

Annual Assessment and Review Improvement Plan

**MERSEYSIDE WASTE DISPOSAL AUTHORITY**  
**Assurance and evidence in support of the Authority's Annual Governance Statement**

**Objective 1 - Establishing Principal Statutory Obligations and Organisational Objectives****Step 1: In support of objective 1 – Mechanism established to identify principal statutory obligations**

<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. Responsibilities for statutory obligations are formally established	Procedural Rules and Scheme of Delegation.  Appointment of Committees inc delegation and terms of reference.  Job descriptions  Organisational charts	Legal Support SLA to be procured	NF	June 09
2. Record held of statutory obligations	Accessible record of statutory obligations produced through Annual Performance Plan  Environmental Law and other legislative subscriptions	Establish library of legal opinion	NF	June 09
3. Effective procedures to identify, evaluate, communicate, implement, comply with and monitor legislative change exist and are used	Management Structure ensures this through existing management processes  Suitably qualified and experienced employees are appointed and selected against accurate and specific job descriptions and	Legal Support SLA to include requirement to identification of new/amended legislative requirements	NF	June 09

Examples of assurance:	Evidenced by:	Areas of Improvement	Lead Officer	Implementation Date:
	<p>person specifications</p> <p>Induction Process for new staff</p> <p>Subscribed to receive electronic parliamentary updates to highlight forthcoming legislative changes</p> <p>Reports to Members where necessary on implications of changes to / new legislation.</p> <p>Corporate Training Programme and Member Training &amp; Development Plan</p>			
<p>4. Effective action is taken where areas of non-compliance are found in either mechanism or legislation</p>	<p>Comments and Complaints System established to record and monitor service user satisfaction.</p> <p>Internal / External audit reports are reported to the Authority and action plans agreed.</p> <p>All Comment and Complaints reported to Management Team.</p> <p>Performance Management Framework</p> <p>Environmental Monitoring System</p>			

**Step 2: In support of Objective 1 – Mechanism in place to establish organisational objectives**

<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. Consultation with stakeholders on priorities and objectives	JMWMS Consultation.  Development of Inter Authority Agreement.  Communications Strategy  Senior Officers Working Group  Joint Communications Sub Group co-ordination across Merseyside / Halton.	Agreement of IAA by the Merseyside Waste Partnership (inc. Halton).  Stakeholder & Community Liaison Plan (WMRC Contract)  JMWMS Review	SD  JS  SD	March 2010  June 2009  August 2010
2. The authority's priorities and organisational objectives have been agreed (taking into account feedback from consultation).	The Corporate Plan takes into account the European, National, Regional and Merseyside agenda in developing its aims and objectives.  Consultation with the Merseyside Partnership and their plans used to inform the Authority's strategies and planning processes.  Three year Corporate Plan reviewed during Annual Service Planning Process.			
3. Priorities and objectives are aligned to principal statutory obligations and relate to available funding	The principal statutory obligations are currently recognised within the Corporate Plan and Annual Service Plans and executed through waste contracts with financial constraints recognised.	Delivery of the Procurement Project to ensure continuity of service following transfer from current contractor.  Appointment of Assistant	TB  CB	June 09

	<p>Inter Authority Agreement defines partnership approach / responsibilities.</p> <p>The levy apportionment mechanism has been changed to one which is more tonnage based and better reflects the 'polluter pays' principle.</p> <p>Affordability envelope agreed with Merseyside District Councils</p>	<p>Director – Finance</p> <p>Assessment of levy mechanism</p>	<p>AD - Finance</p>	<p>March 2010</p>
<p>4. Objectives are reflected in departmental plans and are clearly matched with associated budgets</p>	<p>The Authority's Corporate Plan is implemented through the Annual Service Plans which include key projects and how they contribute to Corporate Objectives.</p> <p>The Authority prepares three year budgets as part of its forward planning.</p>	<p>Delivery of Annual Service Plans during 2009/10.</p>	<p>NF/AM</p>	<p>March 2010</p>
<p>5. The authority's objectives are clearly communicated to staff and to all stakeholders, including partners.</p>	<p>The Authority has an established performance management framework which sets out the Authority's vision, aims and objectives within its Corporate Plan which is published in its Annual Performance Plan.</p> <p>The Corporate Plan and Annual Service Plans used as part of the Staff Development process to illustrate a 'golden thread' approach.</p>	<p>Performance Management to be delivered through Corporate Training Programme</p> <p>Publish KPI's on intranet</p>	<p>AV</p> <p>AV</p>	<p>June 2009</p> <p>June 2009</p>

**Step 3: In support of objective 1 – Effective corporate governance arrangements are embedded within the authority**

<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. Code of corporate governance established	<p>A Code of Corporate Governance in line with the CIPFA/SOLACE guidance relevant to the type of authority has been adopted by the authority.</p> <p>The Code is approved by Members on an annual basis and published on the Authority's website.</p>	Statutory Officer – subscription updates	Statutory Officers	October 2009
2. Review and monitoring arrangements in place	<p>The Code itself incorporates a review process to ensure it remains up to date</p> <p>An annual report on compliance with the Code of Corporate Governance is prepared and submitted to members</p> <p>Internal/external audit report on adequacy of corporate governance arrangements</p> <p>An action plan is prepared to address any significant identified weaknesses in complying with the Code and is continuously monitored through the Authority's PMF</p>	Quality Assurance of Corporate Governance Assessment to be established.	AV	April 2009
3. Committee charged with governance responsibilities	<p>The Authority is the body charged with governance responsibilities.</p> <p>An Audit and Governance Committee is formed each year to</p>			

	deal with governance issues in the absence of a full Authority Meeting. The Audit and Governance Committee has established delegations, terms of reference and reports its proceedings to the Authority.			
4.	Governance training provided to key officers and all members	Induction training for new officers and all new members in place.	Obtain legal advice on Member obligations	NF June 2009
5.	Staff, public and other stakeholder awareness of corporate governance	Principal documents including procedural rules are reviewed and circulated annually. Code of Corporate Governance and other key documents are published on the Authority's website.  Employee Handbook incorporates procedural rules, etc.	Document Management System to be established for version control.  Review Employee Handbook annually to ensure links to documents are up to date.	AV  PP Dec 2009  March 2010

**Step 4: In support of objective 1 – Performance management arrangements are in place.**

Examples of assurance:	Evidenced by:	Areas of Improvement	Lead Officer	Implementation Date:
1. Comprehensive and effective performance management systems operate routinely	<p>The Authority's PMF System identifies Key Performance Indicators through Corporate and Service Plans.</p> <p>Management Team monitor performance and identify actions.</p> <p>Comparisons made on yearly, quarterly and monthly performance.</p> <p>Benchmarking takes place for key indicators</p> <p>Approved Data Quality Strategy.</p>	<p>PMF Information System Review</p> <p>WMRC Admin and Monitoring Strategy</p>	<p>NF</p> <p>AM</p>	<p>October 2009</p> <p>July 2009</p>
2. Key performance indicators are established and monitored	<p>Performance Indicators are produced in various formats for a variety of audiences including public documents.</p> <p>Performance Data User Group</p>	<p>Continuous review and publication of key Indicators.</p>	<p>AV</p>	<p>March 2010</p>
3. The authority knows how well it is performing against its planned outcomes	<p>Quarterly reports published on website</p> <p>Internal and external auditor's reports on key performance indicators</p> <p>Quarterly budget monitoring</p>	<p>Email notification each quarter re publication of monitoring reports</p>	<p>AV</p>	<p>June 2009</p>

	<p>reports are produced.</p> <p>External audit/agency reports on performance through WasteDataFlow.</p>				
4.	<p>Knowledge of absolute and relative performances achieved is used to support decisions that drive improvements in outcomes</p>	<p>JMWMS identifies key performance targets and monitoring reports are regularly produced.</p> <p>Performance targets in subsequent corporate and service plans are revised in the light of actual performance</p> <p>Continuous improvement is strived for in the development of the Annual Service Plans and reported to the Management Team.</p> <p>Performance targets and monitoring used to inform partnership working.</p>	JMWMS Review	SD	August 2010
5.	<p>The authority continuously improves its performance management</p>	<p>The performance management systems are regularly reviewed through the senior management team and updated to take account of organisational changes, audit recommendations and in terms of technology development.</p> <p>Senior Officer Working Group and Performance Data User Group</p>			



## Step 1a – In support of Objective 1 - Apply the Six CIPFA/SOLACE Core Principles

<b>Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area</b>				
<b>The code should reflect the requirements for local authorities to:</b>	<b>Source documents/good practice/other means that may be used to demonstrate compliance</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. develop and promote the authority's purpose and vision	Corporate Plan reviewed 2009 and Service Plans produced annually.  Corporate Training Programme	Continue to strengthen role in District LSP's	NF	March 2010
2. review on a regular basis the authority's vision for the local area and its impact on the authority's governance arrangements	Corporate Plan is a three year plan but reviewed annually. Service Plans produced annually and incorporate governance development through annual CG review.  Joint Municipal Waste Management Strategy	JMWMS Review	SD	August 2010
3. ensure that partnerships are underpinned by a common vision of their work that is understood and agreed by all parties	Joint Municipal Waste Management Strategy  Inter Authority Agreements  Representation on boards (MWHL, BML)	JMWMS Review  IAA to be signed by partners.	SD  SD	August 2010  March 2010
4. publish an annual report on a timely basis to communicate the authority's activities and achievements, its financial position and performance (not police	Annual Performance Plan  Annual Statement of Accounts	Review content of Annual Performance Plan following removal of Best Value requirements.	PP	June 2009

service)				
5. decide how the quality of service for users is to be measured and make sure that the information needed to review service quality effectively and regularly is available	Contractual service measures including user surveys.  Complaints System reporting and satisfaction surveys.	Stakeholder & Community Liaison Plan (WMRC Contract)	JS	July 2009
6. put in place effective arrangements to identify and deal with failure in service delivery	Complaints Procedure  Performance standards within current and future contracts.	Mobilisation of WMRC to ensure smooth transition of service.	AM	July 2009
7. decide how value for money is to be measured and make sure that the authority or partnership has the information needed to review value for money and performance effectively. Measure the environmental impact of policies, plans and decisions.	Performance Management Framework.  Sustainable Procurement Policy  Data Quality Strategy  Environmental Monitoring System  VFM Audit by District Auditor	WMRC – Annual Service and Implementation Plan  Implement Data Sharing Protocol  Engage with District Auditor re CAA  Assessment of VFM for the Authority	JS  AV  NF  AD - Finance	July 2009  June 2009  June 2009  March 2010

## Step 2a – In support of Objective 1 - Apply the Six CIPFA/SOLACE Core Principles

<b>Members and officers working together to achieve a common purpose with clearly defined functions and roles</b>				
<b>The local code should reflect the requirements for local authorities to:</b>	<b>Source documents/good practice/other means that maybe used to demonstrate compliance</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. set out a clear statement of the respective roles and responsibilities of the executive and of the executive's members individually and the authority's approach towards putting this into practice (this is not relevant for the police service)	Procedural Rules and Scheme of Delegation.  Appointment of Lead Members / Portfolios and representations on other bodies.  Member Training and Development Plan.			
2. set out a clear statement of the respective roles and responsibilities of other authority members, members generally and of senior officers	Procedural Rules and Scheme of Delegation.  Job Descriptions	Appointment of Treasurer (Assistant Director – Finance)  Obtain legal advice on Member obligations	CB  NF	June 2009  June 2009
3. determine a scheme of delegation and reserve powers within the constitution, including a formal schedule of those matters specifically reserved for collective decision of the authority taking account of relevant legislation and ensure that	Scheme of Delegation.  Statutory Instruments and Regulations.	Review of Procedural Rules re reference to Solicitor to the Authority and statutory officers	NF	June 2009

it is monitored and updated when required.				
4. make a chief executive or equivalent responsible and accountable to the authority for all aspects of operational management	Job Descriptions and Service Plans.			
5. develop protocols to ensure that the leader and chief executive (or equivalent) negotiate their respective roles early in the relationship and that a shared understanding of roles and objectives is maintained	Member and Staff Induction. Member / Officer Protocol. Chairman's Briefings.			
6. make a senior officer (usually the section 151 officer) responsible to the authority for ensuring that appropriate advice is given on all financial matters, for keeping proper financial records and accounts, and for maintaining an effective system of internal financial control	Appointment of Treasurer to the Authority. Financial Procedural Rules AD – Finance Job Description	Review Financial Procedural Rules	AD - Finance	March 2010
7. make a senior officer (other than the Responsible Financial Officer) responsible to the authority for ensuring that agreed procedures are followed and that all applicable statutes,	Appointment of Clerk to the Authority and Monitoring Officer – respective roles defined within Procedural Rules and Job Descriptions.	Legal Support SLA to be procured	NF	June 2009

regulations are complied with				
8. develop protocols to ensure effective communication between members and officers in their respective roles	Member/Officer protocol			
9. set out the terms and conditions for remuneration of members and officers and an effective structure for managing the process including an effective remuneration panel (if applicable)	Member Allowance Scheme	Staff grading review	CB	March 2010
10. ensure that effective mechanisms exist to monitor service delivery	Performance Management Framework Contract Performance Arrangements	WMRC Admin and Monitoring Process Review	AM	August 2009
11. ensure that the organisation's vision, strategic plans, priorities and targets are developed through robust mechanisms, and in consultation with the local community and other key stakeholders, and that they are clearly articulated and disseminated	Joint Municipal Waste Management Strategy. Statutory Performance Targets.	JMWMS Review	SD	August 2010
12. when working in partnership ensure that members are clear about	Joint Municipal Waste Management Strategy	Continue to strengthen MWDA's role in District LSP's	NF	March 2010

<p>their roles and responsibilities both individually and collectively in relation to the partnership and to the authority</p>	<p>Inter Authority Agreements.  Representation on Joint Boards.  Project Plans, Statement of Funding and representation on Project Boards (NTDP and Procurement)</p>	<p>Obtain legal advice on Member obligations</p>	<p>NF</p>	<p>June 2009</p>
<p>13. when working in partnership: - ensure that there is clarity about the legal status of the partnership - ensure that representatives or organisations both understand and make clear to all other partners the extent of their authority to bind their organisation to partner decisions.</p>	<p>Inter Authority Agreements  Shareholders Agreement  Senior Officer Working Group Terms of Reference</p>			

<b>Step 3a – In support of Objective 1 - Apply the Six CIPFA/SOLACE Core Principles</b>				
<b>Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour</b>				
<b>The local code should reflect the requirements for local authorities to:</b>	<b>Source documents/good practice/other means that may be used to demonstrate compliance</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. ensure that the authority's leadership sets a tone for the organisation by creating a climate of openness, support and respect	Code of Conduct Performance Management Framework Staff Development Scheme HR Strategy			
2. ensure that standards of conduct and personal behaviour expected of members and staff, of work between members and staff and between the authority, its partners and the community are defined and communicated through codes of conduct and protocols	Member/Officer Protocol Officer Code of Conduct Antifraud and Corruption Strategy Communications Protocol Members Code of Conduct (at host Authorities) Declarations of Interest by Members (registered at host Authorities) Declarations of Interest by senior officers.			
3. put in place arrangements to ensure that members and employees of the authority are not influenced by prejudice, bias or conflicts of interest	Procedural Rules Codes of Conduct and Declarations of Interest. Equal Opportunities Policy	Development of an Equality and Diversity Scheme	PP	August 2009

in dealing with different stakeholders and put in place appropriate processes to ensure that they continue to operate in practice				
4. develop and maintain shared values including leadership values both for the organisation and staff reflecting public expectations and communicate these with members, staff, the community and partners	Officer Codes of Conduct (Reviewed in 2008)  Host authority Codes of Conduct for Members collated.			
5. put in place arrangements to ensure that procedures and operations are designed in conformity with appropriate ethical standards, and monitor their continuing effectiveness in practice	Codes of Conduct			
6. develop and maintain an effective standards committee	Not applicable			
7. use the organisations shared values to act as a guide for decision making and as a basis for developing positive and trusting relationships within the authority	Performance Management Framework  Intranet establishes effective communications.  Corporate Training Programme			
8. in pursuing the vision of a partnership,	Inter Authority Agreements	JMWMS Review	SD	August 2010



<p>agree a set of values against which decision making and actions can be judged. Such values must be demonstrated by partners' behaviour both individually and collectively.</p>				
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<b>Step 4a – In support of Objective 1 - Apply the Six CIPFA/SOLACE Core Principles</b>				
<b>Taking informed and transparent decisions which are subject to effective scrutiny and managing risk</b>				
<b>The local code should reflect the requirements for local authorities to:</b>	<b>Source documents/good practice/other means that may be used to demonstrate compliance</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. develop and maintain an effective scrutiny function which encourages constructive challenge and enhances the organisation's performance overall and of any organisation for which it is responsible.	Scrutiny function delivered through Scheme of Delegation  Authority meetings deliver the scrutiny function.			
2. have regard to relevant scrutiny committee reports of partner authorities where written notice requires the Authority's consideration.	Compliance with legislative requirements LGPIH Act 2007			
3. develop and maintain open and effective mechanisms for documenting evidence for decisions and recording the criteria, rationale and considerations on which decisions are based	Scheme of Delegation and documented sub-delegations.  Key Decisions recorded in Authority minutes.  Agenda and minutes published on website.  Standardised template for Key Decision reports.			

	<p>Forward Plan published on website.</p> <p>Standard format for Executive Decisions.</p> <p>Executive Decisions published on website</p> <p>Admin Decisions recorded.</p>			
4. put in place arrangements to safeguard members and employees against conflicts of interest and put in place appropriate processes to ensure that they continue to operate in practice	<p>Members comply with their host authority's Code of Conduct</p> <p>Copies of Members' registered interests collated.</p>			
5. develop and maintain an effective audit committee ( or equivalent ) which is independent or make other appropriate arrangements for the discharge of the functions of such a committee	<p>Audit and Governance Committee Terms of Reference</p>			
6. put in place effective transparent and accessible arrangements for dealing with	<p>Comments and Complaints Procedure</p>			

complaints				
7. ensure that those making decisions whether for the authority or partnership are provided with information that is fit for the purpose – relevant, timely and gives clear explanations of technical issues and their implications.	Member Training and Development including Induction process.			
8. ensure that professional advice on matters that have legal or financial implications is available and recorded well in advance of decision making and used appropriately	Financial and legal advice considered at Chairman's Briefings and relevant advice recorded within Authority reports.	Procure additional legal advice to support Monitoring Officer	NF	July 2009
9. ensure that risk management is embedded into the culture of the organisation , with members and managers at all levels recognising that risk management is part of their job	Risk Management Strategy	Review Risk Management Policy and Strategy	AV	December 2009
10. ensure that arrangements are in place for whistle blowing to which staff and	Whistleblowing Policy – included in Corporate Training			

<p>all those contracting with the authority have access (In the police service "staff" includes the Chief Constable and those under the direction and control of the Chief Constable)</p>				
<p>11. actively recognise the limits of lawful activity placed on them by, for example the ultra vires doctrine but also strive to utilise powers to the full benefit of their communities</p>	<p>Constitution Monitoring officer provisions Statutory provision</p>	<p>Legal Support SLA to be procured</p>	<p>NF</p>	<p>June 2009</p>
<p>12. recognise the limits of lawful action and observe both the specific requirements of legislation and the general responsibilities placed on local authorities by public law</p>	<p>Seek legal / QC advice where appropriate.  Legislative monitoring through subscription service and officer research role.</p>	<p>Establish library of legal opinion</p>	<p>NF</p>	<p>June 2009</p>
<p>13. observe all specific legislative requirements placed upon them, as well as the requirements of general law, and in particular to integrate the key principles of good administrative law – rationality, legality and</p>	<p>Monitoring Officer provisions Job Description / Person Specifications Statutory provision  Corporate Social Responsibility Policy</p>			

natural justice into their procedures and decision making processes.				
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<b>Step 5a – In support of Objective 1 - Apply the Six CIPFA/SOLACE Core Principles</b>				
<b>Developing the capacity and capability of members and officers to be effective</b>				
<b>The local code should reflect the requirements for local authorities to:</b>	<b>Source documents/good practice/other means that may be used to demonstrate compliance</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. provide induction programmes tailored to individual needs and opportunities for members and officers to update their knowledge on a regular basis	Staff Development Scheme including Training Plan  Member Training and Development Plan including Induction Process  HR Strategy  Recruitment and Retention Strategy			
2. ensure that the statutory officers have the skills, resources and support necessary to perform effectively in their roles and that these roles are properly understood throughout the organisation	Job Descriptions / Person Specifications  Performance Management Framework  Staff Development Interview	Ensure effective delivery of SDI Process	CB	June 2009
3. assess the skills required by members and officers and make a commitment to develop those skills to enable roles to be carried out effectively	Staff Development Training and Development Plans for Officers and Members Corporate Training Programme	Deliver Management Training Programme	PP	March 2010
4. develop skills on a	Member Training and			

<p>continuing basis to improve performance including the ability to scrutinise and challenge and to recognise when outside expert advice is needed</p>	<p>Development supports MWDA role.</p> <p>Wider Member training delivered by host authorities.</p>			
<p>5. ensure that effective arrangements are in place for reviewing the performance of the authority as a whole and of individual members and agreeing an action plan which might for example aim to address any training or development needs</p>	<p>Performance Management Framework linked to Corporate Plan and ultimately the Staff Development Scheme to identify training needs.</p> <p>PMF Reporting including monthly reports to management team</p>	<p>Delivery of individual Member Development Meetings</p> <p>Performance and planning processes review</p>	<p>CB</p> <p>AV</p>	<p>June 2009</p> <p>October 2009</p>
<p>6. ensure that effective arrangements designed to encourage individuals from all sections of the community to engage with, contribute to and participate in the work of the authority</p>	<p>Consultation Processes in relation to strategy development and sites and planning processes.</p>	<p>Stakeholder and Community Liaison Advisory Panel</p>	<p>JS</p>	<p>July 2009</p>
<p>7. ensure that career structures are in place for members and officers to encourage participation and development</p>	<p>Staff Development Scheme</p> <p>HR Strategy</p> <p>Annual review of Member Training and Development</p> <p>Recruitment and Retention Strategy</p>			



## Step 6a – In support of Objective 1 - Apply the Six CIPFA/SOLACE Core Principles

<b>Engaging with local people and other stakeholders to ensure robust public accountability</b>				
<b>The local code should reflect the requirements to:</b>	<b>Source documents/good practice/other means that may be used to demonstrate compliance</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. make clear to themselves, all staff and the community, to whom they are accountable and for what	Consultation processes	Continue to strengthen MWDA's role in District LSP's	NF	March 2010
	Corporate Plan and Annual Performance Plan.	Review content of Annual Performance Plan	PP	June 2009
		JMWMS Review	SD	August 2010
2. consider those institutional stakeholders to whom they are accountable and assess the effectiveness of the relationships and any changes required	Inter Authority Agreements and Joint Municipal Waste Management Strategy	Continue to strengthen MWDA's role in District LSP's	NF	March 2010
	Joint and Project Boards			
	Senior Officer Working Group and sub-groups			
	Engagement with regional boards			
3. produce an annual report on scrutiny function activity	Scrutiny items considered by full Authority.			
	Scrutiny Report included in Annual Performance Plan			
4. ensure that clear channels of communication are in place	Communications Strategy	Stakeholder and Community Liaison Plan	JS	July 2009

with all sections of the community and other stakeholders including monitoring arrangements to ensure that they operate effectively	Complaints Procedure  PMF	(WMRC Contract)  Joint Communications Strategy	SD	March 2010
5. Hold meetings in public unless there are good reasons for confidentiality.	Authority Meetings Notice of Meetings Forward Plan Deposit of papers in public domain inc. website Procedural Rules			
6. ensure arrangements are in place to enable the authority to engage with all sections of the community effectively. These arrangements should recognise that different sections of the community have different priorities and establish explicit processes for dealing with these competing demands	Equal Opportunities Policy  Translation Service  Contract Specifications / Service Delivery Plans	Equality and Diversity Scheme  Implementation of new contractual arrangements to be monitored	PP  JS	July 2009  July 2009
7. establish a clear policy on the types of issues they will meaningfully consult on or engage with the public and service users including a feedback mechanism for those consultees to demonstrate what has changed as a result	Communication Strategy Authority and Contractual User Surveys  Joint Municipal Waste Management Strategy  Complaints Procedure  Management Report includes comments and complaints monitoring.	JMWMS Review  WMRC Contract – Delivery of user surveys	SD  JS	August 2010  March 2010

	Site Acquisition Strategy inc. planning			
8. on an annual basis, publish a performance plan giving information on the authority's vision, strategy, plans and financial statements as well as information about its outcomes, achievements and the satisfaction of service users in the previous period.	Annual Performance Plan Statement of Accounts Budget Reports	Review Annual Plan content.	PP	June 2009
9. ensure that the authority as a whole is open and accessible to the community, service users and its staff and ensure that it has made a commitment to openness and transparency in all its dealings, including partnerships subject only to the need to preserve confidentiality in those specific circumstances where it is proper and appropriate to do so	Procedural Rules including Access to Information Procedural Rules  Website provides access to information.  Freedom of Information Publication Scheme			
10. develop and maintain a clear policy on how staff and their representatives are consulted and involved in decision making.	Performance Management Framework and Decision Making Process.	HR Strategy to determine union and staff representation.	PP	June 2008

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

<b>Step 1: In support of objective 2 – The authority has robust systems and processes in place for the identification and management of strategic and operational risk</b>				
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
<p>1. There is a written strategy and policy in place for managing risk which:</p> <ul style="list-style-type: none"> <li>• Has been formally approved at political and risk management board (or equivalent) level</li> <li>• Is reviewed on a regular basis</li> <li>• Has been communicated to all relevant staff</li> <li>• Includes partnership risks</li> </ul>	<p>A Risk Management Strategy is in place which aligns corporate risks with the Corporate Plan and ultimately risk management at Service Plan and Key Project level.</p> <p>Corporate Risk Register reviewed and approved as part of the annual review of the Corporate Plan and Annual Service Plan process.</p> <p>Corporate Risk reviewed by SMT acting as risk management board</p>	<p>Review Risk Management Policy and Strategy</p>	<p>AV</p>	<p>December 2009</p>
<p>2. The authority has implemented clear structures and processes for risk management which are successfully implemented and:</p> <ul style="list-style-type: none"> <li>• Management board and elected members see risk management as a priority and support it by personal interest and input</li> <li>• Decision making considers risk</li> </ul>	<p>Lead Member appointed for Risk Management.</p> <p>Key and Executive Decisions with options appraisal include risk analysis.</p> <p>Corporate Planning process is risk-based with Corporate Risk Register used to identify key risks to delivery of Corporate aims and objectives.</p> <p>Corporate Services Manager</p>	<p>Senior Officer Job Descriptions to reflect risk responsibilities.</p>	<p>CB</p>	<p>October 2009</p>

<ul style="list-style-type: none"> <li>• A senior manager has been appointed to “champion” risk management</li> <li>• Roles and responsibilities for risk management have been defined</li> <li>• Risk management systems are subject to independent assessment</li> <li>• Risk management is considered in the annual business planning process</li> <li>• Risk management extends to partnership risks</li> </ul>	<p>responsible for monitoring Risk Management Strategy.</p> <p>Risk management and analysis included within all levels of the Performance Management Framework.</p> <p>Link between internal audit and risk management functions is clearly defined in terms of reference of internal audit.</p> <p>Health and Safety Committee</p>			
<p>3. The authority has developed a corporate approach to the identification and evaluation of risk which is understood by all staff</p>	<p>Risk Management processes embedded in project management methodology to manage the projects identified to deliver Corporate and Service Plans.</p> <p>Employee Handbook includes a section on Risk Management</p>			

4.	<p>The authority has well defined procedures for recording and reporting risk</p>	<p>Risk Management Strategy defines and embeds processes for managing risks at each level of the Performance Management Framework.</p> <p>Included in Authority reports</p> <p>Standard risk sections in Key and Executive Decision templates.</p>		
5.	<p>The authority has well-established and clear arrangements for financing risk</p>	<p>Budget Report identifies financial coverage of future risks.</p> <p>Treasury management delivered by St Helens</p> <p>The Authority has regularly reviewed its risk financing and mitigation through meetings with its Insurance consultants</p> <p>All legal requirements for insurance are met</p> <p>Insurance claims are managed at St Helens MBC in accordance with their internal procedures and in accordance with current procedural rules</p>	<p>Procurement of SLA for support services including Treasury Management and Insurance</p> <p>AD – Finance</p>	<p>March 2010</p>
6.	<p>The authority has developed a programme of risk management training for relevant staff</p>	<p>Management Training Programme included risk management</p> <p>Project Management training includes risk.</p> <p>In-house PMF Info System includes risk analysis of projects.</p>		





Examples of assurance:	Evidenced by:	Areas of Improvement	Lead Officer	Implementation Date:
<p>7. The corporate risk management board (or equivalent) adds value to the risk management process by:</p> <ul style="list-style-type: none"> <li>• Advising and supporting corporate management team on risk strategies</li> <li>• Identifying areas of overlapping risk</li> <li>• Driving new risk management initiatives</li> <li>• Communicating risk management and sharing good practice</li> <li>• Providing and reviewing risk management training</li> <li>• Regularly reviewing the risk register(s)</li> <li>• Coordinating the results for risk reporting</li> </ul>	<p>Health and Safety Committee includes risk.</p> <p>Risk reviews conducted by management and project teams.</p>	<p>Procurement of SLA for support services including Health and Safety Provision</p>	<p>AD – Finance</p>	<p>March 2010</p>
<p>8. A corporate risk officer has been appointed with the necessary skills to analyse issues and offer options and advice and:</p> <ul style="list-style-type: none"> <li>• Support decision making and policy formulation</li> <li>• Provides support in the risk identification and analysis process</li> <li>• Provides support in prioritising risk mitigation action</li> </ul>	<p>Corporate Safety and Risk Officer in place (support service from St Helens) and a member of ALARM</p> <p>Risk Management 'champion' identified at Authority level.</p>	<p>Review Senior Officer job descriptions to reflect risk responsibilities</p>	<p>CB</p>	<p>October 2009</p>

	<ul style="list-style-type: none"> <li>Provides advice and support in determining risk treatments</li> <li>Inspires confidence in managers</li> </ul>				
9.	Managers are accountable for managing their risks	<p>Corporate Risk register identifies responsible officer.</p> <p>Project Managers responsible for project risk management</p>	Managers job descriptions to reflect risk responsibilities	CB	Oct 2009
10.	Risk management is embedded throughout the organisation	Risk Management embedded within Performance Management Framework and the Authority's decision-making processes.	Inclusion of risk assessment in Service Plan template	AV	November 2009
11.	Risks in partnership working are fully considered	<p>Risks associated with JMWMS have been identified throughout its development and therefore joint working risks/opportunities considered. Control measures in place through the Inter Authority Agreement.</p> <p>The procurement project has a clearly developed risk management process and this highlights partnership working as a key risk/opportunity.</p>	<p>Develop IAA Risk Register</p> <p>JMWMS to include risk assessment</p>	<p>NF</p> <p>SD</p>	<p>March 2010</p> <p>August 2010</p>
12.	Where employed, risk management information systems meet users' needs	PMF Information System includes risk management.	Review PMF Information System	NF	October 2009

**Objective 3: Identify and evaluate key controls to manage principal risks:**

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

Examples of assurance:	Evidenced by:	Areas of Improvement	Lead Officer	Implementation Date:
<p>1. There are written financial regulations in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff:</p> <ul style="list-style-type: none"> <li>• Authority has adopted CIPFA code on Treasury Management</li> <li>• Compliance with the Prudential Code</li> </ul>	<p>Financial Procedural rules exist and approved / reviewed by the Authority</p> <p>Financial Instructions have been made available to all staff and incorporated into the Corporate Training Programme and induction process.</p> <p>Capital Strategy</p> <p>Asset Register</p> <p>Financial Instructions included within an Employee Handbook which is available to all staff.</p>	<p>Review of Financial Procedural Rules and Financial Instructions</p>	<p>AD – Finance</p>	<p>March 2010</p>
<p>2. There are written contract standing orders in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff</p>	<p>Contract Procedure Rules exist and approved / reviewed by the Authority</p> <p>Included within an Employee Handbook which is available to all staff.</p>	<p>Review Contract Procedural Rules including reference to certifying officer</p>	<p>LF</p>	<p>June 2009</p>
<p>3. There is a whistle blowing policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant</p>	<p>Whistleblowing Policy and Procedure approved by Authority (3/2/06).</p> <p>Included within an Employee Handbook which is available to</p>			

staff	all staff and part of the Corporate Training Programme			
4. There is a counter fraud and corruption policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff	<p>Anti-Fraud and Corruption Strategy approved by Authority (2/2/07). Timetabled for review in 2010.</p> <p>Included within an Employee Handbook which is available to all staff.</p> <p>Register of Gifts/Hospitality in use.</p>			
5. There are codes of conduct in place which have been formally approved and widely communicated to all relevant staff	<p>A Code of Conduct for Authority employees exists – last reviewed and updated in 2008.</p> <p>All Authority employees have been issued with the Code of Conduct and it is part of the Corporate Training Programme, induction process and included in Employee Handbook.</p> <p>A Member / Officer Protocol was approved by the Authority (19/3/04)</p>	Review Member / Officer Protocol	NF	March 2010
6. A register of interests is maintained, regularly updated and reviewed	<p>Members complete the register of interests at their host authority – copies collated at MWDA.</p> <p>Members declare any interest at each Authority meeting and is recorded accordingly.</p> <p>Registers included in Officer Code of Conduct</p>			

7.	Where a scheme of delegation has been drawn up, it has been formally approved and communicated to all relevant staff	<p>Scheme of Delegation approved each year at Annual Meeting.</p> <p>Sub-delegations documented.</p> <p>Guidance on levels of delegation produced and circulated to relevant staff and within Member Induction Pack.</p> <p>Key Decisions formally minuted, Exec decisions recorded, Admin Decisions / Urgent Decisions recorded as appropriate.</p>	<p>Review AD – Finance Sub-delegations</p> <p>Decision-making process to be included in Corporate Training Programme.</p>	<p>AV</p> <p>AV</p>	<p>July 2009</p> <p>July 2009</p>
8.	A corporate procurement policy has been drawn up, formally approved and communicated to all relevant staff	<p>A Procurement Strategy has been approved for major waste contracts.</p> <p>Procurement Group established with Lead Member identified.</p> <p>Sustainable Procurement Policy approved by Members and action plan developed.</p> <p>Capital Strategy in place.</p>	Update job descriptions to include reference to sustainable procurement	PP	October 2009
9.	<p>Business/service continuity plans have been drawn up for all critical service areas and the plans:</p> <ul style="list-style-type: none"> <li>• Are subject to regular testing</li> <li>• Are subject to regular review</li> </ul>	<p>Key services are delivered through contracts and continuity plans need to be addressed within contractual arrangements.</p> <p>ICT Strategy addresses data recovery arrangements.</p>	Civil Contingency Act role to be developed with Districts	NF	March 2010
10.	The corporate/departmental	Corporate Risk register sets out principal risks and sets out key			

<p>risk register(s) includes expected key controls to manage principal risks</p>	<p>controls</p> <p>Corporate Risk Register and controls are reviewed as part of the Corporate Plan review annually to identify projects to reduce / mitigate risk.</p>			
<p>11. Key risk indicators have been drawn up to track the movement of key risks and are regularly monitored and reviewed.</p>	<p>Corporate risks are reviewed annually and projects identified to mitigate and control risks are monitored through the PMF.</p> <p>Project Risks are managed through the life of the project. The Procurement Project in particular is closely managed.</p> <p>Risk Management Strategy specifies risk analysis criteria.</p>			
<p>12. The authority's internal control framework is subject to regular independent assessment</p>	<p>Internal Audits based on risk. Annual audit undertaken and report/opinion by Chief Internal Auditor.</p> <p>External audits undertaken by Audit Commission including risk-based audit plan, published reviews and annual letter submitted to Members at full Authority meeting or Audit and Governance Committee where appropriate</p> <p>Assessment of Internal Audit by External Auditor</p> <p>External Inspection reports (Audit Commission and 4Ps)</p>	<p>Continue to strengthen management team reporting of risk by inclusion in Service Plans</p> <p>Internal Audit to provide quality assurance of Corporate Governance Assessment</p>	<p>AV</p> <p>AV</p>	<p>October 2009</p> <p>April 2009</p>

13. A corporate health and safety policy has been drawn up, formally approved, is subject to regular review and has been communicated to all relevant staff	An approved Health and Safety Policy exists.  Included within an Employee Handbook which is available to all staff.			
14. A corporate complaints policy/procedure has been drawn up, formally approved, communicated to all relevant staff, the public and other stakeholders is regularly reviewed	An approved Comments and Complaints Policy and Procedure exists.  Procedure is available on the Authority's website, or upon request and is advertised through the Authority's contractor at HWRC's.  User surveys undertaken to inform complaints process.  Complaints reported within Management Performance Reports.	Review comments and complaints system during mobilisation period of contracts.	JS	Dec 2009

**Objective 4: Obtain assurance on the effectiveness of key controls:**

<b>Step 1: In support of objective 4 – Appropriate assurance statements are received from designated internal and external assurance providers:</b>				
<ul style="list-style-type: none"> <li>• The authority has identified appropriate sources of assurance</li> <li>• Appropriate external assurances are identified and obtained</li> </ul>				
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. The authority has determined appropriate internal and external sources of assurance	<p>Director's Assurance Statement – informed by PAG</p> <p>Internal Audit (provided by St Helens MBC service level agreement)</p> <p>External Audit provided by Audit Commission</p> <p>Environment Agency for environmental works</p> <p>Statement of Assurance obtained from Mersey Waste Holdings Limited.</p> <p>4P's Gateway Reviews undertaken to monitor the progress of the Procurement Project.</p> <p>Environmental Monitoring System</p>	<p>External validation of Director's appraisal</p> <p>Internal Audit to provide quality assurance of Corporate Governance Assessment</p> <p>Procurement of SLA for support services</p>	<p>NF</p> <p>AV</p> <p>AD - Finance</p>	<p>June 2009</p> <p>April 2009</p> <p>March 2010</p>
2. Appropriate key controls on which assurance is to be given have been identified and agreed	<p>Employee Handbook contains approved procedures and policies.</p> <p>Code of CG Action Plans implemented and monitored via</p>			



		PMF Information System. Environmental Monitoring System control mechanisms			
3.	Departmental assurances are provided	Single service authority therefore para 1 above provides sufficient controls.			
4.	External assurance reports are collated centrally <ul style="list-style-type: none"> <li>• Reports are reviewed by relevant senior management team and reported to appropriate committee</li> <li>• Action plans are prepared and approved as appropriate</li> <li>• Follow up reports on recommendations are requested and reviewed by relevant senior management team and progress is regularly reported to relevant committee</li> </ul>	Audit reports submitted to Authority and Action Plans approved.  Implementation of action plans monitored through PMF Info System.			
5.	Internal Audit Arrangements	Provided by St Helens MBC	Procurement of SLA for support services including Internal Audit	AD – Finance	March 2010
6.	Corporate Governance Arrangements	Corporate Governance reviewed by Audit Commission annually.			
7.	Performance monitoring arrangements.	Quarterly Performance Reports published on website and			

	<p>circulated to key stakeholders.</p> <p>Monthly Management Team performance reports produced.</p> <p>Environmental performance reported to Senior Officers Working Group.</p> <p>Budget Monitoring reports produced and published quarterly</p> <p>Performance reviewed at Management Team meetings, Senior Officers Working Group and Waste Management Advisory Group</p>			
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**Objective 5: Evaluate assurances and identify gaps in control/ assurances:**

<b>Step 1: In support of objective 5 – The authority has made adequate arrangements to identify, receive and evaluate reports from the defined internal and external assurance providers to identify areas of weakness in controls</b>				
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. Responsibilities for the evaluation of assurances are clearly defined throughout the organisation.	<p>Primary Assurance Group established.</p> <p>All internal and external audit reports agreed with the Director.</p> <p>Lead Member for Audit consulted where appropriate.</p> <p>Action Plans identify responsible officers.</p>			
<p>2. Mechanism established for collecting governance assurances</p> <ul style="list-style-type: none"> <li>• Overall responsibility allocated to governance senior officer group</li> <li>• Required assurances are agreed and recorded</li> <li>• Central record of all assurances (either evidence file, or showing clear link to where evidence is held)</li> <li>• Clear guidance as to evaluation procedure including assurance</li> </ul>	<p>Terms of Reference established for Primary Assurance Group.</p> <p>Findings of PAG Annual Assessment reported to Director and considered by the Authority.</p>	Legal Support SLA to be procured	NF	June 2009

<p>over risks, independence and objectivity of assurances</p> <ul style="list-style-type: none"><li>• Defined evaluation mechanism</li><li>• Timetable for completion by statutory deadline</li><li>• Gap assessment – performed and challenged</li></ul>				
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**Objective 6: Action plan to address weaknesses and ensure continuous improvement of the system of corporate governance:**

<b>Step 1: In support of objective 6 – There is a robust mechanism to ensure that an appropriate action plan is agreed to address identified control weaknesses and is implemented and monitored</b>				
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. An action plan is drawn up and approved	An Action Plan is produced annually and is approved by the Authority.			
2. All actions are 'SMART': <ul style="list-style-type: none"> <li>• Specific</li> <li>• Measurable</li> <li>• Achievable</li> <li>• Realistic</li> <li>• Time-bound</li> </ul>	Each action compliant with 'SMART' test			
3. Actions communicated and responsibilities assigned	Responsibilities for each action identified and action plan included in PMF Info System.			
4. Implementation timescales agreed	Timescales for each action identified in action plan			
5. Ongoing review of progress and of continuing appropriateness of action	Monitored through the PMF Info System			

**Objective 7: Annual Governance Statement:**

**Step 1: In support of objective 7 – An Annual Governance Statement has been drafted in accordance with the statutory requirements and timetable set out in the Accounts and Audit Regulations 2003, as revised by the Accounts and Audit (Amendment) (England) Regulations 2006, and is in accordance with CIPFA guidance.**

Examples of assurance:	Evidenced by:	Areas of Improvement	Lead Officer	Implementation Date:
1. Responsibility for the compilation of the Annual Governance Statement has been assigned	PAG Terms of Reference.			
2. There is an Annual Governance Statement production timetable that meets the statutory deadline	Annual Governance Statement approval included in Forward Plan.			
3. The Annual Governance Statement is reviewed, challenged and approved by the authority	Annual Governance Statement reported by PAG to Director and considered by the Authority.			
4. Governance assurance statement is prepared, incorporating all the required elements of the statement on internal control	Format of governance assurance statement clearly incorporates required elements of the statement on internal control, is prepared by PAG and delivered within statutory deadlines.			

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

<b>Step 1: In support of objective 8 – An annual report to the authority (or delegated committee) on the Annual Governance Statement is presented, in accordance with the CIPFA pro forma</b>				
<b>Examples of assurance:</b>	<b>Evidenced by:</b>	<b>Areas of Improvement</b>	<b>Lead Officer</b>	<b>Implementation Date:</b>
1. Responsibility for reporting is clearly defined	Contained within Code of Corporate Governance and PAG Terms of Reference.			
2. The signatories to the annual governance assurance statement and SIC are defined and are appropriate in accordance with statutory requirements (i.e. Most senior officer and most senior member of the organisation)	Director, Clerk and Chairman sign Annual Governance Statement.			
3. The report is likely to be published in a timely fashion with the statutory accounts	Approval to statement sought prior to the completion of the Statement of Accounts.	Timetable in 2010 for early completion	AV	Jan 2010