a) Delays in appointing staff - disruption to service delivery b) Non compliance with employment legislation c) CRB failure	2	High	AFW/SR	2012-13				0
Absence Management	a) Council's sickness policy not being adhered to b) Inaccurate information for performance management	2	High	SR	2011-12			15	15
Code of Conduct / HR Policies & Procedures	a) Staff not being managed consistently/to the Council's standards required standards b) New managers not being aware of the required standards and related procedures	1	Low	SR	2007-08				0
Staff Training and Development (Corporate and Professional Training across whole Council)	a) Failure to develop staff in accordance with good practice b) Failure to inform new employees of legislation, key corporate policies and procedures they need to be aware of adhere to c) VFM/cost effectiveness not taken into account within services when making spending decisions	1	Low	SR	2003-04	15			15
Total						15	0	15	30
Head of Legal Services									
Legal Services	a) The collaborative agreement is not being effectively recorded/monitored b) Terms of the joint agreement are not being adhered to c) The service fails to retain its quality standard accreditation	2	High	OR	2010-11			15	15
Contract letting	a) Non-compliance with Contract rules of Procedure b) Non compliance with EU legislation (Remedies Directive) c) Corruption	3	High	ACW	2004-05		20		20
Contract monitoring	a) Non-compliance with Contract rules of Procedure b) Contract spec not met c) Contract costs exceeded	3	Medium	SR	2007-08			20	20
total						0	20	35	55

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Head of Strategic Support									
Service Planning/targets and performance management - Strategic Equality Impact Assessments	Service Delivery / intervention / legal obligations / performance indicators / linkages to Timelord	4	Medium	SR	Not audited	25			25
	a) Non compliance with national guidance b) Unaware of impact of changes in policy/decisions on local community c) lack of	3	High	SR	Not audited	20			20
Members expenses	a) Inappropriate payments, b) Over payments on budgets, c) Non compliance with legislation/policies	1	High	OR	2009-10		15		15
Complaints / Code of Conduct	a) Ineffective policies and processes in place, b) Non compliance with policies/processes	3	Medium	SR	2012-13				0
Data Protection / Freedom of Information	a) Non compliance with legislation b) No Standard approach for dealing with requests c) Adequate records not maintained of requests/responses	3	High	SR	2006-07		20		20
Intranet/Internet/Communication/Publications	a) Ineffective processes and procedures, b) Inappropriate information published - version control.	2	Medium	SR	2011-12				0
Civil Contingencies	a) Contingency arrangements not in place/not effective - impact on ability to provide services b) Lack of compliance with legislation	2	Medium	SR	2011-12				0
Electoral Services	a) Non compliance with legislation, b) Inappropriate entries on register, c) Incorrect payments/expenditure/charges	2	Low	OR	2005-06			15	15
Land Charges	a) Non compliance with legislation b) Income collection not	2	Low	OR	2007-08				0
total						45	35	15	95

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered			Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Head of Customer Services										
F	Payroll / PAYE (managed Audit)	a) Ghost employees set up b) Inaccurate payments made c) Inaccurate deductions made	3	High	KFS	2012-13	15	15	15	45
F	Accounts Payable (managed audit)	a) Inappropriate/fraudulent payments b) budgets exceeded	2	High	KFS	2012-13	15	15	15	45
F	Accounts Receivable (managed audit)	a) Council's cashflow affected b) Income not maximised	2	High	KFS	2012-13	15	15	15	45
	Car Loans & Car Leasing	a) Inaccurate payroll deductions b) Non compliance with Inland Revenue requirements	2	Low	OR	2012-13				0
	Cash Office	a) Inaccurate processing of income - affecting cash flow decisions b) Fraud/theft c) Accounts could be qualified	2	Medium	AFW	2006-07		15		15
F	National Non-domestic Rates (managed audit)	a) Non compliance with legislation/local schemes for exemptions b) Income generation/collection not maximised c) Qualified	3	High	KFS	2012-13	20	15	15	50
F	Housing Benefits (managed audit)	a) Non compliance with legislation b) Inaccurate/inappropriate payments made c) Accounts qualified	3	High	KFS	2012-13	15			15
F	Council Tax (managed audit)	a) Non compliance with legislation/local schemes for reductions b) Income generation/collection not maximised c) Accounts qualified	3	High	KFS	2012-13	20	15	15	50
	Registrars Service	a) Ineffective budgetary control, b) Insufficient control of income, c) Insufficient control of assets, d) Inappropriate expenditure	2	Low	OR	2010-11			15	15
	Total						100	90	90	280

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Head of I.C.T. and Corporate Services									
I.T. Strategy	a) Does not meet changing needs of the organisation b) Progress	3	Medium	SR	2007-08				0
Software licenses	a) Non compliance with legislation (software licenses)	2	Low	OR	2003-04				0
Change control Management	a) Inappropriate changes b) Changes do not meet the needs of users c) Changes not operationally effective	3	High	OR	2005-06	15			15
Project Management (IT investment)	a) Systems do not meet business/user needs b) Escalation of costs/time to implement	3	High	SR	2006-07		20		20
Post Implementation Reviews (IT investment)	a) Systems do not meet business/user needs b) Escalation of costs/time to resolve system issues	3	Medium	SR	2004-05	15			15
Ensure continuous service (Disaster Recovery for I.T. Service)	a) Contingency plan not in place/not effective - service delivery affected	3	High	SR	2011-12				0
Compliance with CoCo	a) Non compliance with Government Connect requirements	4	Low	SR	2010-11				0
Ensure systems security	a) Non compliance with Data Protection Act b) Unauthorised access to data b) data could be amended/destroyed/sensitive data made public	3	High	SR	2011-12			20	20
Manage problems and incidents (help)	a) Interruptions to service delivery b) Staff performance adversely	3	High	OR	2012-13				0
Manage data (File controls)	a) Inaccurate/lost data	3	Medium	OR	2004-05				0
EDI (BACs)	a) Inaccurate/inappropriate electronic transactions	3	Low	OR	Not audited	15			15
Printing Service (assisting in progressing the VFM work in this	a) Inefficient operations b) Delivery targets not met	2	Low	OR	Pre 2001	15			15
Business Continuity Planning	a)Flu / fire / flood / terrorism / service delivery	3	High	SR	2007-08		20		20
I.T. Asset Management	a) Loss of I.T assets - increased cost on replacement equipment	3	Medium	OR	2007-08			20	20
Facilities Management	a) Poorly maintained facilities, compromised H&S, b) Theft of stock items, c) Ineffective out of hours service	3	Medium	OR	2011-12				
Total						60	40	40	140

Appendix C - Internal Audit Work Programme - 2013-16

	Key risks to be covered	Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Communities Directorate									
Travel Claims	a) Fraudulent claims b) Inaccurate payments	1	Medium	AFW	2011-12			10	10
total								10	10
Head of Adult Social Care									
Agency Staff	a) Inappropriate people could be appointed - risk to client b) Budgets could be exceeded c) Standards of service required not met	2	High	OR	2009-10			15	0
Assessment of Needs/Purchase of Care - (MH/LD)	a) Legislation is not adhered to b) Inappropriate care packages c) Budgets could be overspent	3	Medium	OR	2008-9				0
Assessment of need /Purchase of Care - Respite	a) Legislation is not adhered to b) Inappropriate care packages c) Budgets could be overspent	3	Medium	OR	2012-13				0
Resource Centres (3)	Establishment reviews - key risks - budgetary control/appropriateness of expenditure	1	Low	OR	2006-07	5			5
Carers grant	a) Budgetary control b) effectiveness of arrangement not monitored	2	Medium	OR	2009-10				0
Residential Homes - Elderly (4)	Establishment review - key risks - budgetary control/appropriateness of expenditure	1	Low	OR	2010-11		6		6
Assessment of needs/Purchase of care - Home Care	a) Legislation is not adhered to b) Inappropriate care packages c) Budgets could be overspent	3	Medium	OR	2006-07		20		20
Assessment/Purchase of Care - Residential	a) Legislation is not adhered to b) Inappropriate care packages c) Budgets could be overspent	3	Medium	OR	2001-02	15			15
O/T - Equipment - pooled budget	a) Ineffective governance/communication between parties b) Effectiveness of arrangement not monitored - objectives not achieved/budgets exceeded	2	Medium	OR	2011-12				0
Personal Budgets (Use of payment cards)	a) Legislation/internal procedures not adhered to b) Inappropriate care packages c) Budgets could be overspent	4	High	OR	New		20		20
Personal Budgets - Direct Payments	a) Legislation/internal procedures not adhered to b) Inappropriate care packages c) Budgets could be overspent	3	High	OR	Commenced 2012/13	10		20	10
total						30	46	35	76

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Head of Care Commissioning, Housing and Safeguarding									
Fairer Charging	a) Non compliance with legislation/Council's policy b) Inaccurate charges calculated c) Ineffective income collection/recovery procedures	3	High	OR	2008-09	20			20
Residents Property (Appointeeship/Deputyship)	a) Misappropriation of client property b) Inaccurate records of level/type of property held c) Non compliance with legislation	2	High	OR	2012-13			15	15
Social Fund Reform (Community Care Grants/Crisis Loans)	a) Grants not awarded in accordance with legislation/Council procedures b) Inappropriate payments made c) Records not up-to-date/accurate	2	Medium	OR	New		15		
Contract Letting/Management (Including Supporting People) (Care)	a) Value for money not obtained when choosing external providers b) Care provision not formalised/not monitored - escalation of costs/ care standards not met b) Non compliance with EU legislation (Remedies Directive)	3	High	OR	2001-02		20		20
Common Housing Register / Advice	a) Legislation is not adhered to b) Register not appropriately administered	2	Medium	OR	2009-10				0
Homelessness	a) Legislation not adhered to b) Accommodation is not obtained promptly/cost effectively	2	Low	OR	2011-12				0
Renovation Grants/Disabled Facility Grants	a) Grants not awarded in accordance with legislation/Council procedures b) Inappropriate payments made c) Records not up-to-date/accurate	2	Medium	OR	2006-07			15	15
Total						20	35	30	70

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Head of Education									
Secondary Schools	Review of key risks - budgetary control, income collection, control of assets, school governance	2		Sch	Annual Programme	12	12	24	48
Primary Schools	Review of key risks - budgetary control, income collection, control of assets, school governance	1		Sch	Annual Programme	127	100	130	357
Nursery Schools (2) to include Children's Centres	Review key risks: Compliance with legislation, accurate completion of grant claims	1		Sch	2012-13				0
Special Schools (2)	Review key risks: Compliance with legislation, budgetary control, control of assets,	1		Sch	2010-11	8	8		16
Alternative Curriculum	Review key risks: Budgetary control, appropriateness of expenditure	1		OR	2011-12				0
Reintegration Service	Review key risks: Budgetary control, appropriateness of expenditure	1		OR	2011-12				0
Children's Centres	a) Centres have not been set up in accordance with government guidelines b) governance arrangements between the Centre and	2		OR	New	15			
Projecting/Monitoring pupil numbers and school places	a) Insufficient number of school places b) Poor medium term planning resulting in unnecessary expenditure being incurred	3	High	SR	New				
Formula funding / DSG	a) Non compliance with legislation, b) Ineffective budget builds	2	High	OR	2009-10			20	0
School Census	a) Submission of incorrect returns, b) Inaccurate funding	1	High	OR	2012-13				0
Family Support Packages for Disabled Children (to include short	a) Non compliance with legislation, b) Inappropriate packages, c) Overspends on budgets	3	High	OR	2009-10				0
School admissions policy	a) Non compliance with legislation, b) Unsuitable school offers, c) Invalid admissions data	2	High	OR	2009-10				0
Home to School Transport Entitlement	a) Employment of inappropriate individuals, b) Misallocation of free transport,	2	Low	OR	2008-09		15		15
Child Protection in Schools	a) Non compliance with legislation, b) Schools are not adequately supported/trained by WBC	2	High	OR	2008-09				0
Nursery Provision - central review	Review key risks: Compliance with legislation, accurate completion of grant claims	1	Low	OR	2010-11				0
After Schools Clubs	a) Non compliance with government targets/legislation, b) Misuse of grant funds, c) Activities are not effectively monitored	3	Medium	OR	2007-08		15		15
Special Needs Assessment & Statementing and Recoupment	a) Non compliance with legislation b) Inaccurate assessments c) Not meeting needs of children d) Expenditure may not be effectively monitored	3	Medium	OR	New	20			20
School Library Service (Joint arrangement)	a) Contract not effectively monitored b) Service not meeting client needs c) Value for money not obtained	2	Medium	OR	Not Audited		15		15
Connexions	a) Contract not effectively monitored b) Service not meeting client needs c) Value for money not obtained	2	Low	OR	Not audited				0

Appendix C - Internal Audit Work Programme - 2013-16

	Key risks to be covered	Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Resource Units (7)	Review key risks: Compliance with legislation, budgetary control, control of assets.	1	High	OR	2011-12				0
Adult Education	a) Non compliance with legislation, b) Non achievement of targets and standards, c) Overspends on budgets	2	Low	OR	Not audited				0
Building Maintenance	a) Ineffective maintenance programme, b) Non compliance with legislation (internal, H&S, EU tendering policies)	3	High	OR	2008-09		20		20
Asset Project Management	a) Failure to deliver major projects on budget, timely manner, to meet need of clients, b) Non compliance with legislation	4	High	SR	Not Audited	20			20
School Meals Contract	Review of schools not in the contract a) Non compliance with legislation, b) Not meeting service user requirements, c) Contract not effectively monitored.	3	Medium	OR	2011-12				0
total						202	185	174	526

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Head of Children's Services									
Castlegate	Review of key risks: Budgetary control, control of assets & cash, appropriate expenditure.	1	Medium	OR	2010-11		5		5
Assessment of Need/Purchase of care - Residential	a) Non compliance with legislation, b) Inappropriate packages, c) Overspends on budgets	3	High	OR	2008-09				0
Assessment of needs/Purchasing Care - Respite	a) Legislation is not adhered to b) Inappropriate care packages c) Budgets could be overspent		High	OR	Not audited	20			20
Assessment & collection of contributions	a) Non compliance with legislation, b) Incorrect assessments, c)	3	Medium	OR	2011-12				0
Foster Care (including recruitment)	a) Non compliance with legislation/standards, b) Inability to recruit sufficient levels of suitable placements, c) Incorrect payments	3	Medium	OR	2008-09			15	15
Adoption - Recruitment, Placement and Allowances	a) Non compliance with legislation, b) Ineffective training/strategies in place, c) Inappropriate people recruited, d)	3	Low	OR	Not audited		15		15
Troubled Families Programme	a) Non compliance with requirements of the scheme b) Ineffective procedures to monitor and track outcomes c) Lack of evidence to	3	Medium	OR	Not audited	10			10
Payment of Carers	a) Non compliance with legislation, b) Incorrect payments, c) Overspends on budget	2	Medium	OR	2012-13				0
Child Care Lawyers (joint arrangement with Berkshire Authorities	a) Incorrect submission of charges by WB, b) Ineffective communication with Children's services, c) Cases wrongly undertaken by WB, d) Costs incorrectly calculated	2	Medium	OR	2004-05			15	15
Unaccompanied Children - Asylum Seekers	a) Non compliance with legislation, b) Asylum seekers/care leavers are not adequately supported, c) Inadequate financial controls re payment of allowances/fraud.	3	Medium	OR	2004-05		15		15
Agency Staff	a) Non compliance with legislation, b) Inappropriate people	2	Medium	OR	2008-09			15	15
Pooled budget Child & Adolescent mental health (section 37 contract)	a) Effectiveness of arrangements & monitoring, b) Achievement of targets and objectives, c) Ineffective communication between	3	Low	OR	Not audited		15		15
Child Protection Conferencing Processes	a) Inappropriate arrangements in place, b) Non adherence to guidance, legislation.	2	Medium	OR	2010-11				0
Youth Centres (3)	Review of key risks: Budget monitoring, control of expenditure, collection of income, security of assets	1	Medium	OR	2010-11		5		5
Area Teams (2 teams - Youth Services)	Review of key risks: Budgetary control, control of assets & cash, appropriate expenditure.	1	Low	OR					0
Offsite Activities - review of external provision of service	a) Non compliance with legislation, b) Poor risk assessment c) Inappropriate activities undertaker	1	Medium	OR	2005-06			20	20
Supervision compliance checks	a) Non compliance with the Service's management processes b) ineffective performance management of staff and/or poor caseload monitoring and management	1	Medium	OR	Client Request	10			10
Quality Assurance system	a) Service quality requirements are not being met and this is not highlighted/rectified which could result in service outcomes not being achieved b) Council criticised/legal action taken for not meeting duty of care	1	Medium	OR	Client Request	15			15
Safeguarding - Strategic Risk Assurance	a) Clients at risk are not identified/protected and could come to harm b) Council criticised/legal action taken for not meeting duty of	3	High	SR	New				

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered

	Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
total					55	55	65	175

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Environment Directorate									
Travel Claims	a) Fraudulent claims b) Inaccurate payments	1	Medium	AFW	2010-11			10	10
total						0	0	10	10
Head of Culture and Environmental Protection									
Clean and Green agenda	a) Failure to deliver change b) failure to deliver cost savings	4	Medium	SR	2012-13				0
Waste Management and disposal PFI	a) Ineffective contract management resulting in increased costs/service quality issues b) Recycling initiatives not being met	4	High	SR	2009-10		20		20
Environmental Health Joint Arrangement covering:-	a) Non compliance with terms of the joint arrangement b) ineffective monitoring of quality of service provision and costs	3	Medium	OR	New			20	20
Contract Management					New				
Service requests for intervention					2002-03				
Health and Safety					2002-03				
Taxi Licensing					2008-09				
Licensing Reform					2012-13				
Trading Standards - Joint Arrangement covering:-	a) Non compliance with terms of the joint arrangement b) ineffective monitoring of quality of service provision and costs	3	Medium	OR	New	20			20
Contract Management					New				0
Purchase/Disposal of samples					2002-03				0
Service requests for intervention					2002-03				
Food Safety and Standards					2002-03				
Leisure Centre Management	a) Non compliance with legislation, b) Ineffective contract monitoring and management	3	High	ADV	2009-10		20		20
Museums (1)	Review of key risks: Budgetary control, control of assets & cash, appropriate expenditure.	1	Low	OR	2004-05				0
Archaeology	a) Non compliance with legislation and government guidelines, b) Ineffective communication between services	2	Low	OR	2011-12				0
Tourist Information Centre	Review of key risks: Budgetary control, control of assets & cash, appropriate expenditure.	1	Low	OR	2010-11				0
Berkshire Archive Service	Non compliance with terms of the joint arrangement/ineffective management of facilities	2	Medium	OR	New	15			15
Libraries Purchasing/stock control	a) Budgets overspent b) Inaccurate financial information for management decisions c) Stock may be misappropriated d) Purchasing arrangements are not cost effective	3	Medium	OR	2008-09		15		15
Libraries Income	a) Loss of stock is not reimbursed, resulting in additional expenditure b) Income collection not maximised	3	Medium	OR	2010-11				0

Appendix C - Internal Audit Work Programme - 2013-16

	Key risks to be covered	Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Shaw House	a) Facilities' use/income opportunities are not being maximised b) The facilities do not offer value for money c) Costs are not being effectively controlled	3	Medium	OR	2008-09			15	15
Adventure Dolphin & Outdoor Youth Activity	Review of key risks: Budgetary control, control of assets & cash, appropriate expenditure.	1	Low	OR	2011-12		10		10
total						35	65	35	135

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered		Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Head of Highways and Transport									
Structural Maintenance / Engineering	a) Non compliance with legislation, b) Ineffective maintenance programme	3	Medium	OR	2012-13				0
Major Road Repairs (Projects)	a) Projects/schemes targets not met, b) Non compliance with internal policies, plans		Medium	OR	Not audited			15	15
Traffic Management	a) Projects/schemes targets not met, b) Non compliance with internal policies, plans	3	Medium	OR	2004-05	15			15
Highway Term Contract (excluding major road projects)	a) Non compliance with H&S legislation, b) Ineffective contract monitoring, c) Non compliance with policies	2	High	OR	2011-12				0
Home to School Transport / CRB checks	a) Employment of inappropriate individuals, b) Misallocation of free transport, c) contracts for transport	3	High	OR	2007-08			20	20
Electrical (including Street Lighting)		2	Low	OR	Not audited				0
Street Naming/numbering	a) Income not maximised, b) Misappropriation of funds	2	Low	OR	2004-05				0
Bus Passes / Concessionary Fares	a) Fraud/theft, b) Non compliance with regulations	2	Medium	OR	2010-11	15			15
Parking	a) Non compliance with legislation, b) Loss of income c)	3	High	OR	2011-12		15		15
Fleet Management	a) Use of vehicles b) contracts for non fleet transport		High	OR	2010-11		15		15
		3							
total						30	30	35	95
Head of Planning and Countryside									
Enforcement	a) Planning Legislation is not adhered to b) Management information is not up-to-date/accurate	2	Low	OR	2010-11				0
Community Infrastructure Levy (CIL)	a) Planning Legislation/local schemes are not adhered to b) Policy targets are not met c) Corruption d) Income is not maximised	2	High	AFW	New		20		20
Building Control	a) Building Control Regulations are not adhered to b) Income is not maximised	2	high	OR	2009-10			20	20
Nature Discovery Centre	Establishment review - key risks - income not maximised/expenditure not being effectively managed	1	Low	OR	2011-12				0
Grounds Maintenance Con.	a) Contract specification is not met b) Inappropriate/inaccurate payments could be made	2	Low	OR	2010-11				0
Management of Parks and Commons Partnership Arrangement	a) Non compliance with terms of the joint arrangement/ineffective monitoring of service provision	3	Medium	ADV	New		15		15
total						0	35	20	55

Appendix C - Internal Audit Work Programme - 2013-16

Key risks to be covered

	Complexity (Using a scale of 1-4, 1 being least complex)	Risk Assessment Category	Audit Type	Date last audited	2013-14 Days Est	2014-15 Days Est	2015-16 Days Est	TOTAL Days 2013- 2016 Est
Other Chargeable work (non service specific)								
Preparation of the audit plan/school visit programme					10	10	10	30
Monitoring the audit plan/school visit programme					15	15	15	45
Liaison with Portfolio Members Governance and Audit Committee updates					3	3	3	9
Audit Follow-ups					3	3	3	9
Audit Advice					100	100	100	300
School advice					20	20	20	60
External Professional Liaison					10	10	10	30
					5	5	5	15
Total					166	166	166	498
Contingencies					100	100	100	300
Total					100	100	100	300
Planned Audit Days total					1,013	1,042	1,015	2,985

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Appendix D - INTERNAL AUDIT REPORTING PROTOCOL April 2013

1 Purpose and Scope

- 1.1 This document outlines the way internal audit will initiate, and report on work for the Council. This protocol relates only to Council Services, a separate protocol exists for Schools.
- 1.2 In terms of this protocol there are three types of audit work that will involve different approaches to reporting. These are:
 - Routine planned audits to provide assurance
 - Advisory work carried out at the request of the client
 - Unannounced audits – to check cash accounting on site.
- 1.3 A set of tables are attached which summarise the key elements of this protocol for each of the above.

2 Initiating work

- 2.1 The following highlights the key stages for commencing Internal Audits
- 2.2 Terms of reference will be issued for all audits, apart from establishments and unannounced audits that will set out the scope of the work to be carried out and confirm the reporting arrangements.
- 2.3 In the case of Establishments a formal memo will be issued to outline the key areas that will be covered by the work.
- 2.4 In the case of unannounced audits the Head of Service will be informed that the audit has been carried out immediately after the conclusion of the visit. (These audits are expected to take no more than half a day.)

3 Reporting the results of Internal Audit work

- 3.1 The reporting process planned work has three key stages :-

Rough Draft Report (Memo in the case of unannounced cash audits);
Draft Report / Memo;
Final Report / Memo.
- 3.2 The rough draft will be issued to the Service Manager to check the factual accuracy, and to obtain their initial observations.
- 3.3 The formal draft will be issued once the Service Manager is satisfied with the accuracy of the report. The circulation of the formal draft report will ensure that all relevant people have had an opportunity to comment on the content of the report, prior to it being finalised.
- 3.4 We request comments/observations from all recipients, however, we treat the relevant Head of Service/Unit Manager as the main client, and as such we require the Head of Service to agree to the details, and comment on the

Appendix D - INTERNAL AUDIT REPORTING PROTOCOL April 2013

recommendations, of the report before it is finalised. Where a recommendation is not agreed, we require the Client's reasoning for this, and this detail is included in the action plan (attached to the report) for future reference.

- 3.5 Where, during an audit, a serious problem is discovered which requires immediate attention, it may be necessary to issue an interim report. The relevant auditor will contact the Head of Service to discuss any such issues prior to an interim report being issued.
- 3.6 Internal Audit reports will normally be issued within 3 weeks of the completion of the work. The Terms of Reference for the audit should give an indication of the timescales for reporting.

3 Follow Up of Audit Recommendations

- 3.1 A follow up process is required in order to be able to give management/members assurance that the agreed action plans have been implemented. A follow will normally be carried out for all audits where recommendations have been made
- 3.2 A follow-up review is carried out roughly six months after the audit report was finalised. The exception to this is where an annual review is required to be undertaken in accordance with KPMG's requirements (usually the key financial systems in Benefits and Exchequer and Finance). The follow-up then forms part of the following year's review.

4 Timescales for receipt of Client Responses to Audit Requests for information/Responses to Audit Reports

- 4.1 This protocol sets out the timeframes by which we require a response from the Client, together with the processes to be followed where these timeframes are not met.

Suggestion of Timeframe protocol:-

	Timeframe For Receipt of Response	Action where no response is received
Rough Draft Report	Within 3 weeks of receipt (or notification of when a response will be received)	Stage 1 - Reminder issued to the Line Manager (Head of Service copied in) specifying a response is required within two weeks otherwise the Corporate Director is to be informed.
	Within two weeks of stage 1	Stage 2 - Corporate Director informed of lack of a response (Copied to the Line Manager and Head of Service) specifying a response is required

Appendix D - INTERNAL AUDIT REPORTING PROTOCOL April 2013

		within two weeks otherwise this will be reported to the Corporate Board
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	Timeframe For Receipt of Response	Action where no response is received
Draft Report	Within 3 weeks of receipt (or notification of when a response will be received)	Stage two of the Rough draft will apply

4.2 These timeframes, together with action to be taken where no response is received will be incorporated into the standard letters/memos we issue with each report.

4.3 The auditor will use his/her judgement on each case to take into account any extenuating circumstances, and will notify the Head of Finance where there are issues with non-compliance that needs to be reported to Corporate Board. The Head of Finance will raise the matter with the relevant Director.

5 Reporting to the Governance and Audit Committee

5.1 The Chief Internal Auditor will provide the Committee, on a half yearly basis with a report that will summarise the results of completed audits and follow up audits.

5.2 Where an audit is categorised as weak or very weak a written comment from Internal Audit will be provided to the Committee and a written response / comment / update will be sought from the Head of Service.

5.3 Where a follow up is classed as unsatisfactory then again written comment and response will be provided. In addition the Head of Service will normally be asked to attend the Governance and Audit Committee to outline the reasons for the failure to implement the agreed action plan and answer Members questions on the audit.

6. Role of Portfolio Holders in the audit process

6.1 Portfolio Holders are involved in the audit process at their discretion and to the extent that they choose.

6.2 Portfolio Holders can choose to vary the extent of their involvement at any time. In addition if they wish they can vary their involvement on an audit by audit basis, by informing the Chief Internal Auditor.

6.3 The role of the Portfolio Holder in the audit process is to:

Appendix D - INTERNAL AUDIT REPORTING PROTOCOL April 2013

- Feed in any issues of concern at the start of the audit so that these can be considered by the auditor in scoping the review.
 - Support the relevant Head of Service in considering weaknesses identified during the audit and action plans proposed by the auditor at the conclusion of the audit
 - Support the Head of Service in implementing agreed action plans
- 6.4 The lead auditor is responsible to the Chief Internal Auditor for managing the audit in compliance with the CIPFA Code of Practice for Internal Audit. Responsibility for the content of the resulting audit report will remain with the relevant lead auditor and the Chief Internal Auditor.
- 6.5 The Head of Finance as s151 Officer has overall responsibility for ensuring that the Internal Audit service complies with the CIPFA Code of Practice for Internal Audit

Reporting arrangements

1 Audit Reviews to provide Assurance

Client	Terms of reference	Rough Draft Report	Formal Draft Report	Final Report	Follow-up details
S151 Officer (Head of Finance)	All cases		Where there are fundamental weaknesses in the service	All cases	All cases
Service / Unit Manager	All cases	All cases	All cases	All cases	All cases
Head of Service	All cases	Only where serious issues relating to the service, i.e. lots of fundamental weaknesses or issues of concern relating to the service manager. Such issues would normally be raised before the report is written	All cases	All cases	All cases
Corporate Director	All cases		Where there are fundamental weaknesses in the service	All cases (except for schools)	All cases
Chief Executive	For his service areas		Only where serious issues relating to the service, i.e. lots of fundamental weaknesses or issues of concern relating to the service manager. Such issues would normally be raised before the report is written.	Any report with fundamental weaknesses	Any report with fundamental weaknesses

Reporting arrangements

Client	Terms of reference	Rough Draft Report	Formal Draft Report	Final Report	Follow-up details
			The Chief Internal Auditor will decide on the necessity to issue a report at this level.		
Relevant Portfolio Member	All cases		If the Portfolio member for the service has expressed an interest when the TOR have been issued.	All reports	All Cases
Chief Internal Auditor	All cases		All cases	All cases	All Cases

Reporting arrangements

2 Advisory/VFM Reviews

(The approach will be agreed with the Client prior to commencing a review, and to be noted in the terms of reference to provide clarity of how the findings are to be reported). Advisory reviews may arise from the need for advice on key controls in systems where the Service concerned is already aware that improvement is needed or where the systems are being changed by the service area, (eg a new ICT system is being implemented).

Client	Terms of Reference	Rough Draft Report	Formal Draft Report	Final Report
Line Manager	All cases	All cases	All cases	All cases
Head of Service	All cases		All cases	All cases
Corporate Director	All cases			All cases
Chief Internal Auditor	All cases		Relevant auditor will decide on the necessity to issue a report at this level where there are serious issues relating to the service, i.e. lots of fundamental weaknesses or issues of concern relating to the service manager. Such issues would normally be raised before the report is written.	All cases

Further escalation of the advisory / VFM reviews reporting to the Chief Executive and the relevant portfolio Member will depend upon the significance of issues / number of weaknesses identified and will be determined by the relevant auditor. Due to the nature of the work an overall opinion will not be given for an advisory/VFM review. However, these reviews will follow the standard follow process for follow-ups (progress categorisation/circulation of findings).

Reporting arrangements

3 Unannounced Audits

<u>Client</u>	<u>Terms of Reference</u>	<u>Rough Draft Memo</u>	<u>Formal Draft Memo</u>	<u>Final Memo</u>
Line Manager / Headteacher	None issued	All cases	All cases	All cases
Head of Service	None issued		All cases	All cases
Corporate Director	None issued			All cases
Relevant Portfolio Holder	None issued			All cases
Chief Internal Auditor	None issued		All Cases	All cases

Title of Report:	Amendments to the Constitution: Articles of the Constitution (Article 6 – The Executive), Scheme of Delegation – Public Health and Executive Rules of Procedure – Health and Wellbeing Board
Report to be considered by:	Governance and Audit Committee
Date of Meeting:	8 July 2013
Forward Plan Ref:	GA2683

Purpose of Report:

1. To note that Article 6 of the Constitution (The Executive) and Paragraph 5.1.9 (Executive Rules of Procedure) have been updated to reflect the fact that the Health and Wellbeing Board is a Sub-Committee of the Executive.
2. To note the Council's Scheme of Delegation has been updated to reflect the new Public Health duties placed on the Council in accordance with the Health and Social Care Act 2012.

Recommended Action:

That Governance and Audit Committee note the changes made to the Articles of the Constitution, Scheme of Delegation and Executive Rules of Procedure as set out in this report.

Reason for decision to be taken:

To ensure that the Council's complies with its duties under the Health and Social Care Act 2012.

Other options considered:

N/A

Key background documentation:

Health and Social Care Act 2012

The proposals contained in this report will help to achieve the following Council Strategy priorities:

- CSP1 – Caring for and protecting the vulnerable**
- CSP2 – Promoting a vibrant district**

The proposals contained in this report will help to achieve the above Council Strategy priorities by:

Ensuring that the Council has a robust decision making framework

Lead Member	
Name & Telephone No.:	Councillor Jeff Beck – Tel (01635) 44770
E-mail Address:	jbeck@westberks.gov.uk
Date Lead Member agreed report:	

Contact Officer Details	
Name:	Andy Day
Job Title:	Head of Strategic Support
Tel. No.:	01635 519459
E-mail Address:	aday@westberks.gov.uk

Implications

Policy:	This report has no direct policy implications.
Financial:	This report has no financial implications.
Personnel:	This report has no personnel implications.
Legal/Procurement:	This report accords with the Council's obligations to maintain an up to date Constitution.
Property:	This report has no property implications.
Risk Management:	There are no risks associated with this report.
Equalities Impact Assessment:	There are no equalities issues arising from this report.
Corporate Board's Recommendation:	Report to proceed to Management Board and Governance & Audit Committee for consideration.

Is this item subject to call-in?	Yes: <input type="checkbox"/>	No: X
If not subject to call-in please put a cross in the appropriate box:		
The item is due to be referred to Council for final approval		
Delays in implementation could have serious financial implications for the Council		<input type="checkbox"/>
Delays in implementation could compromise the Council's position		<input type="checkbox"/>
Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months		<input type="checkbox"/>
Item is Urgent Key Decision		<input type="checkbox"/>
Report is to note only		<input checked="" type="checkbox"/>

Executive Summary and Report

1. Introduction

1.1 The Health and Social Care Act 2012 received Royal Assent on 27 March 2012. The Act introduced a number of reforms to the Health and Social Care arena including:

- (i) The transfer of commissioning responsibilities from Primary Care Trust's (PCT's) to the General Practitioner (GP) led Clinical Commissioning Groups (CCG's).
- (ii) The responsibility for strategic planning and commissioning of NHS Services transferring to the NHS Commissioning Board and locally based CCGs;
- (iii) Local Authorities (LA's) given a statutory duty and a ring fenced budget to improve and protect the health and wellbeing of their populations by delivering effective public health initiatives and programmes;
- (iv) Strategic Health Authorities (SHA's) and PCT's ceasing to exist beyond April 2013; and
- (v) A number of Commissioning Support Services (CSS) being established by the NHS Commissioning Board to provide the necessary skills and expertise to support local CCG's;

2. Public Health Responsibilities and Local Authorities

2.1 As part of the 2012 Act Local Authorities will take the lead for improving the health and co-ordinating local efforts to protect the public's health and well being and ensuring health services effectively promote population health. Local political leadership is seen to be central to making this work. Details of this Council's public health roles and responsibilities was set out in a report presented to the recent Annual Council meeting (item 13 refers).

2.2 The Annual Council meeting (14 May 2013) delegated to the Head of Strategic Support such changes as were required to be made to the Scheme of Delegation consequent upon the Council taking on the public health role.

3. Part 2 – Articles of the Constitution – Article 6 – The Executive

3.1 Attached to this report as Appendix A are the amendments which have been made to Part 2 – Articles of the Constitution (Article 6 – The Executive). This is in the format used for other changes to the Constitution.

4. Part 3 - Scheme of Delegation - Public Health

4.1 Attached to this report as Appendix B are the amendments which have been made to Part 3 - Scheme of Delegation linked to the Public Health functions. This is in the format used for other changes to the Constitution.

5. Part 5 - Executive Rules of Procedure - Health and Wellbeing Board

5.1 As part of this review changes have also been made to Part 5 Executive Rules of Procedure in relation to the Health and Wellbeing Board. Governance and Audit Committee will know that the Board has been set up as a Sub-Committee of the Executive and Appendix C reflects these changes too.

6. Equalities Impact Assessment Outcomes

6.1 There are no equality impacts associated with this report.

Appendices

Appendix A – Part 2 – Articles of the Constitution (Article 6 – The Executive)

Appendix B – Part 3 – Scheme of Delegation (Head of Public Health and Wellbeing)

Appendix C – Part 5 – Executive Rules of Procedure (How the Executive Operates)

Consultees

Local Stakeholders: N/A

Officers Consulted: Moira Fraser, David Holling and Corporate Board

Trade Union: N/A

West Berkshire Council Constitution

Part 2

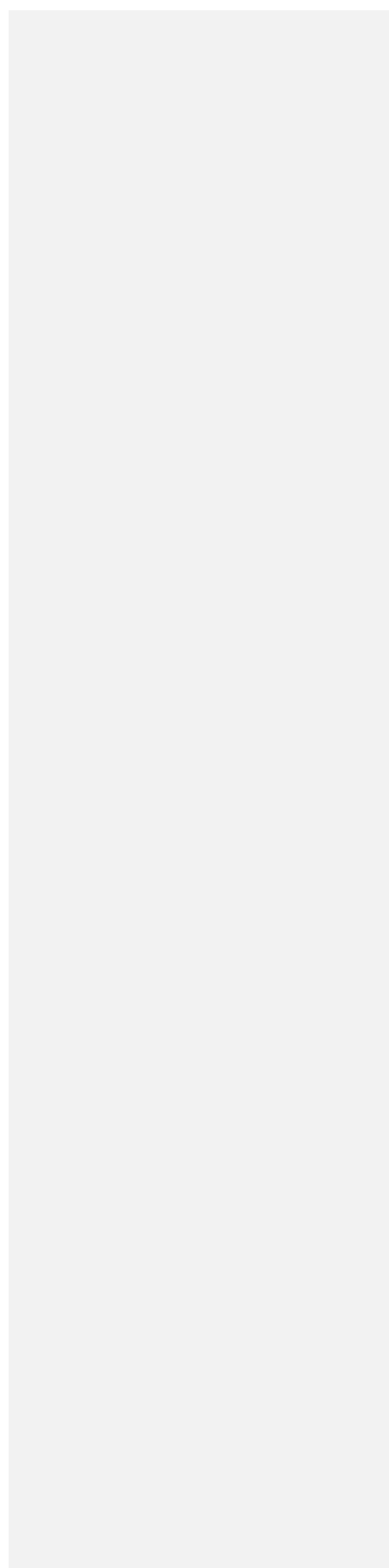
Articles of the Constitution

Document Control

Document Ref:	WB/P&C/MF/2008-11	Date Created:	May 2007
Version:	5	Date Modified:	May 2013
Revision due			
Author:	Moira Fraser – Democratic Services Manager		
Owning Service	Strategic Support		

Change History

Version	Date	Description	Change ID
1	May 2008	Paragraph 2.6.5 updated	
2	May 2011	Paragraphs 2.13, 2.2.3, 2.2.4, 2.3.4, 2.5.5, 2.6.2, 2.6.3, 2.6.5, 2.7.1, 2.7.2, new 2.7.3, 2.8.2, 2.8.5, 2.9.2, 2.13.3	
3	April 2012	Changes to reflect new Senior Management Structure and impact of Localism Act	
4	May 2012	Paragraph 2.6.5 updated	
5	May 2013	Paragraph 2.6.5 updated with new portfolios	



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2.1 Article 6 – The Executive

(Part 5 also refers)

2.1.1 Role of the Executive

The Executive will carry out all of the Council's functions which are not the responsibility of any other part of the local authority, whether by law or under this Constitution.

2.1.2 Form and Composition of the Executive

The Executive will consist of the Strong Executive Leader together with at least two but no more than nine Members appointed to the Executive by the Leader of the Council.

The Executive cannot include the Chairman or Vice Chairman of the Council and there will be no substitutes or co-optees for Executive Members.

Members of the Executive cannot be Members of the Overview and Scrutiny Management Commission or its Sub-Committee(s).

2.1.3 Strong Executive Leader

The Strong Executive Leader will be a Member elected at the Annual Meeting of the Council for a four year period immediately after an ordinary election. The Strong Executive Leader will hold office until:

- they resign from the office; or
- they are suspended from being a Member under Part III of the Local Government Act 2000 (as amended by the Local Government and Public Involvement in Health Act 2007) or the Standards Committee (England) Regulations 2008 (although he/she may resume office at the end of the period of suspension); or
- they are no longer a Member; or
- they are removed from office by resolution of the Council.

2.1.4 Other Executive Members

Other Executive Members shall hold office until the next Annual Meeting of the Council, or until:

- they resign from office; or
- they are suspended from being a Member under Part III of the Local Government Act 2000 (as amended by the Local Government and Public Involvement in Health Act 2007) or the Standards Committee (England) Regulations 2008 (although he/she may resume office at the end of the period of suspension); or
- they are no longer Members; or
- they are removed from office by the Strong Executive Leader who must give written notice of any removal to the Chief Executive. The removal will take effect immediately after receipt of the notice by the Chief Executive.

2.1.5 Executive Portfolios

The Executive Portfolios are as follows:

- Leader of Council
- Highways, Transport (Operations), Emergency Planning, Newbury Vision;
- Planning, Transport (Policy), Culture, Customer Services, Countryside;
- Children & Young People, Youth Service, Education;
- Community Care, Insurance;
- Cleaner & Greener, Waste, Environmental Health, Trading Standards, Thatcham Vision;
- Finance, Economic Development, Health & Safety, HR, Pensions, Property;
- Strategy & Performance, Housing, ICT & Corporate Support, Legal and Strategic Support;
- Partnerships, Equality, Communities, Hungerford and Eastern Area Visions;
- Health and Well Being, Community Safety.

2.1.6 Proceedings of the Executive

Proceedings of the Executive shall take place in accordance with the Executive Rules of Procedure set out in Part 5 of this Constitution.

2.1.7 Access to Information

The Head of Strategic Support will ensure that Executive decisions, together with the reasons for those decisions and relevant Officer reports and background papers, are made publicly available as soon as possible.

2.1.8 Responsibility for Functions

The Executive Leader will maintain a list within Part 3 of this Constitution setting out which individual Members of the Executive, Committees of the Executive, Officers or joint arrangements are responsible for the exercise of particular Executive functions.

2.1.9 Health and Wellbeing Board

To discharge those functions required to be discharged by a Health and Wellbeing Board under the Health and Social Care Act 2012 (or any amending or replacing legislation) including:

1. Overseeing the preparation of a Joint Strategic Needs Assessment with relevant Clinical Commissioning Groups.
2. Developing a Strategy, by the exercise of Council functions, for meeting the needs identified in the Joint Strategic Needs Assessment.

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Part 3

Scheme of Delegation

Document Control

Document Ref:	WB/P&C/MF/2008-11	Date Created:	May 2007
Version:	8	Date Modified:	December 2012
Revision due			
Author:	Moir Fraser – Democratic Services Manager		
Owning Service	Strategic Support		

Change History

Version	Date	Description	Change ID
2	June 2008	Updated to incorporate new legislation and to apply the scheme to officers in two services	
2.1	Dec 2008	Paragraph 3.15.1	
3	Dec 2010	Entire document revised to align functions following Senior Management Review and to make amendments in line with changes to legislation	
4	October 2011	Entire document revised	
5	March 2012	Entire document revised to align functions following Senior Management Review and to make amendments in line with changes to legislation. Approved at Council meeting on 1 March 2012.	
6	May 2012	Changes arising from the introduction of the Localism Act	
7	Sept 2012	Added Paragraph 3.14.23	
8	December 2012	Amended Paragraph 3.13.2	



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3.17 Head of Public Health and Wellbeing

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The Director of Public Health, working through the Head of Public Health and Wellbeing, has delegated authority for those matters which they are required to be responsible for under the National Health Service Act 2006 (as amended by the Health and Social care Act 2012).

3.17.2 Health of the Population

The duty imposed upon the Council to “take such steps as it considers appropriate for improving the health of the people of its area”.

3.17.3 General

Any public health functions of the Secretary of State which he requires local authorities to discharge on his/her behalf.

3.17.4 Dental Health

Dental health functions for which the Council has responsibility

3.17.5 Health of Prisoners

The duty to co-operate with the prison service to secure and maintain the health of prisoners.

3.17.6 Weight Measurement

The Council’s duties set out in Schedule 1 of the National Health Act 2006, which include medical inspection of pupils, the weighing and measuring of pupils of children sexual health services.

3.17.7 Violent Offenders

Arrangements for assessing the risks posed by violent and sexual offenders.

3.17.8 Health Protection

To include the provision of screening and immunisation programmes, sexual health services, infectious disease control and emergency planning.

3.17.9 Health Improvement

To include Children’s public health, adult healthy lifestyles (drug and alcohol misuse, campaigns to prevent cancer and long term conditions, dental public health and local initiatives to reduce deaths as a result of seasonal mortality) and the wider determinants of public health such as housing, planning, and education.

3.17.10 Health Care Public Health

The provision of specialist public health advice to Clinical Commissioning Groups in the following areas which will be the subject of the “core offer”:

- (a) Production of the Joint Strategic Needs Assessment,
- (b) Reviewing service provision and providing advice to CCGs to reduce health inequalities,
- (c) Advising Clinical Commissioning Groups on priorities based on appropriate data, and

- (d) Procuring services and advising on the cost effectiveness of interventions.

West Berkshire Council Constitution

Part 5

Executive Rules of Procedure

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4	December 2012	Amendments following introduction of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012	



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<http://www.opsi.gov.uk/legislation/uk>

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5.1 How the Executive Operates

5.1.1 Function and Composition of the Executive

The Executive is the part of the Council which is responsible for making all 'key decisions' within the approved Budget and Policy Framework. Key Decisions are defined by regulation 8 of the Local Authorities (Executive Arrangements)(Meetings and Access to Information)(England) Regulations 2012) as an Executive decision which is likely:

- (a) to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision is related.
- (b) to be significant in terms of its effect on communities living or working in an area comprising two or more wards or electoral divisions in the area of the local authority.

The Executive has to make decisions which are in accordance with the Council's overall policies and budget. If the Executive wishes to make a decision outside the Budget and Policy Framework (Part 9 (Budget and Policy Framework Rules of Procedure) refers), this must be referred to the Council as a whole to decide.

5.1.2 Election of the Strong Leader

The Executive will consist of an Executive Leader, appointed under the Stronger Leader and Cabinet Model, who shall be a Member elected for a four year period (or the remaining period until an election) at the Annual Meeting of the Council following local elections.

The Strong Executive Leader will hold office until:

- they resign from the office; or
- they are suspended from being a Member under Part III of the Local Government Act 2000 (as amended by the Local Government and Public Involvement in Health Act 2007)
- they are no longer a Member; or
- they are removed from office by resolution of the Council.

5.1.3 Appointment of the Executive

The Executive Leader will appoint the Executive of at least two but no more than nine Members at the annual Council meeting each year.

The Executive cannot include the Chairman or Vice-Chairman of the Council and there will be no substitutes or co-optees for Executive Members.

Members of the Executive cannot be Members of the Council's Overview and Scrutiny Management Commission but may be Members of Scrutiny Task Groups.

5.1.4 Appointment of the Deputy Leader

The Executive Leader will chair the Executive and will appoint a Deputy Leader to act as Vice-Chairman in their absence. The Deputy Leader is

appointed by the Leader and ceases to be Deputy Leader when the Leader ceases to be Leader

5.1.5 Who may make Executive Decisions

The arrangements for the discharge of Executive functions are set out in the Executive arrangements adopted by the Council. The Executive Leader can provide for Executive functions to be discharged by:

- the Executive as a whole;
- a Committee of the Executive;
- an individual Member of the Executive;
- an Officer;
- joint arrangements; or
- another local authority.

5.1.6 Delegation by the Executive Leader

At the Annual Meeting of the Council, the Executive Leader will present to the Council a written record of delegations they have made for inclusion in Part 3 of this Constitution.

The document presented by the Executive Leader will contain the following information about Executive functions in relation to the coming year:

- The names, addresses and wards of the people appointed to the Executive by the Executive Leader.
- The extent of any authority delegated to Executive Members individually, including details of the limitation on their authority.
- The terms of reference and constitution of such Executive Committees as the Executive Leader appoints and the names of Executive Members appointed to them.
- The nature and extent of any delegation of Executive functions to any other authority or any joint arrangements and the names of those Executive Members appointed to any Joint Committee for the coming year.

5.1.7 Sub-Delegation of Executive Functions

Where the Executive, a Committee of the Executive or an individual Member of the Executive is responsible for an Executive function, they may delegate further to a joint arrangement or an Officer.

Unless the Council directs otherwise, if the Executive Leader delegates functions to the Executive, then the Executive may delegate further to a Committee of the Executive or to an Officer.

Unless the Executive Leader directs otherwise, a Committee of the Executive to whom functions have been delegated by the Executive Leader may delegate further to an Officer.

Even where Executive functions have been delegated, that fact does not prevent the discharge of delegated functions by the person or body who delegated.

The Chief Executive will maintain a written record of delegations made by the Executive Leader, or an Executive Member or Committee.

5.1.8 Decisions by Individual Portfolio Members of the Executive

Decisions by Individual Portfolio Holders will be made in accordance with Appendix B (Protocol for Decision Making by Individual Executive Members) of Part 13 (Codes and Protocols) of this Constitution.

5.1.9 Health and Wellbeing Board

The Executive Rules of Procedure apply in full to the Health And Wellbeing Board as it is a Sub-Committee of the Executive. (See Articles Paragraph 2.6.9 (Health and Wellbeing Board)).

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