

Corporate Governance Self Assessment
Tonbridge and Malling Borough Council
2011/12

	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 Council's Monitoring Officer	Monitoring Officer
1.1.3	Do effective procedures to identify, evaluate, communicate, implement, comply with and monitor legislative changes exist and are they used?	Regular report to Management Team. Changes made to Constitution as appropriate.	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 to 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 resident's 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)?	Priorities and objectives of the organisation on the website.	Corporate Priorities	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?	Alignment with national priorities incorporated within corporate priorities.		Improvement and Development Manager
1.2.4	Are objectives reflected in departmental plans that are clearly matched with associated budgets?	Departmental plans incorporate the priorities and objectives through service plans.	Service Plans available on request showing corporate and service objectives	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 setting out key priorities on an annual basis	All
1.3 Effective governance arrangements are embedded				
1.3.1	Has a code of corporate governance been established?	Code of Corporate Governance approved in February 2008 in order to comply with the CIPFA/SOLACE framework publication, 'Delivering Good Governance in Local Government - Guidance Note for English Authorities'.	Code of Corporate Governance Report to Audit Committee Feb 2008	Chief Executive
1.3.2	Are review and monitoring arrangements in place?	Reviewed by Management Team and Audit Committee for Full Council approval as appropriate.		Chief Executive
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

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1.3.4	Has governance training been provided to key officers and all members?	Covered under Members Code of Conduct and Member training program in place.	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, and made available on the 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, and 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 basis.	Annex 1 to Performance Monitoring Report Annex 2 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.	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	Is there is a written strategy and policy in place for managing risk which: <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 	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.	Risk Management Strategy Review 2011/12 Risk Management Strategy 2011/12	Chief Internal Auditor
2.1.2	Has the authority implemented clear structures and processes for risk management which are successfully implemented and: <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 	All Members have received risk management training.	Attendance record held by Chief Internal Auditor	Chief Internal Auditor
		All Committee reports include a risk management assessment.		Principal Administrator
		Chairman of the Audit Committee and Chief Internal Auditor appointed Risk Champions. Risk Strategy sets out individual responsibilities.	See evidence under 2.1.1	Chief Internal Auditor
		Risk Management Systems were reviewed by Zurich Municipal Insurance in 2007/08. Following this and subsequent annual reviews the analysis of risk has been redefined to allow greater analysis of risk score.	http://www4.tmbc.gov.uk/akstonbridge/images/att5830.doc	Chief Internal Auditor
		Risk Assessments are updated half-yearly as part of Service planning regime. The Council also has a separate Business Continuity Plan that considers Corporate Risks.		Chief Internal Auditor
		All significant partners (contracts over £1m) provide copies of Business Continuity Plans for review and comment by senior managers as appropriate.	Held by Officer responsible for Business Continuity Plans.	Principal Engineer, Transportation and Security Team
2.1.3	Has the authority developed a corporate risk management approach to the identification and evaluation of risk which is understood by all staff?	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.		All
2.1.4	Does the authority have well defined procedures for recording and reporting risk?	Operational Risk Registers identify risks at the lowest level and all Committee reports consider strategic and policy risk.		All

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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 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 and rolled out to Services via Service Management Teams.	Held by Chief Internal Auditor	Chief Internal Auditor
2.1.7	Does the corporate risk management board (or equivalent) add 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 been appointed with the necessary skills to analyse issues and offer options and advice and: <ul style="list-style-type: none"> • Supports 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 Exchequer Services Manager. Corporate risk led by Risk Champions.		Chief Internal Auditor
2.1.9	Is risk management embedded throughout the authority?	All Members 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?	Risks in partnerships fully considered.	Copies of major partners Business Continuity Plans have been obtained and reviewed	Principal Engineer, Transportation and Security Team
2.1.11	Where employed do risk management information systems meet users' needs?	Operational level 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

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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 form part of Council Constitution. Treasury Management Strategy reviewed and approved by Cabinet and Full Council as part of budget setting process each year.	Treasury Management Strategy Outturn 2010/11 Treasury Management Strategy 2011/12	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 Orders 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?	Member's 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 subject to regular review.		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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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 Exchequer Services Manager	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.		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 and available on Council website.	Complaints Procedure from TMBC Website	Improvement and Development Manager

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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 assurance and appropriate external assurances are identified and obtained				
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 2011/12 Annex 1 - Internal Audit Plan 2011/12	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.	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 2012	All
		Action plan issued by Audit Commission as part of Annual Governance Report each year and reviewed in pre-audit work for the following year.	See evidence under 4.1.4	All
		The agreed action plan is approved by both the General Purposes and Audit Committees.	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 approved in February 2008 in order to comply with the CIPFA/SOLACE framework publication, 'Delivering Good Governance in Local Government - Guidance Note for English Authorities'.	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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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 controls.				
5.1.1	Have responsibilities for the evaluation of assurances been clearly defined throughout the organisation?	Responsibilities of Members and officers set out in Constitution.	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 • There is timetable for completion by statutory deadline • A gap assessment has been performed and challenged? 	Code of Corporate Governance approved in February 2008 in order to comply with the CIPFA/SOLACE framework publication, 'Delivering Good Governance in Local Government - Guidance Note for English Authorities'.		Chief Executive
Objective 6 Action plan to address weaknesses and ensure continuous improvement of the system of corporate governance.				
6.1 There is a robust mechanism to ensure that an appropriate action plan to address control weaknesses and is implemented 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.: > Specific; > Measureable; > Achievable; > Realistic and > Timebound?	Individual officers are responsible for considering action to mitigate control weaknesses, their Directors approve the action plan. Actions are subject to discussion and rejected if not found to be appropriate.		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 by 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 recommendations 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 2011 (England) and is in accordance with CIPFA guidance.				
7.1.1	Has responsibility for the compilation of the Annual Governance Statement been assigned?	Delegated to Chief Internal Auditor and Principal Accountant to accompany 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 of the Council.		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 guidance supplied by CIPFA.		Principal Accountant
Objective 8 Report to Committee				
8.1 An annual report to the authority (or delegated committee) on the Annual Governance Statement is presented in accordance with the CIPFA pro forma.				
8.1.1	Is responsibility for reporting clearly defined?	Annual Governance Statement will comply with guidance supplied 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 accompany the accounts.		Principal Accountant