

Annual Governance Statement

Background

Since the publication of the previous year's Annual Governance Statement the Wales Audit Office (WAO) has published a follow up to the Corporate Governance Inspection. This was presented and agreed at Council on 27 January 2015 and acknowledged the significant progress in addressing the recommendations and proposals for improvement identified in the Special Inspection (SI) undertaken in the Autumn of 2013 and the two Public Interest Reports. The Improving Corporate Governance Programme Board is still meeting to ensure that the remaining actions are satisfactorily concluded. Reports are presented periodically to Cabinet.

Scope of responsibility

The Authority 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. The Authority also has a duty under the Local Government Act 1999 and the Local Government Measure 2009 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of strategic effectiveness, service equality, service availability, fairness, sustainability, efficiency and innovation.

In discharging this overall responsibility, the Authority 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.

The Authority has approved and adopted a code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government'. A copy of the code is on our website at www.caerphilly.gov.uk or can be obtained from the Authority's communication department. This statement explains how the Authority has complied with the code and also meets the requirements of regulation 4(2) of the Accounts & Audit (Wales) Regulations 2014 in relation to the publication of a statement on internal control.

The Authority has acknowledged and accepted that there had been serious shortcomings in respect of its duties identified in 2012 and 2013 by WAO. The Authority has undertaken significant work to improve those shortcomings, which were reflected in the SI published in January 2014 and the follow up CGI published in January 2015. These two reports were presented and approved at Council.

The purpose of the governance framework

The governance framework comprises the systems, processes, culture and values, by which the Authority is directed and controlled and its activities through which it accounts to, engages with and leads 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.

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 ongoing process designed to identify and prioritise the risks to the achievement of the authority'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, effectively and economically.

The governance framework has been in place at the Authority for the year ended 31 March 2015 and up to the date of approval of the Statement of Accounts.

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The governance framework

The following paragraphs describe the key elements of the systems and processes that comprise the authority's governance arrangements:

Identifying and communicating the authority's vision of its purpose and intended outcomes for citizens and service users

- The Authority's Corporate Plan sets out the Authority's aspirations, priorities and Improvement Objectives. These are derived from the Caerphilly Single Integrated Plan (Caerphilly Delivers), which clearly articulates a shared vision for Caerphilly County Borough Council and its strategic partners.
- Long term outcomes and interim performance standards have been established for each Improvement Objective. Progress is reported via the Scrutiny Committee process.
- The Single Integrated Plan (forward looking plan) is published widely and is also available on the Authority website and intranet. Similarly the Authority's Corporate Plan is published on the website, and updated annually. Progress is reported via the Scrutiny Committee process.
- The Authority's Annual Performance Report (published in October) tells citizens and service users how we have performed against the Improvement Objectives as required under the Local Government Measure 2009.

Reviewing the authority's vision and its implications for the authority's governance arrangements

- The Single Integrated Plan, Corporate Plan and annual Performance Report are regularly reviewed and the Authority's vision and strategic objectives have been refined to reflect changing aspirations, both locally and nationally.
- A performance management framework has been developed.
- The Authority is a lead partner of the Caerphilly Local Service Board (LSB). The Single Integrated Plan implemented from April 2013 onwards details the LSB vision, and following analysis of a Unified Needs Assessment, has identified five outcomes for delivery, namely:

Prosperous Caerphilly
Safer Caerphilly
Healthier Caerphilly
Learning Caerphilly
Greener Caerphilly

The Policy and Resources Scrutiny Committee on 14 April 2015 received an update in respect of the Delivery of the Plan. The Scrutiny Committee acknowledged the good work undertaken to date and determined a further review by Scrutiny during 2015.

"Caerphilly Delivers" (The LSB Single Integrated Plan) was considered and approved by Caerphilly LSB on 17th April 2013 and Caerphilly County Borough Council on 23rd April 2013.

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

- Service Delivery Plans contain key service objectives that are geared, where appropriate, towards achieving the overall strategic objectives detailed in the Authority's Corporate Plan. They also contain targets in respect of both national performance indicators and local performance targets.
- The Service Delivery Plans are produced after the conclusion of the services Self Evaluation. Self Evaluation is in its second year of implementation. Challenge sessions with the Interim Chief Executive; Cabinet Member for Performance and Head of Property and Performance will be undertaken during the Summer of 2015. A review will be undertaken in the autumn to determine whether this process is adding value.

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- This system is in turn supported by individual annual staff performance and development reviews to ensure that everyone understands their individual and service unit contribution to corporate goals.
- The Authority uses a performance management software system, Ffynnon, which is used to monitor not only individual performance indicators, but also their combined effect on the achievement of strategic objectives.
- Performance against targets is monitored at officer and Member levels, by Corporate Management Team, Directorate Management Teams with Cabinet Members, and Scrutiny Committees.
- Albeit that there is an established process in place, as outlined above, the reporting of performance is under review to ensure these procedures are best able to take the Authority forward in the medium term in light of reducing budgets

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

- The Authority's Constitution sets out how the Authority operates, how decisions are made and the procedures that are followed to ensure that these are efficient, transparent and accountable to local people.
- Policy and decision-making is facilitated through the Executive Cabinet supported by a framework of Statutory and Scrutiny Committees.
- The Constitution also sets out the situations where senior officers of the Authority can make decisions under delegated authority. Delegated power decisions and information items are published on the intranet.
- The Authority publishes an Annual Improvement Plan which sets out key priorities agreed by the Authority, its committees and chief officers under their delegated powers and a performance report which details progress against these.
- The Authority's Constitution is reviewed and refreshed on a regular basis to reflect current legislation and working practices with the most recent report having been presented to Council at the Annual General Meeting. In addition, further consideration is to be given to the adoption of the new All Wales Framework Constitution, which to date has only been adopted by a few authorities in Wales.
- Various guidance notes for officers have been prepared to sit alongside the Authority's Constitution and training has been rolled out. The documentation is available on the Authority's corporate governance page. In addition and as one of the formal recommendations of the CGI a decision making protocol for recording decisions at Corporate Management Team was established and successfully implemented. Currently officers are rolling out training for members on the Authority's Constitution and decision making processes, this is ongoing and forms part of the Member's Mandatory training requirements approved by Full Council.

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

- The Authority's Constitution contains formal Codes of Conduct that articulate the standards of ethical behaviour that are expected from members and officers. These incorporate procedures for the disclosure of pecuniary interests and offers of gifts and hospitality.
- Both members and officers are made aware of the personal conduct and disclosure requirements and they are available for reference on the Authority's intranet.
- The WAO Public Interest Reports issued in March and December 2013 both raised significant concerns in respect of conflicts of interest, particularly with regard to the role of officers. Much work has been undertaken to ensure formal notification and acceptance of the Code of Conduct by all staff, plus training events to raise awareness. This work has been reported to the IGPB and Cabinet.

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Reviewing and updating standing orders for contracts, financial regulations, a scheme of delegation and supporting procedure notes / manuals, which clearly define how decisions are taken and the processes and controls to manage risks

- The Monitoring Officer in conjunction with senior officers and members undertakes periodic reviews of the Authority's Constitution including reviewing Standing Orders for Contracts, Financial Regulations and the Scheme of Delegation to ensure that current practices and legislation are reflected. The Standing Orders have recently been reviewed to reflect the new European Regulations.
- The standard member reporting procedure requires a consideration of risk for all significant decisions. This is also underpinned by a robust structure and system for identifying and evaluating all significant business risks at both corporate and operational levels, the key elements of which are a Corporate Risk Register; Directorate Risk Register and Service Level Risk Assessments built into the business planning process.
- This area was strengthened during 2013/14. A Risk Management Strategy was formally agreed, training on risk was delivered to Audit Committee and Cabinet Members. This training is ongoing. The Corporate Risk Register is reported to Audit Committee and Cabinet periodically after consideration by Corporate Management Team.

Undertaking the core functions of an audit committee, as identified in CIPFA's Audit Committees – Practical Guidance for Local Authorities

- The Authority has appointed an Audit Committee whose terms of reference comply with the latest CIPFA guidelines. These extend to monitoring and reviewing the adequacy of the governance framework.
- The Terms of Reference are reviewed annually and are updated if required.

Ensuring compliance with relevant laws and regulations, internal policies and procedures and that expenditure is lawful

- The Authority aims to ensure compliance with established policies, procedures, laws and regulations through a variety of mechanisms, including:

Monitoring Officer;
Section 151 Officer;
Internal Audit;
External Audit;
Performance Management Framework;
Corporate Management Team.

- The WAO Public Interest Reports issued in March and December 2013 identified serious failings in this area.
- In the light of these Public Interest Reports, the Interim Chief Executive has strengthened the roles of both the Monitoring Officer and Section 151 Officer. Both officers attend the formal Corporate Management Team meetings. The S151 role has been incorporated into a new temporary post of Director of Corporate Services and S151, and is no longer at Head of Service level. The interim management arrangements currently in place across the Authority are reviewed and agreed by Council periodically.
- The standard committee reporting procedure and template requires the Monitoring Officer to examine reports to the Executive for compliance with legal and procedural issues. His/her comments are referred to the Authority's Corporate Management Team for action. In addition to the above, the Authority has a Deputy S151 and Monitoring Officer to ensure adequate cover for these roles is in place

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Arrangements for whistle blowing and for receiving and investigating complaints from the public

- The Authority has reviewed its Whistleblowing Policy in line with legislative changes, and following the work of the Whistleblowing Commission by Public Concern at Work. Public Concern at Work is a leading Charity and has been identified as an organisation leading best practice in this area. The Authority has developed a new policy following their assistance and model of best practice. This revised Policy has been approved, implemented and staff have been made aware of its existence using a number of communication channels.
- The Authority also operates a formal Corporate Complaints Procedure, which has been widely publicised.
- The Audit Committee has a more proactive role to play in monitoring the level of complaints and the procedures that are in place. Reports are regularly presented. In addition, individual Scrutiny Committees receive reports on complaints.

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

- Formal induction programmes and training and development plans are in place for members. Where identified by the PDR process senior officers participate in management development training.
- All senior officers participate in the corporate staff appraisal scheme.
- It had been recognised that the induction and training of members was sporadic in respect of some committees. In order to address this issue Council has approved the implementation of a new, more focused training regime for members this includes the identification of certain aspects of training as mandatory.
- A review of induction arrangements for officers is being undertaken as this area should be improved. Discussions have taken place initially at the HR Strategy Group prior to formal consultation/approval.
- Appropriate training has and will continue to be delivered where identified in the Action Plan.

Establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation

- Up to date strategies are in place in respect of communications, marketing and consultation.
- A corporate database of formal consultations is maintained to reduce duplication of consultation.
- An extensive consultation process was introduced in respect of the 2014/15 Budget Strategy.

Incorporating good governance arrangements in respect of partnerships and other group working as identified in the Audit Commission's report on the governance of partnerships, and reflecting these in the authority's overall governance arrangements

- The Authority has adopted a formal Framework for Partnership Working which specifies the minimum governance requirements in respect of all the Authority's partnerships and the enhanced requirements in respect of its key partnerships.
- Since 1999 a "Compact Agreement" has been in place which is a local agreement for governing the relationship between public sector organisations within the County Borough and third sector organisations. In April 2013, a revised Compact Agreement was published for the period 2013 to 2017 bringing together the following partners: Gwent Association of Voluntary Organisations, Caerphilly County Borough Council, Gwent Police, the Police and Crime Commissioner for Gwent, Aneurin Bevan Health Board, South Wales Fire and Rescue Service, Community and Town Councils and the Caerphilly Business Forum. The Compact Agreement recognises the mutual benefits that can be gained from close co-operation and sets out guidelines for how all parties should work together.

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- Key partnerships and partners are invited to attend the biannual Caerphilly Local Service Board Standing Conference, which focuses on communicating progress made on the delivery of LSB priorities, which include “Caerphilly Delivers” (the Single Integrated Plan), tackling the impact of poverty and reducing the harm caused by alcohol, and associated programmes/projects/initiatives.
- During 2014/15, the detailed piece of work involving the identification of all partnerships and collaborations continued. Governance arrangements for these have also been collated. Reports in respect of this piece of work have been reported to Audit Committee, IGPB and CMT. The Corporate Governance Panel randomly selected a small number of partnerships which have been audited in order to review the robustness of the governance arrangements, and the ability for the partnership to be held to account through scrutiny. The conclusions of these reviews by Internal Audit have been reported to the Audit Committee.
- In addition, a Collaboration and Partnership Strategy has been developed and approved which sets out the requirements for creating new Partnerships and Collaborations and importantly includes the arrangements for disbanding and exiting arrangements.

Review of effectiveness

The Authority 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 corporate governance panel within the authority who have responsibility for the development and maintenance of the governance environment, the Internal Audit Manager’s annual report, and also by comments made by the external auditors and other review agencies and inspectorates. The review covers all significant corporate systems, processes and controls, spanning the whole range of the Authority’s activities, including in particular those designed to ensure:

- The Authority’s policies are put into place.
- The Authority’s values are met.
- Laws and regulations are complied with.
- Required processes are adhered to.
- Performance and Financial statements and other published information are accurate and reliable.
- Human, financial and other resources are managed efficiently and effectively.
- Services are delivered efficiently and effectively.

The following paragraphs describe the processes that have been applied in maintaining and reviewing the effectiveness of the Authority’s governance framework:

Corporate Level Review

A management group, the Corporate Governance Panel, consisting of the following officers and the Cabinet member for HR and Governance has been established to oversee the compilation of the Annual Governance Statement:

- Acting Director of Corporate Services and S151;
- Head of Legal Services and Monitoring Officer;
- Head of Performance and Property;
- Internal Audit Manager;
- Head of ICT and Customer Services/SIRO

The group has conducted a detailed corporate level review of the Authority’s system of governance in accordance with the guidance provided by CIPFA / SOLACE.

The arrangements have been strengthened since March 2013 taking on board the findings of a WAO report on the AGS Statement.

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Directorate Level Review

The Authority has also introduced Directorate Assurance Statements requiring members of Corporate Management Team to review the operation of a range of governance systems and procedures within their service areas and indicate whether there are any significant non-compliance issues. These are analysed to ascertain whether there are any common areas of concern, and if so, whether these constitute significant governance issues and as such need to be included in the Annual Governance Statement.

Scrutiny Committees

The Authority has Scrutiny Committees who meet in public and make recommendations on the improvement and development of policies and hold the Executive and officers exercising delegated powers to account for their decisions.

Following the CGI Follow Up Report by WAO published in January 2015, the Authority's Scrutiny arrangements are currently under review. This work is planned to conclude with recommendations for improvement to Council in October 2015.

Audit Committee

The Authority has appointed an Audit Committee whose terms of reference comply with the latest CIPFA guidelines. These extend to monitoring and reviewing the adequacy of the governance framework.

Standards Committee

The Authority has appointed a Standards Committee in accordance with the provisions of S.53-55 & S.81(5) Local government Act 2000 and associated regulations. Their terms of reference are set out in the Authority's Constitution.

Performance Management

The Performance Management Unit (PMU) is responsible for developing and maintaining the Authority's performance management framework in accordance with the Wales Programme for Improvement. It supports and challenges the Authority as a whole, and the individual services, to continuously improve its services and works with the external auditors to co-ordinate inspection programmes.

The PMU co-ordinate and support the Self Evaluation and Service Delivery Plan process.

Information Governance

The Head of ICT and Customer Services is the Authority's Senior Information Risk Owner (SIRO), whose role is to assure the Authority's information through implementation of the Authority's Information Risk Management Policy. The SIRO assesses quarterly information risk returns from each Head of Service (as the information asset owner) to ensure risks are reported appropriately, measures to reduce risk are effective and information risk management is embedded into the culture of the organisation.

The SIRO is supported by a network of information governance stewards within each Directorate who communicate key messages to staff and management across the organisation, and assist Heads of Service in assuring the information that is managed and used by their Service area.

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Information assurance is also supported by the work of the Corporate Information Governance Unit and the Information Governance Project Team. This includes training a wide cross-section of staff and achieving over 99.5% completion of Protecting Information e-learning for Authority computer users. The Authority's Data Protection Policy and staff leaflet was sent to all employees alongside the Code of Conduct. An Information Asset Register has also been developed and the security, access and storage of information assets are under evaluation.

Internal Audit

Internal Audit is responsible for monitoring the quality and effectiveness of the system of governance and internal control. A risk-based Internal Audit Plan is produced each financial year. The reporting process for Internal Audit requires a report of each audit to be submitted to the relevant Directorate. Each report includes recommendations for improvements and an agreed management action plan. The process includes follow-up reviews of agreed recommendations to ensure that they are acted upon. Following the findings in the SI undertaken by WAO, the role of the Internal Audit team will be changing over a 2/3 year period as recently reported to Audit Committee. The focus will move from predominantly finance based with thematic reviews undertaken where there is identified risk. More non financial audits will be introduced. There will also be a role in respect of the review of the Risk Management process, focusing on the effectiveness of the mitigation of risks.

The Internal Audit Annual Report contains a statement / judgement on overall levels of internal control (a view based on the relative significance of the systems reviewed during the year, in the context of the totality of the control environment).

The Internal Audit Section is subject to regular inspection by the Authority's external auditors.

External Audit

In accordance with the Audit Commission's Code of Audit Practice, the Authority receives regular reports on elements of its internal control environment, including performance management, risk management, financial management and governance.

Review Outcome

It is acknowledged that a significant amount of work has been undertaken to improve and strengthen the Authority's governance arrangements. Reports on progress have been presented on a regular basis to Audit Committee, Council and Cabinet. Progress made by the Authority was recognised by WAO in the SI published in January 2014 and again in January 2015. The work in respect of Improving Governance will continue to be undertaken and monitored.

The previous year's AGS had highlighted 2 areas where improvements were required to strengthen the governance arrangements, these were:-

- **Interim Management Arrangements**

The SI recognised that the extent of interim arrangements in respect of senior staff could create instability in the Authority moving forward. The Authority had acknowledged that this was a concern.

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- **Improving timeliness of response to Freedom of Information (FOI) and Environmental Information Regulations (EIR) requests**

The Authority is subject to increasing numbers of requests for information and response within the statutory 20 working day period is challenging, as reported to Policy and Resources Scrutiny Committee. Failure to comply with a minimum of 85% of requests within 20 working days could result in monitoring by the Information Commissioner, which would lead to regulatory action if the Authority had not improved within a specified timescale. Failure to comply with recommendations made as part of regulatory action would be dealt with as contempt of Court. A number of measures have been taken to improve performance including a reminder from the Interim Chief Executive to all Managers of the importance of prompt responses, and the situation is continually monitored.

In addition to the above, there was one outstanding area for improvement from the previous year deemed incomplete:-

- The further development of the Authority's Business Continuity arrangements.

During the last year, the interim arrangements in respect of Senior Staff have been strengthened, particularly in respect of the appointment of a further Interim Chief Executive, Chris Burns. The current Interim Chief Executive is a full time appointment. There is an option to extend the Contract. A report to Council will be recommending a further 12 month extension. Other interim arrangements have now been in place in some instances for over 2 years. These officers are now very experienced which reduces the risk to the Authority moving forward. Hence, it is recommended that this area for improvement be removed from the AGS.

The second area for improvement relating to FOI response times saw significant progress since 2013. 72% of FOI responses occurred within 20 working days. In 2014, this increased to 76%. For the quarter, Jan 2015 to March 2015, this increased to 83%. Hence, it is recommended that this area for improvement be removed from the AGS but monitored by the Corporate Governance Panel to ensure continuous improvement is maintained.

The third area of improvement relates to Business Continuity. It has been identified via the Audit Committee process that Business Continuity exists in most front line service areas and IT but that there is no consistent approach. Recent reports to the Corporate Governance Panel and CMT have agreed a strategy that has been adopted by the Authority, which should ensure that there is both a strategic and consistent approach to Business Continuity. Progress to date has been reported to the Audit Committee since March 2014. A report presented in March 2015 acknowledged that significant progress has been achieved.

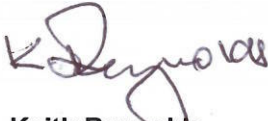
Based on the progress made, it is proposed that this area is also removed from the AGS, albeit that reports will continue to be made to Audit Committee.

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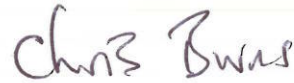
There is one new area for improvement that has been identified during the 2014/15 review process :-

The effectiveness of the current Scrutiny arrangements has been identified as an area that could be improved and to ensure that they are effective and productive a review of the current processes is to be undertaken. The review will ensure that any weaknesses or shortcomings will be addressed and current best practice will be built into our procedures going forward. It is intended that the review be completed by October 2015.

Signed



Keith Reynolds
Leader of the Authority



Chris Burns
Interim Chief Executive