Annual Governance Statement

2014/15

1. **SCOPE OF RESPONSIBILITY**

- 1.1 Maidstone Borough Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. Maidstone Borough Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. The Council's section 151 Officer and the Monitoring Officer are key members of the Corporate Leadership Team, reviewing all decisions taken through management team, Committees and Full Council.
- 1.2 In discharging this overall responsibility, Maidstone Borough Council is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions which includes arrangements for the management of risk.
- 1.3 Where actions have been identified they are highlighted in speech bubbles at the appropriate point in the statement.
- 1.4 Maidstone Borough Council has approved and adopted a Local Code of Corporate Governance updated in 2015 as part of the development of the new constitution. The code of corporate governance is consistent with the principles of the CIPFA/SOLACE framework "Delivering Good Governance in Local Government". A copy of the Code is on the website at www.maidstone.gov.uk or can be obtained from the Council at Maidstone House, King Street, Maidstone, Kent ME15 6JQ. This statement explains how Maidstone Borough Council has complied with the code and also meets the requirements of regulation 4(3) of the Accounts and Audit (England) Regulations 2011.

2 THE PURPOSE OF THE GOVERNANCE FRAMEWORK

- 2.1 The governance framework comprises the systems and processes, and culture and values, by which the Council is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.
- 2.2 The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of Maidstone Borough Council's policies, aims and objectives. It evaluates the likelihood of those risks being realised and the impact should they be realised then provides a means of managing the risks efficiently, effectively and economically.
- 2.3 This governance framework has been in place at Maidstone Borough Council for the year ended 31 March 2015 and up to the date of approval of the Statement of Accounts.

3 THE GOVERNANCE FRAMEWORK

- 3.1 The monitoring of Corporate Governance has a high priority at the Council. The Head of Policy and Communications is responsible for Corporate Governance. A small working group made up of the Head of Finance and Resources, the Head of Legal Partnership (Monitoring Officer) and the Head of Policy and Communications assisted by the Head of Audit Partnership reporting six monthly to the Corporate Leadership Team and the Audit Committee on governance matters.
- 3.2 At appendix A are the Council's pillars of governance this identifies they key strands of governance and the documents and actions represented with-in each.
- 3.3 The Governance Framework is based on the CIPFA/SOLACE six principles of effective governance
 - 1. Focusing on the purpose of the authority and on outcomes for the community and creating and implementing a vision for the local area
 - 2. Members and officers working together to achieve a common purpose with clearly defined functions and roles
 - 3. Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour
 - 4. Taking informed and transparent decisions which are subject to effective scrutiny and managing risk
 - 5. Developing the capacity and capability of members and officers to be effective
 - 6. Engaging with local people and other stakeholders to ensure robust public accountability

How we deliver good governance 2014-15

| Principle | Governance Mechanism (what we are doing) | Assurance |
|--|--|---|
| The vision for Maidstone is set out in our <u>Sustainable</u> <u>Community Strategy</u>. The <u>Strategic Plan</u> reflects the vision and sets out our priorities and outcomes. Each outcome has an action plan performance indicators and targets. The Annual Corporate Planning Cycle approved by Cabinet in 2014 facilitates the effective planning of service delivery, including the identification of risks, and budget requirements. Policy and Resources will revisit this in 2015. | | The Sustainable Community Strategy was developed following consultation with residents and engagement in events to determine the priorities and vision for the borough. new Strategic Plan for 2015-2020 was developed and approved in 2015 One Council Engagement Plan is in place to communicate our priorities internally. Resident Survey undertaken every two years to understand priorities and issues for residents |
| | Performance Management of delivering our priorities and services is achieved through 'Reach the Summit' and the Council's Performance Plan and Scrutiny Committees for 2014-15. The Council's Values have been identified under the acronym STRIVE which stands for Service, Teamwork, Responsibility, Integrity, Value and Equality. A project overview board exists and a project management | Monitoring against the key measures of success is reported six monthly to Cabinet and Scrutiny. In the future will be reported to Policy and Resources Key Performance Indicator outturns are subject to review by Cabinet, Overview and Scrutiny committees and ultimately, by full Council. This role will be undertaken by Policy and Resources in 2015-16. Annual STRIVE staff awards based on our values. |

| Principle | Governance Mechanism (what we are doing) | Assurance |
|--|---|---|
| | toolkit is utilised to develop and monitor major projects. The Council developed and approved a new constitution in April 2015 | The project board comprising CLT considers the major projects currently being undertaken by the Council at a strategic level and ensures resources are applied and actions taken to maintain control over all such projects. |
| Members and Officers working together to achieve a common purpose with clearly defined functions and roles | The Council's Constitution specifies the roles and responsibilities of Members and Officers and lays down financial and contract procedural rules for the efficient and effective discharge of the Council's business. The Constitution includes the roles and responsibilities of the new Service Committees and Audit Committees. A well established and effective Audit Committee and Overview and Scrutiny function for 2014-15. | The constitution is kept under review by the Monitoring officer. Half yearly reports are produced for Audit Committee which evaluates the overall internal control environment tested through the internal audit work. An annual review of audit work and the effectiveness of the audit process is produced for Audit Committee. Governance Arrangements were reviewed during 2014-15 and the Council changed to a Committee System of governance in May 2015. For 2014-15 a protocol was put into place between Audit and Scrutiny Committees to avoid duplication and overlap on the work programme and facilitate appropriate references between the committees. The Council is a member of a well-established and effective Internal Audit partnership that works to an approved annual audit plan. |

| Principle | Governance Mechanism (what we are doing) | Assurance |
|-----------|---|---|
| | Effective Audit function. | The Internal Audit partnership externally assessed as fully conforming with the Public Sector Audit Standards. Individual audit reports are produced for the relevant managers, with a copy to the Chief Executive and appropriate Director. |
| | | External Audit produce a number of reports which are reported to management and Members. Recommendations and comments are considered and, where necessary, action is taken to address any issues raised. |
| | The Council has appointed a Monitoring Officer to oversee its compliance with laws and statutory obligations. | |
| | The Council has clearly defined roles and responsibilities for Members and Officers. | Scheme of Delegation is in place as defined in the constitution. A register of all delegations for Officers will be held centrally by the Monitoring Officer to ensure consistency. |
| | The Council has a Corporate Improvement Group who identify improvement projects and review the impact of change and improvement on a quarterly basis. | Update on the Corporate Improvement Programme reported to Cabinet twice a year. This will be reviewed by Policy and Resources in 2015-16. |

| Principle | Governance Mechanism (what we are doing) | Assurance |
|--|---|---|
| | Code of Corporate Governance in place. | The Local Code of Corporate Governance was reviewed and updated in July 2014. |
| Promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct | Good Corporate Governance is at the heart of everything the Council does, for staff this is incorporated into our six core values (STRIVE) in the delivery of services and in particular the value: Integrity and High Standards of Corporate Governance. The Council has an annual award ceremony focussed on our values, where individuals and teams are given awards for demonstrating the values. | Annual Award Ceremony for Staff focused on the Values. |
| and behaviour | At the mid-year and full year appraisal points all staff are asked how they demonstrate the values. | The competency framework is aligned to the council's values. |
| | The Audit Committee has a responsibility to monitor and improve the arrangements for Corporate Governance within the Council. | • The Audit Committee provides an Annual Report to Council on its effectiveness. |
| | The Council's Monitoring Officer is responsible for ensuring that the Council acts in accordance with the constitution. | • The Monitoring Officer reports to Council and provides advice to Members and Officers. |
| | The Council has adopted a local code of conduct for Members and Officers. | The Section 151 officer and monitoring officer review all reports for decision via our committee report management system (moderngov). |
| | The Council meets the requirements of the Public Sector Equality Duty. | Equality Impact Assessments are carried out to demonstrate equalities being taken into account in our decision making. In 2013 Audit reviewed our |

| Principle | Governance Mechanism (what we are doing) | Assurance | |
|---|---|---|--|
| | HR procedures and systems are in place for disciplinary and capability management | compliance with the Public Sector Equality Duty which was followed by a public sector equality duty self-assessment and a peer review in 2014-15. • Corporate Equality Policy. We will be setting new equality objectives in 2015 | |
| Taking informed and transparent decisions which are subject to effective scrutiny and managing risk | The Council agreed to review the governance arrangements in September 2014. In December 2014 a new Committee System was approved for 2015 onwards. An agreed Risk Management Strategy is in place with identified corporate strategic risks and Management Action Plans. Risk management is a standard heading for consideration of all reports to Management Team and Members. A formal risk assessment is required for reports which require decisions on strategic issues or which seek approval for significant projects. Heads of Service are asked to identify risks as part of their annual review of service plans. The Council publishes details of all Council spending to suppliers, senior officer salaries and details of all new contracts via its website. | Overview and Scrutiny report annually to full council on their effectiveness and outcomes. The Strategic Risk Register is subject to regular review. Risks to service delivery (operational risks) have been accepted as the responsibility of individual authorised officers and incorporated into Service Plans. Heads of Service are responsible for ensuring that their service managers retain an effective operational risk A new Risk Management framework was agreed by Policy and Resources in June 2015. Risk assessments for service plans are logged in covalent Risks are being identified by services for 2015-2016 | |

| Principle | Governance Mechanism (what we are doing) | Assurance |
|---|---|---|
| | Open meetings and webcasting. We Transparent and Evidence based decision making. | • Meetings are webcast. Agenda papers and the access to information procedure rules are complied with • Reports include information on the options considered alternatives and reason for decision |
| Developing the capacity of Members and Officers to be effective | The Council has had an "Investors in People" (IiP) award for a number of years, which involves demonstrating that the Council has regular appraisals, service and training planning, training evaluation forms, recruitment and selection procedures and initiatives such as Work/Life Balance. The Council was re-accredited with IiP early in 2011. We have revised our Member Development Policy. | The council was assessed as level Silver for IiP in 2013. The new Democracy Committee has responsibility for Member Development and will be reviewing this in 2015-16. Regular Member seminars and workshops. |
| | Annual Member development programme. New Member induction programme. | The Employment and Member Development Panel reviewed the development programme and budget for Members annually this will now pass to the Democracy Committee. |
| | A well-established staff appraisal process is in place and guidance and training is available for all staff and managers. | Appraisals are held at mid-year and end of year points with all staff, they include a section to |

| Principle | Governance Mechanism (what we are doing) | Assurance | |
|--|---|---|--|
| | Workforce Strategy | identify development needs. Service delivery by trained and experienced people. Regular reports to the Member and Employment Development Panel. | |
| Engaging with local people and other stakeholders to ensure robust public accountability | Consultations are held on decisions affecting local people and local people are encouraged to be involved, for example the work on developing the Council's Local Plan. Engagement with stakeholders through various groups such the older person's forum. | Consultation feedback for example from the budget and Local Plan development. Focus groups to inform policies and plans as they develop. Cabinet Roadshows in 2014 on the Budget and Strategic Plan. Series of events and consultation via survey for the Economic Development Strategy. | |
| | Membership of the Chamber of Commerce and work through the Chamber, Federation of Small Businesses, Town Centre Management, Maidstone Tourism Association and Rural Business Forums to engage businesses. | A new Communication and Engagement Strategy was agreed in 2015. Community Development Strategy Single point of contact for businesses in the Borough established through the Economic | |
| | Annual consultation with residents on our budget. | Development Team Business Visits, Business Breakfasts and Lunch with Mayor held in order to develop better relationships with the business | |

| Principle | Governance Mechanism (what we are doing) | Assurance |
|-----------|---|---|
| | We carry out a survey of residents every other year. We launched a new website in 2013. We ran a programme of neighbourhood action planning (action plans to address issues identified by residents)working locally with you to identify how we can improve where you live. Regular consultation with residents to inform our decision making. | community. Budget Roadshows and/or online consultation. Resident Survey Website tested by residents to ensure it is user friendly. Neighbourhood action was reviewed and monitored by scrutiny. |
| | | |

4 REVIEW OF EFFECTIVENESS

- 4.1 Maidstone Borough Council has responsibility for conducting, at least annually, a review of the effectiveness of the system of corporate governance and internal control. This is undertaken by the Corporate Leadership Team. The review of effectiveness undertaken in 2014/15 is informed by the work of the internal auditors and the Council's Senior Officers who have responsibility for the development and maintenance of the overall governance environment, and also by comments made by the external auditors and other review agencies and inspectorates.
- 4.2 The Council's internal audit service (Mid Kent Audit) has been provided since 2010 through a four way shared service partnership with Ashford, Tunbridge Wells and Swale Borough Councils. Internal audit works to a plan discussed and agreed with officers and Members, at the Audit Committee on 25 March 2013.
- 4.3 The overall conclusions of the work of Internal Audit will be presented to the Audit Committee on 20 July 2015 in the Internal Audit Annual Report. This report includes the Head of Internal Audit Opinion, issued in line with Public Sector Internal Audit Standards and covering the period 1 April 2014 to 31 March 2015.
- 4.4 The Head of Internal Audit Opinion considered the Council's internal control, corporate governance and risk management arrangements, informed by work completed during 2014/15. The Head of Audit Partnership issued an unqualified opinion:

4.5 Internal control

4.5.1 "From the Internal Audit work undertaken in relation to 2014/15 it is my opinion that I can provide assurance that the system of internal control that has been in place at Maidstone Borough Council (the Council) for the year ended 31 March 2015 accords with proper practice. This assurance extends to both the financial and non-financial systems of the Council insofar as they have been subject to audit review."

4.6 **Corporate governance**

4.6.1 "In my opinion the corporate governance framework complies in all significant respects with the best practice guidance on corporate governance issued by CIPFA/SOLACE."

4.7 Risk management

4.7.1 "I am satisfied that the risk management processes are effective and provide regular information on key risks and issues to the Council's management team and through to Members."

4.8 Audit reports are generally graded individually to report on the level of assurance available to the Council from the area under review. Conclusions for this year were:

| Level of Assurance | Description | Number of Projects |
|--------------------|---|-----------------------|
| STRONG | Service/system is performing well | 4 |
| SOUND | Service/system is operating effectively | 11 |
| WEAK | Service/system requires support to consistently operate effectively | 4 |
| POOR | Service/system is not operating effectively | 0 |
| NOT RATED | | 10 |

- 4.9 Of the four reports which received weak assurance:
 - ICT Service Desk (Mid Kent ICT): The audit highlighted inconsistencies in how incidents are logged, categorised and handled. The service lacked defined procedures and guidance to ensure service delivery in accordance with the ICT collaboration agreement. All recommendations were accepted and the service has taken part in a special meeting of the shared service board dedicated to addressing the issues raised. The recommendations fall due for implementation in 2015/16 and will be fully followed up by the internal audit team.
 - **Emergency Planning:** The audit highlighted weaknesses in the plans and processes leaving the Council potentially vulnerable in being able to deal effectively with larger or more sustained events. Over the course of the year, the service has made significant progress to implement the recommendations and address the issues identified in the review. At the close of 2014/15 there were 2 outstanding recommendations due to be implemented in early 2015/16. The level of assurance offered will be re-assessed in early 2015/16.
 - **Data Protection:** The audit highlighted some areas of non-compliance with the data protection principles. This included uncertainty on retention and destruction of data, and weaknesses in processing, receiving and transporting data. All of the recommendations were accepted by management, and an action plan was reviewed by the Council's Information

Management Group. The recommendations fall due for implementation in 2015/16 and will be fully followed up by the internal audit team.

- Officers Declarations of Interest: The audit identified weaknesses in the design and operation of system and procedures to collect and monitor officer's interests. Since the review responsibility for the declarations process has been allocated to the Council's Monitoring Officer and Mid Kent Legal Services. All recommendations were accepted and fall due in 2015/16 for follow up.
- 4.10 During 2014/15 a revised follow up process was implemented. All agreed audit recommendations are now followed up as they fall due, and are reported quarterly to senior management. Progress against the implementation of the audit recommendations is also reported twice yearly to Audit Committee. Progress made to date with those reviews that received weak assurance will be monitored in the action plan for 2015/16 in section 5.
- 4.11 The Council is able to confirm that its financial management arrangements conform with the governance requirements of the CIPFA statement on the role of the Chief Financial Officer in Local Government (2010).
- 4.12 A number of areas were identified in the proceeding statement where action is required these have been included within our significant governance issues for 2015-16 action plan below.

5 SIGNIFICANT GOVERNANCE ISSUES

Action taken to address governance issues in 2014-15

| Governance Issue | Action Taken | By When | By Whom |
|--|--|--|-----------------------------------|
| Implementation of the Information Management Action Plan | The Information Management Strategy has been to Leadership Team including an action plan and resources required. Information Management Group meet regularly. Information liaison Officers identified throughout the Council. Intranet pages and guidance updated for Information Management. | The action plan has targets for the next year. | Head of Policy and Communications |
| Embedding Corporate Governance and Ensuring Best Practice is identified | The Corporate Governance Working Group have met quarterly. The Head of Policy and Communications is undertaking a CIPFA certificate in corporate governance certificate and has been sharing learning from this with the group and the Chief Executive to | Quarterly meetings with updates to Audit Committee and CLT every six months. | Head of Policy and Communications |

| Governance Issue | Action Taken | By When | By Whom |
|--|---|-----------------------------|---|
| | improve governance. | | |
| A new Communication and Engagement Strategy will be put in place to run from 2015-2020 alongside the Strategic Plan | Strategy Approved and Action Plan in progress. | April 2015 | Head of Policy and Communications |
| The residents survey identified that more work needed to be done on developing residents involvement in decision making as only 29% of respondents believe they can influence decision making in their area. | The council held several events to engage residents including the budget and strategic plan roadshow and events and consultation on the Economic Development Strategy. The Strategic Leadership and Corporate Services Overview and Scrutiny Committee held a session to consider actions to increase resident involvement in decision making. | April 2015 | Head of Policy and Communications |
| Updating the Strategic Risk Register | The Council has agreed a new approach to Strategic Risk Management. | June 2015 | Policy and Resources Committee |
| Audit Reviews with Limited Assurance: Housing | Action Plans have been put in place and reported to the Audit Committee. | Reported during 2014- 15 | Head of Housing and Community Services |

| Governance Issue | Action Taken | By When | By Whom |
|---|--------------|---------|---|
| Freedom of Information Museum Collections | | | Head of Policy and Communications Head of Commercial and Economic Development |

Actions for 2015-16 as identified in the current Annual Governance Statement

| Governance Issue | Action | By When | By Whom |
|--|---|--|---|
| Implementation of the Information Management Action Plan | The Information Management Strategy has been to Leadership Team including an action plan and resources required. | Actions completed as timetabled throughout 2015-16 | Head of Policy and Communications |
| Embedding Corporate Governance and Ensuring Best Practice is identified | The Corporate Governance Working Group will continue. | Quarterly meetings with updates to Audit Committee and CLT every six months. | Head of Policy and Communications |
| Communication and Engagement of the New Strategic Plan | Strategy and annual Action Plan approved Engagement Plan in place for Employees. | Action plan covers 2015-16 | Head of Policy and Communications Learning and Development Manager |
| The residents survey identified that more work needed to be done on developing residents | The Communication and Engagement action plan for 2015-16 includes actions to run you said we did campaigns. | Action plan covers 2015-16 | Head of Policy and Communications |

| Governance Issue | Action | By When | By Whom |
|---|---|------------------------------|--|
| involvement in decision making as only 29% of respondents believe they can influence decision making in their area. | The plan also includes actions to promote the new committee system of governance including public question time at meetings. Webcasting is being reviewed including looking at how to have more resident engagement in meetings. There will be a resident survey in Autumn 2015 to which will identify the progress that has been made. | | |
| Updating the Strategic Risk Register | A framework has now been approved and risks now need to be identified and managed. Audit attendance at service management meetings and project boards across the Council to develop service/project risk registers. | June 2015 July-October 2015 | Director of Environment and Shared Services supported by the Head of Audit Partnership |
| | Based on the strategic plan, risk workshop with senior officers and Members looking to refresh and update the 'strategic' risks. | Autumn 2015 | |

| Governance Issue | Action | By When | By Whom |
|---|--|--|---|
| | First comprehensive risk register compiled by audit. | November 2015 | |
| | First summary risk register review by Corporate Leadership Team. | December 2015 | |
| | First summary risk register review by Policy and Resources. | January 2016 | |
| | Risks refreshed as part of revised service planning process. | Spring 2016 | |
| | Audit, Governance and Standards Committee review of effectiveness of the risk management process. | Spring/Summer 2016 | |
| Disaggregation of Planning Support Shared Service | Tunbridge Wells Borough Council (TWBC) is exploring withdrawal from the Mid Kent Planning Support partnership. A Planning Support Disaggregation Board has been set up to manage this. Tunbridge Wells will be considering an in-principle decision to withdraw from the partnership on 6 August 2015. | Updates will be given to Councillors via the relevant Service Committee. | Director of Environment and Shared Services |
| Audit Reviews with weak Assurance. | Action Plans and implementation dates have been put in place and | Actions to be followed up as they fall due. | Head of Policy & Communications |
| | agreed. Three are of particular interest in relation to governance are Data Protection and Emergency | To be reviewed as part of the six monthly | Director of Environment and Shared Services |

| Governance Issue | Action | By When | By Whom |
|------------------------------------|---|---|---|
| | Planning Audits. | review of the annual governance statement action plan | |
| New Committee System of Governance | A review of the effectiveness of the new system to identify what is working well and any improvements that need to be made will be carried out by the Democracy Committee in early 2016, this could involve external assistance if appropriate. | March 2016 | Cabinet and Corporate Leadership Team |
| Appointment of Mayor | The Democracy Committee will be carrying out a review of the process for appointing the Mayor. | February 2016 | Democracy Committee supported by Democratic Services |

6 Certification

We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvement that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

| Leader of the Council: | |
|------------------------|--|
| Date: | |
| Chief Executive: | |
| Date: | |

Appendix A - Pillars of Governance

Monitoring

Monitoring Officer, attends all meetings of the Corporate Leadership Team (CLT)

Effective Overview and Scrutiny Committees

Standards and Audit Committees in place

Corporate Project Board oversees all key projects

Effective Internal Audit partnership

Audit Reports produced for service areas in line with the approved Audit Plan

Annual Audit report to Audit and Council

External Audit, produce a number of reports which are reported to management

Local Code of Corporate Governance agreed annannually

Performance and Financial Management

An Annual Performance Plan is in place aligned to the Strategic Plan

Reach the Summit monitors performance of services internally on a quarterly basis

Quarterly performance reports to CLT, Cabinet and Scrutiny

Annual Corporate Planning cycle in place to identify service planning, risks and budget requirements

Regular meetings held with heads of service to monitor performance and ensure compliance with a range of corporate policies

IiP accreditation and health checks

Treasury Management Code

Prudential Indicators monitored daily

Transparency and Partnership Working

Complaints monitored and reported quarterly to CLT and Scrutiny

Reports available on the council's website

<u>Senior Salaries, Spending with</u> <u>Suppliers and Contracts published on-line</u>

The Locality Board is in the process of being reviewed, the Board has several working groups in place to meet corporate priorities in partnership with private public and voluntary and community sector partners.

A partnership protocol has been adopted for the Mid Kent Improvement Partnership

Risk Management

Risk Management Strategy and action plans agreed and implemented

Operational risks incorporated into service plans

Risk Management is considered in all reports to Corporate Leadership Team and Members

Formal Risk assessment is required for decisions on strategic issues or which seek approval for significant projects and funding

Reported to Audit Committee