

Corporate Governance Self Assessment
Tonbridge and Malling Borough Council
2009/10

	Question	Description	Evidence	Officer Responsible
Objective 1 Establishing principal statutory obligations and organisational objectives				
1.1 Mechanism established to identify principal statutory obligations				
1.1.1	Have responsibilities for statutory obligations been formally established?	Constitution	Constitution held on Council Website	Monitoring Officer
1.1.2	Is a record of statutory regulations held?	Held by Monitoring Officer	Statutory Regulations held by Councils Monitoring Officer	Monitoring Officer
1.1.3	Do effective procedures identify, evaluate, communicate, implement, comply with and monitor legislative changes exist and are they used?	Regular Report to Management Team. Changes Made to Constitution on a regular basis	Management Team Reports and Minutes	Monitoring Officer
1.1.4	Is effective action taken where areas of non-compliance are found in either mechanism or legislation?	Breaches are reported members via Committee Report.		Monitoring Officer
1.2 Mechanism in place to established corporate objectives				
1.2.1	Does consultation take place with stakeholders on priorities and objectives?	Consultation under taken via residents panel, subsequently reported to all members via cabinet report.	Residents Panel Surveys held by IDU	Improvement and Development Manager
1.2.2	Have the authority's priorities and organisational objectives been agreed (taking into account feedback from consultation)?	Spotlight sets out the aims and objectives of the organisation.	Spotlight - Our Corporate Performance Plan 2010/11	Improvement and Development Manager
1.2.3	Have the priorities and objectives been aligned to principal statutory obligations and do they relate to available funding?	Priorities for 2010/11 and 2011/12 were under review following change in Government and likely outcome from Comprehensive Spending Review 2010.		Principal Accountant
1.2.3	Have the priorities and objectives been aligned to principal statutory obligations and do they relate to available funding?	Alignment with national priorities incorporated within Spotlight.	Spotlight - Our Corporate Performance Plan 2010/11	Improvement and Development Manager
1.2.4	Are objectives reflected in departmental plans that are clearly matched with associated budgets?	Golden Thread links corporate objectives down to departmental, section and individual plan and objectives	Spotlight - Our Corporate Performance Plan 2010/11	All
1.2.5	Have the authority's objectives been clearly communicated to staff, stakeholders, including partners?	Communication primarily through the use of Spotlight, however partnership arrangements will focus on Key Priorities where appropriate.	Leaflet sent to all staff with Corporate Aims and Objectives on an annual basis	All
1.3 Effective governance arrangements are embedded				
1.3.1	Has a code of corporate governance been established?	Audit Committee recommend approval of draft revision Council. Existing code approved regularly by Council.	Code of Corporate Governance Report to Audit Committee Feb 2008	Chief Executive
1.3.2	Are review and monitoring arrangements in place?	Draft Revision reviewed by Management Team and Audit Committee for full Council Approval. In order to meet current CIPFA/SOLACE Requirements		Chief Executive

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1.3.3	Has a committee been charged with governance responsibilities?	Governance responsibility divided under constitution between Audit and General Purposes Committees	Constitution Part3 Member and Officer Responsibilities	Monitoring Officer
1.3.4	Has governance training been provided to key officers and all members?	Covered under Members Code of Conduct and members training program in place which include Governance Issues	Part 5 of Constitution	Monitoring Officer
1.3.5	Have staff, the public and other stakeholders been made aware of corporate governance?	Following reviews of code it is circulated by e-mail, intranet and internet.	Code of Governance from Website	All
1.4 Performance management arrangements are in place				
1.4.1	Do comprehensive and effective performance management systems operate as a matter of routine?	Performance targets are set annually, reported to Management Team and Cabinet on regular basis.	Performance Monitoring Report to Cabinet	Improvement and Development Manager
1.4.2	Have key performance indicators been established and are they monitored?	Key Performance Indicators are reported to Management Team and Cabinet on a quarterly	Annex 1 to Performance Monitoring Report	Improvement and Development Manager
1.4.3	Does the authority know how well it is performing against planned outcomes?	Key Performance Indicators are reported to Management Team and Cabinet on a quarterly basis. Annually reported against national indicator framework.	See evidence under 1.4.1 & 1.4.2	Improvement and Development Manager
1.4.4	Is the knowledge of absolute and relative performance achieved used to support decisions that drive improvements in outcomes?	Following quarterly review, adverse variations are addressed.	See evidence under 1.4.1 & 1.4.2	Improvement and Development Manager
1.4.5	Does the authority continuously improve its performance management?	System of performance management reviewed annually to ensure that LPI's included in addition to the NPI's are relevant and will add to service delivery.	See evidence under 1.4.1 & 1.4.2	Improvement and Development Manager

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Objective 2 Identify principal risks to achievement of objectives				
2.1 The authority has robust systems and processes in place for the identification and management of strategic and operational risk.				
2.1.1	<p>Is there is a written strategy and policy in place for managing risk which:</p> <ul style="list-style-type: none"> • Has been formally approved at political and risk management board (or equivalent) level • Is reviewed on a regular basis • Has been communicated to all relevant staff • Includes partnership risks 	<p>Risk Management Strategy reviewed on an annual basis, reported to Management Team, Audit Committee, Cabinet and Full Council. Communicated to all staff via e-mail, intranet, internet and annual appraisal mechanism.</p>	<p>Risk Management Strategy Review 2010/11 Risk Management Strategy 2010/11</p>	<p>Chief Internal Auditor</p>
2.1.2	<p>Has the authority has implemented clear structures and processes for risk management which are successfully implemented and:</p> <ul style="list-style-type: none"> • Management board and elected members see risk management as a priority and support it by personal interest and input • Decision making considers risk • A senior manager has been appointed to “champion” risk management • Roles and responsibilities for risk management have been defined • Risk management systems are subject to independent assessment • Risk management is considered in the annual business planning process • Risk management extends to partnership risks 	<p>All Members have received risk management training.</p> <p>All committee reports include a risk management assessment.</p> <p>Risk Champions appointed are Chairman of the Audit Committee and Chief Internal Auditor.</p> <p>Risk Strategy sets out individual responsibilities</p> <p>Risk Systems are currently under revision following external independent review by Council Insurers.</p> <p>Risk Assessments are undertaken on an annual basis as part of service planning regime, which flows to the Corporate Business Plan. The Council also has a separate Business Continuity Plan that considers Corporate Risks.</p> <p>All significant partners (contracts over £1m) provide copies of Business Continuity Plans for review and comment by senior managers as appropriate</p>	<p>Attendance Record held by Chief Internal Auditor</p> <p>See evidence under 2.1.1</p>	<p>Chief Internal Auditor</p> <p>Principal Administrator</p> <p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Principal Engineer, Transportation and Security Team</p>
2.1.3	<p>Has the authority developed a corporate risk management approach to the identification and evaluation of risk which is understood by all staff?</p>	<p>The Risk Management Strategy is frequently reviewed and staff are actively involved in the operational process. Confirmation of awareness of Risk Strategy is confirmed during the appraisal process</p>		<p>All</p>
2.1.4	<p>Does the authority have well defined procedures for recording and reporting risk?</p>	<p>Operational Risk Registers identify risks at the lowest level and all committee reports consider strategic and policy risk.</p>		<p>All</p>

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2.1.5	Does the authority have well-established and clear arrangements for financing risk?	Individual risks are assessed for financial implications and included within the Council Medium Term Financial Strategy where appropriate. Council also includes Financial and Value for Money considerations in all reports.	Medium Term Financial Strategy Report to Members	Director of Finance
2.1.6	Has the authority developed a programme of risk management training for relevant staff?	Program developed to roll out the revised methodology through service management teams.	Held by Chief Internal Auditor	Chief Internal Auditor
2.1.7	Does the corporate risk management board (or equivalent) adds value to the risk management process by: <ul style="list-style-type: none"> • Advising and supporting corporate management team on risk strategies • Identifying areas of overlapping risk • Driving new risk management initiatives • Communicating risk management and sharing good practice • Providing and reviewing risk management training • Regularly reviewing the risk register(s) • Coordinating the results for risk reporting 	This role covered jointly by Management Team and the Audit Committee	Covered under part 5 of the constitution	All
2.1.8	Has a corporate risk officer has been appointed with the necessary skills to analyse issues and offer options and advice and: <ul style="list-style-type: none"> • Support decision making and policy formulation • Provides support in the risk identification and analysis process • Provides support in prioritising risk mitigation action • Provides advice and support in determining risk treatments • Inspires confidence in managers 	Operational Risk is covered by the Insurance and Risk Manager (Brian Courtney). Corporate Risk led by Risk Champions.		Chief Internal Auditor
2.1.9	Is risk management embedded throughout the authority?	All Councillors have received Risk Management Training. Risk Management for Officers is included in appraisal systems.	Records of Attendance by Members	Chief Internal Auditor
2.1.10	Are risks in partnership working fully considered?	This is in progress to assess the business continuity plans from significant partners.	Copies of Major Partners Business Continuity Plans have been obtained and reviewed	Principal Engineer, Transportation and Security Team

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Tonbridge and Malling Borough Council
2009/10

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2.1.11	Where employed do risk management information systems meet users' needs?	Operational levels are considered by relevant staff, Strategic level all decisions made by Members are supported by Risk Assessment.	Report Template for all reports have section covering Risk Assessment	All

Corporate Governance Self Assessment
Tonbridge and Malling Borough Council
2009/10

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Objective 3 Identify key controls to manage principal risks				
3.1 The authority has a robust system of internal control which includes systems and procedures to mitigate principal risks.				
3.1.1	Are there written financial regulations in place which have been formally approved, regularly reviewed and have been widely communicated to all relevant staff: <ul style="list-style-type: none"> • Authority has adopted CIPFA code on Treasury Management • Compliance with the Prudential Code 	Outcomes for year are reported to Cabinet at year end. Financial Regulations from part of Council Constitution. Treasury Management Strategy including impact of Prudential Code are reviewed and approved by Cabinet in line with budget setting process annually.	Treasury Mangement Strategy Outturn 2009/10 Treasury Mangement Strategy 2010/11	Director of Finance Director of Finance
3.1.2	Are written contract standing orders in place which have been formally approved, are regularly reviewed and have been widely communicated to all relevant staff?	Contract Standing Order form part of Constitution.	Contract Standing orders included under Rules of Constitution	Monitoring Officer
3.1.3	Is there a whistle blowing policy in place which has been formally approved, regularly reviewed and widely communicated to all relevant staff?	Confidential Reporting Code in place	Internal Audit Pages on Anti-Fraud Policies	Chief Executive
3.1.4	Is a counter fraud and corruption policy in place which has been formally approved, is regularly reviewed and has been widely communicated to all relevant staff?	Both Anti-Fraud Policy and a specific Benefits Anti-Fraud Policy in place and staff are reminded of them as part of the appraisal process.	Internal Audit Pages on Anti-Fraud Policies	All
3.1.5	Are codes of conduct in place which have been formally approved and widely communicated to all relevant staff?	General Code of Conduct covered as part of the induction process and part of contract of employment.	Covered under part 5 of the constitution	All
3.1.6	Is a register on interests maintained, regularly updated and reviewed?	Members interest are overseen by the Monitoring Officer. Each service records Officer Interest.	Members Interest Register held and maintained by Monitoring Officer	Monitoring Officer
3.1.7	Where a scheme of delegation has been drawn up, has been formally approved and communicated to all relevant staff?	Covered under the Council Constitution	Scheme of Delegation from Constitution	Monitoring Officer
3.1.8	Has a corporate procurement policy been drawn up, formally approved and communicated to all staff?	Procurement Policy implemented and communicated to all staff via Management Team	Procurement Pages on the TMBC Website	Chief Accountant
3.1.9	Have business / service continuity plans been drawn up for all critical service areas and the plans: > Are subject to regular testing; > Are subject to regular review?	Business Continuity Plan prepared and distributed.		Principal Engineer, Transportation and Security Team
3.1.10	Does the corporate/departmental risk register(s) includes the expected key controls to manage principal risks?	Yes is considered as part of the scoring of risk for the services.	Held on Departmental Risk Registers	All

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Tonbridge and Malling Borough Council
2009/10

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3.1.11	Have risk indicators been drawn up to track the movement of key risks and are they regularly monitored and reviewed?	Revised risk management process will track risk movements. Significant adverse movements will be reported to Audit Committee.	Risk management process documentation held by Insurance Officer	All
3.1.12	Is the authority's internal control framework subject to regular independent assessment?	Internal Audit Subject to external review by Audit Commission on a triennial basis. Consideration to peer review by neighbouring authorities.		Chief Internal Auditor
3.1.13	Has a corporate health and safety policy been drawn up, been formally approved and is subject to regular review and has been communicated to all relevant staff?	Health and Safety Policy revised on a regular basis. Individual H&S Risk are subject to risk assessment and action plan.	Health and Safety Online Manual	Health and Safety Officer
3.1.14	Has a corporate complaints policy/procedure been drawn up, been formally approved, communicated to all relevant staff, the public and other stakeholders and is regularly reviewed?	Corporate Complaints Procedure in place and subject to monitoring by Chief Officers. Communicated to all staff and available to individuals on request or on council website.	Complaints Procedure from TMBC Website	Improvement and Development Manager

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Tonbridge and Malling Borough Council
2009/10

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Objective 4 Obtain assurance on the effectiveness of key controls				
4.1 Appropriate assurance statements are received from designated internal and external assurance providers; in that the authority has identified an appropriate source of internal				
4.1.1	Has the authority determined appropriate internal and external sources of assurance?	Audit Committee fulfils this function by receiving regular reporting on internal and external audit matters.	Audit Committee Report and Minutes as held on E genda	Chief Internal Auditor
4.1.2	Have appropriate key controls on which assurance is to be given been identified and agreed?	Audit Plan is agreed with Audit Commission with key controls being determined by use of CIPFA or Audit Commission standards.	Internal Audit Plan 2010/11 Annex 1 - Internal Audit Plan 2010/11 Annex 2 - Internal Audit Plan 2010/11 Annex 3 - Internal Audit Plan 2010/11	Chief Internal Auditor
4.1.3	Have departmental assurances been provided?	Service Assurance Statements are issued to and returned by Chief Officers. These form part of the Annual Governance Statement to be approved annually	Service Assurance Statements held by Chief Internal Auditor	Chief Internal Auditor
4.1.4	Are external assurance reports collated centrally with... <ul style="list-style-type: none"> • Reports being reviewed by relevant senior management team and reported to appropriate committee • Action plans are prepared and approved as appropriate • Follow up reports on recommendations are requested and reviewed by relevant senior management team and progress is regularly 	All Audit Commission reports are considered initially by the Director of the audited service who are required to complete the action plan as appropriate.	Audit and Inspection Letter Reported Jan 2011	All
		The Audit Commission report on the outcome of the actions provided in the previous report as part of the annual audit cycle.	See evidence under 4.1.4	All
		The agreed action plan is then approved by the Corporate Management Team and is subsequently reported to the Audit Committee.	See evidence under 4.1.4	All
4.1.5	Are adequate Internal Audit arrangements in place?	Assessment carried out by Audit Commission on an annual basis as part of the Annual Governance Report which is issued at the conclusion of the Audit of the Statement of Accounts.	This will form part of the Annual Audit for the Statement of Accounts	Director of Finance
4.1.6	Are adequate corporate governance arrangements in place?	Code of Corporate Governance covers all areas in the framework.	Code of Corporate Governance	Chief Executive
4.1.7	Are adequate performance monitoring arrangements in place?	System of performance management reviewed annually to ensure that LPI's included in addition to the NPI's are relevant and will add to service delivery.		Improvement and Development Manager

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Tonbridge and Malling Borough Council
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Objective 5 Evaluate assurances and identify gaps in controls or assurances.				
5.1 The authority has made adequate arrangements to identify, receive and evaluate reports from the defined internal and external assurance providers to identify areas of weakness in				
5.1.1	Have responsibilities for the evaluation of assurances been clearly defined throughout the organisation?	Responsibilities are set out within the Constitution for officer, members and committees.	Constitution Part3 Member and Officer Responsibilities	Monitoring Officer
5.1.2	Has a mechanism been established for collecting governance assurances with... <ul style="list-style-type: none"> • Overall responsibility allocated to governance senior officer group • Required assurances having been agreed and recorded • A central record of all assurances (either evidence file, or showing clear link to where evidence is held) • Clear guidance as to the evaluation procedure including assurance over risks, independence and objectivity of assurances has been issued • There is a defined evaluation mechanism • Their is timetable for completion by statutory deadline • A gap assessment has been performed and challenged? 	Code of Corporate Governance covers all areas in the framework.		Chief Executive
Objective 6 Action plan to address weaknesses and ensure continous improvement of the system of corprate governance.				
6.1 There is a robust mechanism to ensure that an appropriate action plan is identified control weaknesses and is impemented and monitored				
6.1.1	Has an action plan been drawn up and approved?	Control weaknesses identified by either internal or external audit or through risk management are reported to the Audit Committee along with subsequent actions taken to reduce them.	Audit Committee Reports as found on E-genda via Council Website.	All
6.1.2	Are all actions in the plan 'SMART', i.e.: <ul style="list-style-type: none"> > Specific; >Measureable; >Achievable; > Realistic and > Timebound? 	Individual officers are responsible for considering action to mitigate control weaknesses, their Directors approve the action plan. Any non-'SMART' actions be rejected and reported to Audit Committee.		All
6.1.3	Have all actions been communicated and responsibilities for their delivery assigned?	Action plans arising from Internal and External Audit Reports require named officer identification. Risk mitigation measures also require a named officer to take responsibility.		All
6.1.4	Have implementation timescales been agreed?	These are included as part of the action plan returned from services.	Audit Procedure Notes.	All

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6.1.5	Is there an ongoing review of progress and of continuing appropriateness of action?	Internal Audit follow up all recommendations on action plans at timescale determined by priority. External Audit report recommendations on action plans are reviewed in the following cycle.	Audit Procedure Notes.	All
Objective 7 Annual Governance Statement				
7.1 An Annual Governance Statement has been drafted in accordance with the statutory requirements and timetable as set out in the Accounts and Audit Regulations 2003, as revised b				
7.1.1	Has responsibility for the compilation of the Annual Governance Statement been assigned?	Delegated to Chief Internal Auditor and Principal Accountant to form part of the Annual Statement of Accounts.		Principal Accountant
7.1.2	Is there an Annual Governance Statement production timetable that meets the statutory deadline?	Annual Governance Statement forms part of the timetable for the closure of the accounts.	Final Accounts timetable as held by Principal Accountant	Principal Accountant
7.1.3	Is the Annual Governance Statement reviewed, challenged and approved by the authority?	Audit Committee receive, review and challenge the statement prior to approving its signature by the Chief Executive and Leader.		Principal Accountant
7.1.4	Is the Governance assurance statement prepared, incorporating all the required elements of the statement on internal control?	Annual Governance Statement will comply with template, once supplied by CIPFA FAN		Chief Internal Auditor
Objective 8 Report to Committee				
8.1 An annual report to the authority (or delgated committee) on the Annual Governance Statement is presented in accordance with the CIPFA pro forma.				
8.1.1	Is responsibility for reporting is clearly defined?	Governance Statement follows guides issued by CIPFA		Principal Accountant
8.1.2	Have signatories to the annual governance assurance statement and SIC been defined and are appropriate in accordance with statutory requirements (i.e. Most senior officer and most senior member of the organisation)?	See 7.1.3		Principal Accountant
8.1.3	Is the report likely to be published in a timely fashion with the statutory accounts?	Accounts will be published and approved by Audit and General Purposes Committees in June, the Annual Governance Statement will form part of these accounts		Principal Accountant