



ANNUAL GOVERNANCE STATEMENT 2012/13

1. Standards of Governance

- 1.1 The Council expects all of its members, officers, partners and contractors to adhere to the highest standards of public service with particular reference to the formally adopted Codes of Conduct, Constitution, and policies of the Council as well as applicable statutory requirements.

2. Scope of Responsibility

- 2.1 Telford & Wrekin Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively to secure continuous improvement.
- 2.2 To this end the Council has a local code of corporate governance to ensure that it is consistent with the principles of the CIPFA/SOLACE Framework Delivering Good Governance in Local Government and Delivering Good Governance in Local Government: Guidance Note for English Local Authorities\2012 edition. Within this code and to meet its responsibilities, the Council (members and officers) are responsible for putting in place proper arrangements for the governance of its affairs including risk management, the requirements of regulations¹ and ensuring the effective exercise of its functions.
- 2.3 The Council continues to review its arrangements against best practice and implement changes to improve the governance framework (including the system of internal control) - see paragraph 5.

3. The Purpose of the Governance Framework

- 3.1 The governance framework comprises the systems and processes, and cultures 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.
- 3.2 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, priorities 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 appropriately identify, quantify and manage the risks to the achievement of the Council's priorities, objectives and policies.
- 3.3 The governance framework has been in place at the Council for the year ended 31st March 2013 and up to the date of approval of the statement of accounts. Reviews and updates to

¹ Regulations 4(2), 4 (3) and 4(4) of the Accounts and Audit (England) Regulations 2011

the framework will take place during 2013/14 and beyond to support good governance, revised service delivery and organisational change.

4. The Governance Framework

4.1 The key elements of the systems and processes that comprise the authority's governance framework include:

- Vision 2026 – Transforming Telford & Wrekin: From New Town to Modern City, the Community Strategy which has been reviewed and updated during 2012/13 – ‘Shaping our Future: Our Journey to 2020’ to be approved by Council on 3rd May 2013;
- The Council's Medium Term Plan 2012/13 to 2014/15 which outline the Council's ambitions and priorities based on stakeholder feedback and these inform the service and financial planning process and personal targets;
- The Constitution (which includes the scheme of delegations, financial regulations and contract standing orders), Forward Plan and decision making processes;
- Co-operative Council principles and clear vision and values² for the Council and the Community;
- Clear governance arrangements to manage the Council's change programmes and restructuring occurring across the Council and key capital projects;
- The Council has designated statutory officers – Head of Paid Service (Managing Director), Chief Financial Officer, Monitoring Officer, Director of Children's Services, Director of Adult Social Services and Scrutiny Officer;
- The Council's Information Governance Framework including a designated Senior Information Risk Owner (SIRO), data and information security and sharing policies and procedures. There is also a comprehensive training and awareness programme;
- The Performance management framework and data quality systems. These provide reports to SMT³, Cabinet and Scrutiny;
- Legal Services ensure that the Council operates within existing legislation and is aware of and acts upon proposed changes to legislation;
- The democratic decision making and accountability processes contained within the Constitution;
- SMT meets weekly with regular management meetings with Service Delivery Managers and Group/Team Leaders;
- Policy Review – appropriate SMT members and Cabinet meet regularly to discuss emerging key strategic issues which could affect the Council in the future and formulate medium term planning strategy/options.
- The Standards Committee, Audit Committee, scrutiny function and other regulatory committees;
- The development of internal controls and checks within new systems and when existing systems are reviewed;
- The Council's human resources and workforce/organisational development procedures⁴ are supported by clear recruitment processes. These are followed up by induction training (which includes information on the constitution, key policies, procedures, laws and regulations appropriate to the post and experience of the post holder) and on going training and development;
- Member and Officer⁵ Codes of Conduct and the Officer/member protocol underpin the standards of behaviour expected by members and officers;
- Member development programme to ensure members are properly equipped and have the capacity to fulfil their roles;

² Co-operative values of ownership, openness & honesty, involvement, fairness & respect

³ Senior Management Team – Managing Director, Directors and Assistant Directors.

⁴ Further development work is required on some of these during 2013/14 to reflect the People Services reorganisation and the Co-operative Council

⁵ The Employee Code of Conduct has been reviewed during 2012/13 and was re-issued in April 2013.

- The Council's communication and consultation strategies ensure that the local community knows what the Council is doing, receives feedback from them including the identification of their needs for incorporation into the Council's priorities;
- The deputy Leader of the Cabinet is the lead member responsible for Corporate Governance including Risk Management. The key officer for Corporate Governance including risk management is the Managing Director. The service and financial planning process incorporates risk management and the strategic risk register is reviewed by SMT and Cabinet;
- The Council's financial management arrangements conform with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2010);
- Comprehensive budget strategy and management of the associated risks of reduced resources provides robust financial management and regular reporting to members;
- The Council's Treasury Management Strategy and arrangements conform to CIPFA and Audit Commission guidance and is monitored by the Audit Committee;
- Internal audit review controls based on risk to provide assurance and recommendations for improvement and the Audit & Information Governance Manager has previously been measured by external Audit against the CIPFA Statement on the Role of the Chief Internal Auditor in Public Sector (2010) and this year against the CIPFA Code of practice for Internal Audit in Local Government;
- Anti-fraud and Corruption, Speak Up and Prosecution policies support the council's governance processes and anti-fraud and corruption culture;
- The Council's Partnership protocol and agreed governance and reporting arrangements for the Council's significant partnerships;
- A list of significant projects and their governance arrangements was agreed by SMT in April 2012 and then monitored by them;
- Projects are managed, as appropriate, within the principles of the PRINCE 2 methodology. This includes risk identification and management.
- Awareness and training for members within their member development programme and for officers through induction, Staff news, and update sessions on any revised governance arrangements (including information governance).

5. Review of Effectiveness

- 5.1 Telford & Wrekin Council has responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements including the system of internal control. The review of the effectiveness is informed by:-
- a) the senior managers within the authority who have responsibility for the development and maintenance of the governance environment;
 - b) the work of internal audit; and also
 - c) by comments made by the external auditors and other external review agencies and inspectorates.
- 5.2 The Cabinet monitors the effectiveness of the governance framework through the consideration of regular performance information and financial management reports from senior management. Individual Cabinet members receive regular feedback from senior officers in respect to their areas of responsibility on the progress of priorities and objectives. Issues of strategic and corporate importance are referred to the Cabinet.
- 5.3 The Council's Scrutiny function continues to review the decision making process and areas of concern. The subjects for the areas of concern are informed by community consultation, direct feedback to members from within the community and the results of review and inspection (both external and internal) and areas of policy being developed by the Council and the Executive.

- 5.4 The Internal Audit plan is informed by the Council's financial, performance and risk management processes, external inspection reports, the requirements of the External Auditor, comments from senior management and their opinion of the current state of the governance arrangements and internal control system. During 2012/13 the Internal Audit team achieved 90% of their planned work (best practice is 90%) and this has been used with the relevant output from unplanned work to form their opinion on the systems of internal control.
- 5.5 Internal Audit report on a quarterly basis and also annually to the Audit Committee. The Audit Committee has asked for additional information during the year and requested Assistant Directors and Service Managers to attend to provide assurance on the management of risks and implementation of recommendations. The Audit Committee has also reviewed benchmarking information on Internal Audit.
- 5.6 The Audit Committee terms of reference also incorporates the review and monitoring of the Council's Treasury Management arrangements. Members of the Committee are kept up to date through awareness training on the state of the markets that influence/affect delivery of the strategy.
- 5.7 The Council's performance management framework has systems and procedures which drive continuous improvement in performance. This has been reviewed and developed to reflect the Government's Single Data List.
- 5.8 The Council has continued to review its governance framework to gain assurance that its approach to corporate governance is both adequate and effective in practice and that sound systems of internal control are operating. These reviews have included the Constitution and associated policies, procedures, management processes and reporting arrangements. However it is recognised that further work is required to some areas within the Constitution and management procedures and this is included in the action plan attached to this statement (Annex 1).
- 5.9 The Council recognises the importance of Information Governance and has taken significant steps to improve the security of its IT, paper and handling processes to meet the compliance requirements for Data Handling in Government. Following a reorganisation of resources to co-ordinate information rights⁶ responses in October 2011 the Audit & Assurance Team was restructured in September 2012 to become the Audit & Information Governance Team, reflecting further the importance of Information Governance to the overall governance arrangements. Information Governance support has continued during 2012/13 and this has been reported to the Audit Committee including information on responses to information rights requests and data security breaches. The Council reported two data breaches to the Information Commissioners Office (ICO) in 2011/12 and in June 2012 were fined £90,000⁷. During 2012/13 no enforcement action has been taken by the ICO despite exchanges of correspondence between the ICO and the Council due to referrals to the ICO by the public and other third parties.
- 5.10 ICT infrastructure upgrades during the year have further improved security, data handling and business continuity.
- 5.11 The Managing Director, Directors, Assistant Directors and Service Delivery Managers have signed annual assurance certificates confirming that the governance framework has been operating within their areas of responsibility, subject to the actions outlined in Annex 1.

⁶ Requests made under the Freedom of Information Act, Environmental Information Regulations and the Data Protection Act

⁷ This was reduced to £72,000 by prompt payment

5.12 The requirements under the Accounts and Audit (England) Regulations 2011 require a review of internal audit and the External Auditors review of Internal Audit has been used to meet this requirement. The results of the review will be presented to the Audit Committee as part of the Internal Audit Annual Report.

5.13 The External Auditor’s Annual Audit Letter 2011/12 included in its headlines:

- VFM conclusion – We issued an unqualified value for money (“VFM”) conclusion for 2011/12 on 27 September 2012. This means we are satisfied that you have proper arrangements for securing financial resilience and challenging how you secure economy, efficiency and effectiveness. To arrive at our conclusion we looked at your financial governance, financial planning and financial control processes, as well as how you are prioritising resources and improving efficiency and productivity.
- Audit opinion - We issued an unqualified opinion on your financial statements on 27 September 2012. This means that we believe the financial statements give a true and fair view of the financial position of the Authority and of its expenditure and income for the year.

5.14 There was an inspection of Safeguarding and Looked after Children’s Services by Ofsted and the Quality Care Commission from 25th June – 6th July 2012. The main findings are shown below but the full report is available at www.ofsted.gov.uk :

Area	Grading ⁸
Safeguarding services	
Overall effectiveness	Adequate (3)
Capacity for improvement	Adequate (3)
Services for looked after children	
Overall effectiveness	Adequate (3)
Capacity for improvement	Adequate (3)

An action plan to address the immediate, short and long term recommendations made has been developed and implementation is being monitored by SMT and members.

5.15 Ofsted also reviewed the Council’s Fostering Service on 24th January 2013. The main findings are shown below but the full report is available at www.ofsted.gov.uk

Area	Grading
Overall effectiveness	Adequate (3)
Outcomes for children and young people	Adequate (3)

An action plan to address the recommendations made has been developed and implementation is being monitored by SMT and members.

5.16 There were 3 Ofsted inspections of Children’s Centre in the Borough during 2012/13. Copies of the reports are available at www.ofsted.gov.uk but the main findings were

Location	Date	Inspection Area	Grading ⁹
Oakengates	15-16/11/12	Overall effectiveness	Satisfactory (3)
		Capacity for improvement	Satisfactory (3)
St Georges	17-18/10/12	Overall effectiveness	Inadequate (4)
		Capacity for improvement	Inadequate (4)
Dawley	3-4/10/12	Overall effectiveness	Inadequate (4)
		Capacity for improvement	Satisfactory (3)

⁸ Grades are 1 = Outstanding; 2 = Good; 3 = Adequate; 4 = Inadequate

⁹ Grades are 1 = Outstanding; 2 = Good; 3 = Satisfactory; 4 = Inadequate

These inspections occurred over a short period of time, the inspections were critical of our use of data to inform programmed activity and hence reach the right families. Significant improvements have already been implemented in this area with action plans in place to address the remaining recommendations and these are being monitored by senior management and members. Ofsted recognises that a recent restructure of the service area is starting to have a positive impact.

5.17 Whilst T&W Council is primarily a commissioner of care services, the Council does directly provide some care services which are registered and inspected by the Care Quality Commission. In 2012/13 CQC undertook the following inspections¹⁰ and the outcomes were:

- Intermediate Care - Domiciliary Care – All standards met – 22.2.2013
- Carwood Residential Home – All standards met – 8.8.2012
- Downing House Residential Home - All standards met other than a required action in respect of medication processes (though recognised that no residents had been put at risk and action plan agreed with CQC) – 22.2.2013

The following services were not inspected in 2012/13:

- Shared Lives - Adult Placement Scheme – Last inspection rated “excellent”
- Community Services – Learning Disability, Domiciliary Care – Last inspection rated “excellent”

5.18 We have been advised on the implications of the review of the effectiveness of the governance framework by the Cabinet, Standards Committee, Audit Committee, Scrutiny, senior managers, Internal Audit and external review, and plan to address weaknesses and ensure continuous improvement of the framework as outlined in the action plan attached as Annex 1.

Leader of the Council.....

Managing Director.....

Date.....

Audit Committee Chair.....

Date.....

¹⁰ Copies of full reports are available on the Care Quality Commission website www.cqc.org.uk/