Appendix A

SERVICE ASSURANCE ASSESSMENT

Area Command/Department:

Area Commander/Head of Department

| AREA OF ASSURANCE | COMPLIANT? (Y/N) | If YES – How is this demonstrated and what evidence exists to support this? If NO – What actions are required for improvement to become compliant? (Please also include any areas where the assurance framework has highlighted any areas of either above or below average performance or outputs) |
|--|---------------------|---|
| 1.Controls are in place to demonstrate that there is compliance with legal requirements, governance arrangements and corporate policies. | | |
| 2. Business plans are: Refreshed annually Have demonstrable Inks to the Chief Constables overall objectives Have demonstrable links to agreed revenue and capital resources Are reviewed on a regular basis to measure progress against objectives and relevant performance targets. | | |
| 3. There are effective data quality and performance management processes with accurate and sufficient information generated, which is reported to relevant parties on a timely basis and with | | |

| appropriate action taken to address performance issues. | |
|--|--|
| 4. There are well defined reporting arrangements to senior management, including a clear reporting structure and with accurate and timely information provided to ensure decision making is taken on a sound basis. | |
| 5. Management and staffing structures are clearly defined, responsibilities including job descriptions are clearly established and there is a workforce of adequate competence and number to deliver the service. | |
| 6. Standards of conduct within the Area Command/Department are in accordance with written codes and controls are in place to deter, prevent, detect, and therefore reduce the risk, of fraud and corruption (including bribery). | |
| 7. There are effective financial planning and budgetary control procedures in place and these support the principles as outlined in the Medium Term Financial Strategy. | |
| 8. Compliance with Financial Regulations can be demonstrated by: - | |

| All expenditure | |
|---|--|
| transactions are | |
| properly recorded and | |
| authorised | |
| • All income is promptly collected and banked | |
| and charged at the | |
| approved rate. | |
| All assets are | |
| recorded and protected | |
| from loss. | |
| 9. The Area | |
| Command/Department can demonstrate it has | |
| sought value for money | |
| in the use of resources. | |
| 10 Dorthorobin | |
| 10. Partnership arrangements are | |
| well founded with | |
| clearly defined | |
| governance | |
| arrangements and are adequately | |
| monitored for | |
| effectiveness. | |
| 11 ICT overame used | |
| 11. ICT systems used by the Area | |
| Command/Department | |
| are secure | |
| and satisfactory for | |
| their purpose and adequate business | |
| continuity | |
| arrangements are in | |
| place. | |
| 12. Recommendations from relevant | |
| Inspectorate/audit | |
| reports are reviewed | |
| and acted upon. | |
| 13. Decisions are taken | |
| with due regard to | |
| insurance, health and safety, information | |
| governance, | |
| community safety | |
| and other risk | |
| implications. | |
| 14. There is effective | |
| risk management within | |
| the Area | |

| Commands/Department with adequate identification, control and ongoing monitoring and review of service, operation based and strategic risks. | | |
|--|--|--|
| 15. The Area Command/Department has identified its sources and flows of information including rights of access. | | |
| Threats and risks to information assets owned by the Area Command/Department have been assessed and recorded with corresponding action plans for reducing risks where appropriate. | | |

Additional Comments

Please note any additional comments in relation to the controls in operation within the service. This should include any issues that have not been covered above and also if there are any significant control weaknesses or issues not previously covered that the Area Command/Department is aware of.

OVERALL STATEMENT

Based on consideration of the above and the evidence available within my service I as the responsible officer:

| Agree | |
|----------|--|
| | |
| Disagree | |
| | |

- that necessary controls are in place in key processes to allow my Area Command/Department to achieve its objectives.

Signature of Head of Department/Area Commander

Date.....