

ANNUAL GOVERNANCE STATEMENT 2012-13

1. Scope of Responsibility

- 1.1 Slough Borough Council (the Council) is responsible for ensuring that its business is conducted in accordance with the law, proper standards, and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The 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.
- 1.2 In discharging this overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.
- 1.3 The code of corporate governance approved and adopted by the Council is consistent with the principles of the CIPFA/ SOLACE Framework *Delivering Good Governance in Local Government*. Our Annual Governance Statement explains how the Council has complied with the code and also meets the requirements of regulation 4[2] of the Accounts and Audit Regulations 2003 as amended by the Accounts and Audit [Amendment] [England] Regulations 2006 in relation to the publication of the Annual Governance Statement and from 1st April 2011 regulation 4[2,3] 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 the culture and values, by which the Authority is directed and controlled and the activities through which it leads, accounts to and engages with the community. It enables the Authority 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 the 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 ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently and effectively.
- 2.3 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. Appendix One outlines the key factors in preparation of the Annual Governance Statement.

The Governance Framework

Identifying, communicating and reviewing the achievement of the Authority's vision and intended outcomes for citizens and service users and its implications for the Authority's governance arrangements

Key References:

- The Council's Strategic Plan and Corporate Plan;
- Local Strategic Partnership and Shadow Health and Wellbeing Board; and
- The Strategic Planning Framework.

Commentary:

The Council's Corporate Plan outlines how the political direction of the Council's leadership combines with the long term vision for the town. The Corporate Plan explains the Council's role in delivering *Slough's Sustainable Community Strategy* – which sets out the 20 year long-term vision. In January 2013 a new Slough Joint Wellbeing Strategy was agreed to replace the Community Strategy and to meet the requirements of the Health and Social Care Act 2012. The Corporate Plan is part of the 'golden thread' of performance management, linking the Council's vision and priorities into the everyday activities of our staff.

The Shadow Slough Wellbeing Board (SWB) operated during 2012/13 and has become the umbrella partnership for the borough, replacing the former Local Strategic Partnership. The SWB oversees the implementation of the Joint Wellbeing Strategy and is supported by six Priority Delivery Groups which report into the Board.

The Council's strategic planning is informed by a strong evidence base including the Slough Story and Joint Strategic Needs Assessment.

The Council's Performance Management Framework is used to monitor financial, service and project performance on a monthly basis and is reported to the Corporate Management Team, Cabinet and Overview and Scrutiny. The Council reintroduced service planning in 2012/13 with service plans being produced at Assistant Director level.

Measuring the quality of services for users, for ensuring they are delivered in accordance with the Authority's objectives and for ensuring that they represent the best use of resources.

Key References:

- Citizen Satisfaction Surveys;
- Service Planning Framework;
- Internal & External Inspection; and
- Performance Management Framework.

Commentary:

The Council has produced a Community Engagement toolkit to provide practical guidance for staff on how to engage with local communities. The U-engage consultation portal continues to be used and additional staff have been trained to make use of this method. It has been decided not to continue to carry out Attitude Surveys but to focus on targeted consultation on specific topics and as part of proposed service changes.

A Service Plan template has been developed which includes key performance from the previous year and objectives for the year ahead. Plans also include financial and workforce planning information.

The Council has a comprehensive internal audit programme to ensure that there is sufficient coverage across the organisation to enable senior management to gain assurance over the control framework. The Council is also subject to rigorous external inspection from independent agencies such as OFSTED or the Audit Commission's appointed auditors, BDO. As part of the external audit work there is coverage on Value for Money where a conclusion is provided.

The Council has a robust performance management framework with regular reporting to senior management and members of the Council, highlighting performance against a performance Balanced Scorecard. The Council also monitors progress against its 'gold' projects to ensure that key projects are being delivered and progress against delivery.

Defining and documenting the roles and responsibilities of the executive, non-executive, scrutiny and officer functions, with clear delegation arrangements and protocols for effective communication

Key References:

- Clearly defined roles and responsibilities;
- Policy & Budgetary Framework;
- Decision making Structure;
- Formal Delegation of Responsibilities; and
- Public Inspection of Key Documents.

Commentary:

The Council is composed of 41 Councillors. The overriding duty of Councillors is to the Borough as a whole but they are democratically accountable to residents of their Ward. All Councillors meet together as the full Council.

The Executive is the part of the Council which is responsible for most day-to-day decisions. The Executive is made up of a Cabinet appointed by the Leader of the Council with eight lead Councillors, called Commissioners. Each Commissioner has a specific portfolio of areas for which s/he is responsible. All services of the Council fall within the portfolios of one or more of the Commissioners. When key executive decisions are to be discussed or made, these are published in the Cabinet's Forward Plan in so far as they can be anticipated. The Cabinet has the power to make decisions which are in line with the Council's overall policy and budgetary framework. If it wishes to make a decision which is outside the framework, this must be referred to the full Council to decide.

All items of business at meetings of the Council, its Committees, Sub-Committees and the Cabinet will be set out in an agenda together with reports and supporting papers. Generally, these documents are open to public inspection on the Council's website and Council. Copies of these documents are also available free of charge on request. Normally the meetings will be held in public but where personal or confidential information, known as exempt information, is to be discussed, the meetings will be held in private and the reports and supporting papers will not be available.

The Council's decision-making structure has delegated many decisions to the senior officers and statutory chief officers. These decisions are taken after verifying that they are in accordance with the budget and policy and budgetary framework and a range of financial, legal and other relevant advice. The Council, through its Overview and Scrutiny Committee, holds the Cabinet to account and monitors performance and also considers certain executive items referred for comment. The Council also provides an opportunity for citizens and Councillors to ask questions and raise issues of broad public interest.

The Corporate Management Team (CMT) consisting of the Chief Executive and Directors meets weekly to oversee and direct the delivery of all Council services in accordance with policy, financial and legislative requirements.

Developing, communicating and embedding codes of conduct, defining the standards of behaviour for members and staff

Key References:

- Member and Officer Local Codes of Conduct;
- Council's Constitution;
- The Standards Committee; and
- Member and Officers Relations Code.

Commentary:

Councillors have to agree to abide by the Local Code of Conduct to ensure high standards of behaviour in the way they undertake their duties. The Local Code of Conduct forms part of the Council's Constitution and was reviewed and updated in July 2012 in line with Localism Act changes. The Standards Committee has overall responsibility for ethical matters including training and advice on the application of the Local Code. Since May 2008, the review and determination of complaints about Member conduct has been delegated by the Committee to specially designated Sub-Committees.

Specific Codes of Conduct have been adopted for Councillors who carry out the Council's Planning and Licensing functions. The Council has designated the Assistant Director of

Professional Services as the Monitoring Officer, in accordance with Section 5 of the Local Government and Housing Act 1989.

The Officer Code of Conduct sets out the standards of behaviour the Council expects of employees in the carrying out of their duties to ensure that the Authority maintains a deserved reputation for the high standards of its activities and the integrity of its employees at all levels.

A Member and Officer Relations Code sets out standards of behaviour and levels of expectations between Councillors and Officers of the Council.

Reviewing and updating Council Procedural Rules (standing orders), standing financial instructions, a scheme of delegation and supporting procedure notes/manuals, which clearly define how decisions are taken and the process and controls required to manage risks and ensuring compliance with these

Key References:

- The Constitution;
- The Financial Procedure Rules;
- An established Budget Monitoring Process;
- Monitoring Officer role
- Internal & External Reviews; and
- Council wide Risk Registers.

Commentary:

The financial management of the Authority is conducted in accordance with various procedures set out in the Constitution, but in particular with the Financial Procedure Rules. The Council has designated the Assistant Director, Finance & Audit as Chief Finance Officer (CFO) in accordance with Section 151 of the Local Government Act 1972.

The forecast position against budget is reported to Councillors quarterly, and is considered monthly by Directorate Management Teams and the Council's Corporate Management Team. This is supported by an established budget monitoring process by Managers and Finance staff.

The Council maintains a Corporate Risks Register that is supported by service risk registers. These are considered regularly by a cross directorate Audit & Risk Group and are reported to CMT.

The Cabinet or any Committee/Sub Committee of the Council, or any Officer are duty bound to consult the Monitoring Officer and/or the Interim Director of Finance and Property Services (or their representatives) as to whether any proposed decision would be lawful and/or contrary to the policy framework, and/or contrary to or not wholly in accordance with the budget. If the advice of the Monitoring Officer is that the proposed decision would be unlawful then the matter will be reviewed with appropriate advice from the Monitoring Officer on how to proceed if at all. If either of those officers consider that the decision would not be in line with the existing budget and/or policy framework then the proposal will be referred to the Cabinet or Committee/Sub-Committee for consideration. If

an urgent decision is required the Budget and Policy Framework Rules relating to urgent decisions, will be applied.

After consulting with the Chief Executive and the Section 151 Officer, the Monitoring Officer will report to the Full Council or to the Cabinet (if the decision relates to an executive function) if s/he considers that any proposal, decision or omission would be unlawful or give rise to maladministration. Such a report will have the effect of stopping the proposal or decision being implemented until the report has been considered.

Ensuring the Authority'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)

Key References:

- Key Member of the Leadership Team;
- Reports directly to the Chief Executive; and
- Professionally qualified and suitably experienced.

Commentary:

The Authority's financial management arrangements conform to the governance requirements of the CIPFA statement on the role of the Chief Financial Officer in Local Government (2010).

The Chief Financial Officer (CFO) is a key member of the Leadership Team and is actively involved in, and able to bring influence to bear on, all material business decisions. The CFO receives all Corporate Management Team (CMT) papers and is present for all CMT discussions on items with a financial relevance. As the principal advisor to senior management and members on financial matters, the CFO leads the promotion and delivery by the whole Council of good financial management.

The CFO is responsible for leading, and directing, the Finance function within the Council and is professionally qualified and suitably experienced, thereby meeting the requirements of the CIPFA statement.

Undertaking the core functions of an Audit Committee as identified in CIPFA's Audit Committee- Practical Guide for Local Authorities

Key References:

- Clearly established Audit Committee;
- Regularly convenes with clear agendas;
- Independent challenge; and
- Independent assurance.

Commentary:

The Audit and Risk Committee comprises both Council Members and independent Members who bring a wide range of commercial and governance experience, knowledge and challenge to the Council.

The purpose of this Committee, as governed by the Terms of Reference, is to provide independent assurance of the adequacy of the risk management framework and the associated control environment, independent scrutiny of the authority framework and non-financial performance, to the extent that it affects the authority's exposure to risk and weakens the control environment and to oversee the financial reporting process.

The Committee comprises seven people (six Councillors on a proportional basis), with one co-opted member from outside the Council with suitable experience. The quorum for the Committee is two elected members and one co-opted member.

The Committee meet four or more times per year and in order to promote the independence of the Committee, there is limited cross membership between the Overview and Scrutiny Committee and the Audit Committee.

The Committee reports annually to the Council and reports on an exception basis through the Chief Financial Officer to Cabinet.

Identifying the development needs of members and senior officers in relation to their strategic roles, supported by appropriate training.

Key References:

- Identification of corporate priorities;
- Service planning and performance monitoring;
- The Learning & Development Policy & Procedure;
- Induction Processes; and
- Ongoing appraisal process.

Commentary:

Training needs are identified through a range of mechanisms, including:

- CMT's identification of corporate priorities, initiatives and poorly performing service areas;
- the Council's service planning framework and the identification of service and staff performance gaps/development needs;
- customer feedback surveys;
- the Council's appraisal processes of its staff resulting in team and individual performance development plans; and
- Training needs analysis questionnaires.

To address the identified learning and development needs, the Council provides a range of training to both Councillors and Officers. This is in accordance with the Council's Learning and Development Policy and Procedure. The provision includes both formal and informal induction programmes for all new staff and councillors, a range of service related knowledge and skills programmes for all staff and councillors, and a programme of

leadership and personal skills training. The training for Councillors is mainly delivered through the Members Services Team working with the Overview and Scrutiny Officer.

Establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation including the identification and monitoring of whistleblowing and raising concerns from members of the public

Key References:

- Effective Local Media;
- Work with Local Businesses;
- Proud to be Slough Partnership Group; and
- The Community Strategy- consultation and participation.
- The Whistleblowing Policy & Procedure; and
- Public Concerns & Complaints Procedure.

Commentary:

There are clear channels of communication with all sections of Slough's diverse community. Communication channels include the local media, the Council's website and *Citizen*, a residents' newspaper published six times a year. The Council has moved to a campaign-based approach to marketing which focuses communication efforts around agreed priorities and key messages. The Council's media relations efforts have also been refocused on communicating priority messages to our residents. The Chief Executive has a regular slot on Asian Star, a local community radio station.

The Council is increasing its use of SMS and social media, including Twitter, as an additional way of communicating with new and existing audiences. These forms of media tend to encourage two way communications.

Slough Borough Council consults and works with the business community through a number of business-oriented and representative organisations, these include Slough Business Community Partnership, Thames Valley Chamber of Commerce and the Federation of Small Businesses. In addition where a policy or activity directly impacts specific businesses, those businesses are also consulted and involved. We are developing an Economic Development Strategy to focus on achieving real outcomes to improve the skills of local people and encourage business growth.

The Council has a long history of community consultation and participation. Work with, and support to, the local community has led to well-established systems of residents' and tenants' associations, and community groups. These groups are involved in the decision making process at a variety of levels, from projects to neighbourhood action groups. Our service planning process is informed by on-going consultation and involvement.

The Council has a Whistleblowing Policy and Procedure in place which enables the public, staff and all those contracting with the Authority to report any concerns on a confidential and secure basis. The document has been reviewed and updated regularly and widely communicated to all concerned.

The Council has policies and procedures to deal with other complaints and concerns raised by members of staff. Customers' comments or complaints about Council services are dealt with through the established Council's Corporate Complaints Procedure.

Incorporating good governance arrangements in respect of partnerships and other group working and reflecting these in the authority's overall governance arrangements.

Key References:

- The Partnerships' Register; and
- Partnerships Guidance, including the Partnerships Protocol.

Commentary:

The Council works in partnership with other public sector organisations, the private and voluntary and community sectors. Partnership Guidance has been published and this defines the types of partnerships and the procedures for entering into a new partnership.

This Partnership Guidance covers key governance issues, including:

- A common vision of work that is understood and agreed by all parties;
- A clear statement of the partnership principles and objectives;
- Clarity over each partner's role;
- A definition of the role of partnership board members and any staff who support the partnership;
- A statement of funding sources and clear accountability for financial administration;
- A protocol for dispute resolution;
- A complaints procedure to identify and deal with failure in service delivery; and
- How value for money is to be measured and making sure the authority or partnership has the information needed to review value for money and performance effectively.

A Partnership Toolkit has been produced and a number of partnerships have been reviewed. Additional partnerships have been identified and reviews will continue during the forthcoming year. Internal Audit have undertaken a review of our partnership arrangements during 2012/13 and a positive assurance opinion has been provided.

Review of effectiveness

Slough Borough Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the executive managers within the authority who have responsibility for the development and maintenance of the governance environment, the Head of Internal Audit's annual report, and also by comments made by the external auditors and other review agencies and inspectorates.

The process for maintaining and reviewing the effectiveness of the governance framework within the Council consists of:

- Annual reviews by Internal Audit of the authority's governance, risk management and system of internal control.
- Reviews by Internal Audit of internal controls in operation within each service area against known and emerging risks, identified through the risk management process.
- Annual service planning to align service development against strategic goals.
- Ongoing review of the business of and decisions taken by the Monitoring Officer, which includes that, the Council has acted lawfully and that agreed standards have been met.
- Meetings of the Audit and Risk Committee to consider the work of and recommendations made by the internal and the external auditors and other review bodies.
- Annual reviews of the Council's financial accounts and supporting systems by the external auditors leading to their opinion as published in the year-end statements.
- Annual reviews and, where appropriate, update of the Authority's constitution including standing orders and financial instructions.
- An ongoing review of risks and the actions required to mitigate against them.
- Monthly budget monitoring by Central Finance supported by established departmental monitoring processes.
- Directors complete an annual assurance statement that is supported by a governance self-assessment completed by each Assistant Director; these are available on request.

The Directors Annual Statement of Assurance

As detailed above, in order to provide confirmation that each Directorate within the Council has a sound system of internal control in operation, which in turn helps to manage and control business risk, each Director has been required to complete, certify and return a statement of their Directorate's current position.

Each Director and Assistant Director has been provided with a model format for completion and, in completing the statement, has facilitated the involvement of their Direct Reports to ensure that sufficient input has been obtained to provide a clear and coherent statement of all risk and control issues within any given area.

Each Director has fully engaged in this process and responded to the request for information within the designated deadline. The statements obtained are as follows:

- Resources, Housing and Regeneration
- Customer and Transactional Services
- Community & Wellbeing
- Strategic Policy and Communications

Signed hard copies are held by the Head of Internal Audit.

We have been advised on the implications of the result of the review of the effectiveness of the governance framework by the Annual Governance Statement review through:

- an analysis of the departmental risk registers;
- internal audit work during the year;
- external audit reports;
- inspections and assessments undertaken by independent regulators;
- assurances and areas for improvement supplied by Directors to support the annual governance statement; and
- discussions with Directors and Assistant Directors as part of the audit planning process.

SIGNIFICANT GOVERNANCE ISSUES

The following significant governance issues were identified as part of the Annual Governance Statement for 2011-12. The table below highlights the actions that have been taken in the year to resolve, and the improvements which have been made to the service provision.

Risk	Extract of mitigating factors from the Annual Governance Statement (2011/12)	Update April 2013
<p>1 Safeguarding services and Safeguarding outcomes for children and young people Ofsted inspection has judged services as inadequate and 4 of the 10 areas in outcomes as inadequate Failure to safeguard Children Reputational damage to the Council Failure to identify high risk/ problem areas prior to inspection Statutory requirements not being met</p>	<ul style="list-style-type: none"> • Improvement Plan Project Board (internal staff) meets twice monthly to oversee progress against the Safeguarding Improvement Plan (which is one of the SBC GOLD projects). • Improvement Board (externally chaired and with representation from DfE, SBC Members and Officers, police, health and the LSCB) meets every two months to oversee progress Improvement Plan is updated for each meeting. • Risk register in place based on the Improvement Plan • CMT scrutiny of the Safeguarding Improvement Plan through monthly GOLD project highlight report • Member Scrutiny of the Safeguarding Improvement Plan through reports to Cabinet and the Education and Children’s Services Scrutiny Panel. • Member updates on progress through the monthly GOLD project highlight reports which are included on the agenda for Overview and Scrutiny and Cabinet meetings • Funding provided for improvement. Very close and tight monitoring. • Employment of specialist interim staff New structure and recruitment plan for Children’s Social Care agreed. • Bridging strategy into new structure in place and phased recruitment of new staff to start in May. 	<p>Internal Management Governance:</p> <ul style="list-style-type: none"> • Project Board continues to meet, chaired by Assistant Director. • New Quality Assurance and Performance Board established that includes all managers across CIN/LAC and CP teams. • Monthly performance reporting performance to Senior Management Team – Chaired by Director. <p>External & Scrutiny Challenge:</p> <ul style="list-style-type: none"> • Improvement Board continues to meet - externally chaired and with representation from DfE, SBC Members and Officers, police, health and the LSCB meets every two months to oversee progress. • Peer Review undertaken in November 2012 – External multiagency team led by Experienced Director of Children’s Services • Improvement Plan revised following feedback from Peer Review (external challenge) • Risk register revised to align with new Council approach. Risks presented to partner agencies now also included in register. • Gold project reporting to CMT, O&S and Cabinet • Regular reports to Education and Children’s Services Scrutiny Panel (quarterly) <p>Building Capacity:</p> <ul style="list-style-type: none"> • New senior management team and appointment of permanent Assistant Director.

		<ul style="list-style-type: none"> • Funding approval (growth) by Cabinet as part of MTFF for new safeguarding team arrangements including substantive capacity building to meet recommendations of sector led review. • Appointment of Independent Chair of the Safeguarding Board. • New team structure implemented • Monitoring of vacancy rates and review of strategies to recruit to vacancies • Time limited capacity building for specialist input for – case work quality improvement programme, early intervention model, commissioning strategy, engagement & participation strategy, multiagency workforce strategy. Funding commenced winter 2012 and agreed for 2013/14. <p>Partnership Working:</p> <ul style="list-style-type: none"> • LSCB completed sector led recommendations – business plans agreed • CYPPB refreshed. • Protocols between LSCB, CYPPB, SWB and SWB subgroups eg SSP agreed.
<p>2 Continued Economic Instability and Turbulence at a national level Comprehensive Spending Review Reduction in spending power circa £25million to the Council over next 4 years Reduction of service provision and services Risk of insolvency of key</p>	<ul style="list-style-type: none"> • New MTFS agreed supporting four year balanced budget. (evidence MTFS) • Monitoring savings has taken place in year. Completed – revenue budget delivered under-spent in accordance with planned early implementation of coming years savings (evidence monthly budget monitor reports) • All savings/growth proposals presented to PPRG • Reserve levels increased in line with expectations • Additional savings identified in line with agreed 	<ul style="list-style-type: none"> • Council approved MTFS in place for future financial years • Savings monitoring put in place for current and future financial years • Reserves in line with expectations at just over £8m • Savings levels delivered overall • New Council Tax Support scheme approved and in place for 1st April 2013

<p>suppliers Financial pressure on partner agencies particularly the voluntary sector</p>	<p>approach to transformation of services and continued protection of front line services to effectively support end users. (evidence revised appendices A and PPRG agreed savings areas approved throughout the year)</p> <ul style="list-style-type: none"> • Effective dialogue with all major suppliers (evidence successful transfer Southern Cross care homes, profit share increase enterprise) The voluntary sector has been actively encouraged and supported to participate in tender processes, shift in focus towards commissioning 3rd sector services – (evidence cabinet report, and successful tender awards, Age Concern etc • Localism, finance training delivered to all key staff (evidence programme slides /notes). Briefing notes provided to CMT & Scrutiny (evidence - see respective reports). Provision made in revenue budget for £1million impact of ctax benefit reduction (evidence 4 year revenue budget) 	
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<p>3 Business Continuity Failure of Council and partners to provide services Loss of reputation Loss of performance</p>	<ul style="list-style-type: none"> • Kpmg Business Continuity Specialists commissioned to develop and test comprehensive and robust BCP. 	<ul style="list-style-type: none"> • Corporate Business Continuity Group established • KPMG report delivered and appropriate actions taken • Business Continuity Plan (BCP) reviewed by all Directorates, amendments made as necessary and signed off by CMT. • BCP shared with arvato. • Agreed that Service BC Plans will be focused at 'service' level to ensure they remain relevant after any reorganisation process. • Initial Audit carried out by RSM Tenon BIA's to be signed off by each Directorate.
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<p>4 Managing a mixed economy workforce, utilising a suite of contractual relationships - internal external temporary and permanent, Anticipating areas of service change and acting early to minimise compulsory redundancy</p>	<ul style="list-style-type: none"> • CMT draft revised workforce strategy produced (evidence CMT report) • Strategic task and finish project team established led by Chief Executive (evidence CMT minutes) • Action plan to develop and deliver the strategy drafted • Corporate wide ongoing monitoring of all of interims/temps in place and regularly monitored (evidence through SMT minutes and O&S agenda papers). Overall reduction from 199 temps/interims in July 11 to 159 Jan 12. 	<p>Implementation of Workforce Strategy (evidence minutes of Strategy project team) prioritising:</p> <ul style="list-style-type: none"> • Healthy staff initiatives and sickness absence management (posters, policy) • Leadership programme (promotion and programme) • Management development initiatives – charter, competencies framework, performance management training et al • Development of new skill sets, e.g. commercial expertise (programme) <p>Temps and interims (see Matrix):</p> <ul style="list-style-type: none"> • Introduction of neutral client streamlining some agency relationships • Computerised system to improve consistency of record, audit trail and management information • Focus on temps whilst creating flexibility for change • Reduction of interims at senior level and e.g. Finance • Gradual stabilisation of C&F workforce.

<p>5. Partnership and Governance arrangements Relationships with major partners needs to be managed Localism Bill due to be passed in November 2011 will drive a transformation in the role of others in the provision of local services, raising the importance and impact of accountability and governance key aspects.</p>	<ul style="list-style-type: none"> • Completed (evidence Cabinet report/CMT and SMT minutes). • Review of key partnerships completed using toolkit and gaps identified being addressed. Phase 2 review of other partnerships underway. • Risk, performance and business continuity assessed as part of the toolkit. • Partnership Register drafted and reported to CMT. • Local Strategic Partnership wound up in December 2011 with formation of Shadow Health and Wellbeing Board • Localism Act implications assessed (reports to CMT, Cabinet Members and Overview and Scrutiny Committee). 	<ul style="list-style-type: none"> • Partnerships review reported quarterly to CMT (last April 2013, next July 2013) • Further audit completed March 2013 and reported to CMT. Actions identified being implemented. • Additional partnerships identified for review. • Partnership toolkit publicised with staff. • Risk management of partnerships being progressed. • Slough Wellbeing Board now formally constituted council committee (from April 2013) • Localism Act aspects being led by relevant officers, e.g. April report to Cabinet on Community Assets.
<p>6 Risk Management Failure to manage risks in accordance with the BSI Standard for Risk management or to follow leading practice in place at other local authorities Failure to integrate and embed risk management within the culture of the Council. Need for top down and bottom up with both a strategic risk register; operational; project and partnership risk registers in all areas of the Council.</p>	<ul style="list-style-type: none"> • Framework, strategy and policy document in place. • Risk management training done • Strategic Risk register done and reviewed • Evidence CMT minutes 	<ul style="list-style-type: none"> • Risk Management Strategy and framework in place • Ongoing training for staff • Quarterly review of the Strategic Risk Register by CMT • Internal Audit advisory review of Risk Management • Risk Management Group in place and operating effectively.
<p>7 Procurement Reputational damage to Council if processes are not fair and transparent</p>	<ul style="list-style-type: none"> • New toolkit and templates written and to be rolled out in line with March training • Strategy agreed by Cabinet 12th March 	<ul style="list-style-type: none"> • All toolkits and templates rolled out in 2012. • Central contracts register updated bi-monthly. In-tend development site underway, data

Failure to achieve best Value	<ul style="list-style-type: none"> • Central contracts register in place commenced April 2011 • Exemptions process captured in draft contract procedure rules • Training programme scheduled for March 2012 	<p>currently being cleansed</p> <ul style="list-style-type: none"> • All tier 1, 2 and 3 managers trained during 2012. Quarterly training for new starters held during 2013.
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The following issues which may be regarded as significant were identified during 2012/13 as a result of the review of arrangements and by the work of internal audit.

2012/13 Issue	Proposed Actions for 2013/14
<p>Procurement: The audits of procurement, undertaken throughout the year have identified that whilst there was a procurement framework in place, this was not being complied with consistently, and as a result the Council cannot gain assurance that value for money was being obtained through the procurement process.</p>	<p>Following on from the quarter 2 and quarter 4 Corporate Procurement audits Procurement are implementing actions and recommendations. As an interim measure Procurement Specialist have been allocated on a Directorate basis this should enable closer assistance to procurement activity previously undertaken without involvement of Corporate Procurement undertaken.</p>
<p>Contract Monitoring: The audits of contract management and block nursing contracts identified that an effective contract management framework was not in place within the Council, therefore assurance could not be provided that contracts were being let and managed effectively to ensure value for money was being obtained.</p>	<p>The position at April 2013 is as follows:</p> <ul style="list-style-type: none"> • During 2011/12 100 % block contracts (nursing) were monitored through a contract monitoring on site assessments and for some providers more than one monitoring visit was undertaken. In the period July 2012-March 2013 a total of 50 comprehensive visits were completed, of which 62% were planned, 34% conducted in light of emerging issues and 4% were a planned visits superseded by triggered concerns. • The new contract documentation which was with block contract providers for their signing at the time of the audit have been signed. • The planned tender of nursing care was delivered within the timescales set out in the project proposals. The evaluation of need for the Gurney House resource, the public consultation and subsequent closure programme was also delivered within the timescales agreed by Commissioners and Cabinet and in accordance with the programme shared with audit when the

	<p>audit was undertaken.</p> <ul style="list-style-type: none"> • The quality monitoring framework for care services has been finalised. The framework was in draft form at the time of the audit awaiting the outcome of the West Sussex judicial review, which it was anticipated would result in changes in case law that would impact on the practice for local authorities nationally. The final version of the framework includes the outcome of this JR <p>Actions for 2013/14:</p> <ul style="list-style-type: none"> • The quarterly reporting to the SMT will continue • The use of call monitoring to support the monitoring of domiciliary care providers will be fully implemented and findings, themes and trends included within the quarterly monitoring. • The annual timetable for planned monitoring visits to all block contracted providers implemented. • Unplanned monitoring visits in response to quality/safeguarding concerns to continue as required and duplicate records to be held on Controcc, as well as the safeguarding electronic files as has been practice.
<p>Safeguarding (risk assessments): The audit of the safeguarding risk assessment process identified that in a significant number of cases risk assessments had not been undertaken, and that completed forms had not been subject to timely management review. This could result in children not receiving timely intervention from the Council which could expose them to further risk of harm.</p>	<p>See 1 Safeguarding services and Safeguarding outcomes for children and young people, above for governance and capacity building measures in place at April 2013.</p> <p>In addition the position at April 2013 is as follows and will continue through 2013/14:</p> <ul style="list-style-type: none"> • QAF revised and re-launched – supported by revised risk tools and guidance for staff and managers. • New case audit process introduced providing monthly comparator across 5 points in the care pathway. 194 case audits undertaken by the service between November 2012-April 2013. • Independent auditor commissioned to undertake audits, provide additional oversight and moderation process introduced by senior team. • Learning Loop approach introduced, supported by mentoring and Reconstruct training. • Audit extended to include CIN

	<ul style="list-style-type: none"> • Signs of Safety model being introduced to IRO and case conferencing activity • Reconstruct training refreshed to focus on risk identification and assessment approaches • Monthly performance monitoring of related PIs continues • Audit outcome reporting to the Improvement Board as part of the balance score card continues.
<p>Asset Register: The asset register audit identified that the Council did not undertake regular reconciliations to confirm the accuracy of information held on the asset register or the Land Terrier. Therefore regular assurance was not being received that the value of assets recorded in the register was accurate. In addition testing undertaken on the accuracy of information held on the asset register identified a number of discrepancies with regards to the recording of asset purchases and disposals and therefore assurance could not be provided the asset register was accurate.</p>	<p>Whilst this audit report remains in draft, action plans are being developed by management to address the weaknesses identified within this review, with actions assigned to responsible officers. Through the recommendation tracking process which has been introduced, on-going monitoring will be undertaken to ensure that these recommendations are implemented on a timely basis and this area will be subject to further internal audit review during 2013/14.</p>

Although not classed as significant, the following issues have been identified by officers as meriting attention to further strengthen effective corporate governance:

2012/2013 Recommendation	Action Planned for 2013/2014
<p>Ensure the improvement in the internal control environment within Schools still under the control of the Council, particularly with regards to ensuring effective financial management and use of resources.</p> <p>The internal audit programme covered a significant number of schools and identified particular weaknesses in the internal control framework in respect of:</p> <ul style="list-style-type: none"> - Governance - Procurement - Financial Management 	<p>A significant proportion of the Internal Audit plan for 2013/14 has been directed towards ensuring that schools are complying with SFVS and best practice financial management and governance requirements.</p>

Our Internal Audit programme of work has rightly focussed on areas of known risk and areas of management concern. We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. Action plans have been agreed for all recommendations, with responsible officers and implementation dates documented. The Council has also introduced a formal recommendation tracking process which will be regularly reported to CMT and the Audit and Risk Committee to provide regular assurance that weaknesses in the control framework have been addressed.

We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness. We will also monitor their implementation and operation as part of our next annual review.

Signed:

Lead Member & Chief Executive on behalf of Slough Borough Council

Production of the Annual Governance Statement

