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TO THE CHAIRMAN AND MEMBERS OF THE STANDARDS AND AUDIT COMMITTEE

You are hereby summoned to attend a meeting of the Standards and Audit Committee to be held on Thursday, 19 July 2018 at 7.00 pm in the Council Chamber, Civic Offices, Gloucester Square, Woking, Surrey GU21 6YL.

The agenda for the meeting is set out below.

RAY MORGAN
Chief Executive

NOTE: Filming Council Meetings

Please note the meeting will be filmed and will be broadcast live and subsequently as an archive on the Council's website (www.woking.gov.uk). The images and sound recording will also be used for training purposes within the Council. Generally the public seating areas are not filmed. However by entering the meeting room and using the public seating area, you are consenting to being filmed.

AGENDA

PART I - PRESS AND PUBLIC PRESENT

1. Minutes

To approve the minutes of the meetings of the Standards and Audit Committee held on 8 March 2018 and 21 May 2018 as published.

2. Apologies for Absence

To receive any apologies for absence.

3. Declarations of Interest

To receive declarations of disclosable pecuniary and other interests from Members in respect of any item to be considered at the meeting.

In accordance with Officer Procedure Rules, the Head of Democratic and Legal Services, Peter Bryant, will declare an interest in any items under which the Thameswey Group of Companies, Brookwood Cemetery or Duke's Court are discussed, arising from his position as a Director of the subsidiary companies. The interest is such that speaking is permissible.

4. Urgent Business

To consider any business that the Chairman rules may be dealt with under Section 100B(4) of the Local Government Act 1972.

Matters for Recommendation

5. External Audit Report to those Charged with Governance (ISA 260) 2017/18
Reporting Officer – Leigh Clarke

Matters for Determination

6. Health and Safety Annual Report (Pages 3 - 22)
Reporting Officer – Peter Bryant
7. Annual Governance Statement 2017/18 (Pages 23 - 56)
Reporting Person – Leigh Clarke
8. Internal Audit Annual Report 2017-18 (Pages 57 - 66)
Reporting Person – Leigh Clarke
9. Registration of Interests for Members Elected in May 2018 (Pages 67 - 68)
Reporting Person – Peter Bryant
10. Standards and Audit Committee - Work Programme (Pages 69 - 72)
Reporting Person – Peter Bryant

AGENDA ENDS

Date Published - 11 July 2018

For further information regarding this agenda and arrangements for the meeting, please contact Doug Davern on 01483 743018 or email doug.davern@woking.gov.uk



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STANDARDS AND AUDIT COMMITTEE – 19 JULY 2018

HEALTH AND SAFETY ANNUAL REPORT

Executive Summary

The Health and Safety at Work etc. Act 1974 and subsequent legislation places a general duty on the Council to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees and others such as the general public who use the Council's facilities and may be affected by the carrying out of the work the Council does.

This report provides the Standards and Audit Committee with a review of health and safety activity during 2017/2018.

This report demonstrates that there are no matters of concern.

Recommendations

The Committee is requested to:

RESOLVE That

- (i) the report on Health and Safety be received; and
- (ii) there are no matters of concern.

The Committee has the authority to determine the recommendation(s) set out above.

Background Papers: None.

Reporting Person: Peter Bryant, Head of Democratic and Legal Services
Ext. 3030, E Mail: Peter.Bryant@woking.gov.uk

Contact Person: Lisa Harrington, Senior Health and Safety Officer
Ext. 3213, E Mail: Lisa.Harrington@woking.gov.uk

Date Published: 11 July 2018

1.0 Introduction

- 1.1 The Health and Safety at Work etc. Act 1974 and subsequent legislation places a general duty on the Council to ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees and others (e.g. contractors or members of the public) who may be affected by the carrying out of work.
- 1.2 This report outlines the main activities and issues arising during the last twelve months, including accident statistics. Overall, 2017/18 was a satisfactory year. Training, awareness and a safe working environment have been maintained. There was an increase in the number of reported accidents to staff and volunteers from 11 to 20. These accidents were mostly of a minor nature - in fact one did not result in any injury – but one was required to be reported to the Health and Safety Executive (HSE) in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- 1.3 New guidance and legislation continues to be digested and integrated into the Council's systems of work.

2.0 Management Arrangements

- 2.1 Whilst individual members of staff, supervisors and managers all have a responsibility for health and safety, the Senior Health & Safety Officer co-ordinates and oversees the health and safety activities. The Senior Health & Safety Officer is nominated to act as the Appointed Person under health and safety legislation.
- 2.2 The Health and Safety Policy details the duties and responsibilities of staff at all levels up to and including Corporate Management Group, as well as the duties and responsibilities of Members.

3.0 Health and Safety Committee

- 3.1 It was agreed by CMG that the Health and Safety Committee would cease to exist on 31 March 2018. Its previous functions will mostly be undertaken by CMG, who will consult with UNISON on matters of health and safety through a standing item on the regular CMG/UNISON meetings.
- 3.2 The Senior Health and Safety Officer will have designated day to day responsibility for health and safety, including advising on performance and improvement. Managers will account to the Senior Health & Safety Officer on matters of Health and Safety. The Senior Health and Safety Officer will set out a programme of things to do, including risk assessments, and report to CMG as to whether or not this has been complied with. If a matter requires investigation, the Senior Health and Safety Officer will liaise with the manager responsible and involve Senior Management/UNISON as required.
- 3.3 A new quarterly Health and Safety report to CMG will include accident statistics and details of aggressive incidents. This can also be discussed at the CMG/UNISON meetings. This report to CMG will cover the year to date, building up to an annual report which will then inform the Standards and Audit Committee.
- 3.4 External consultants, RSK Environmental Ltd, were appointed in March 2018 and will inspect a sample of the Council's higher risk work areas to ensure that they are working safely and in accordance with Council policies. They will also review a sample of existing risk assessments to ensure they are fit for purpose.

3.5 When going to tender to appoint the external health and safety consultants, an option was included to extend to an audit of the risk assessment and premises of the partner organisations based in the Civic Offices, such as NVH, SCC, DWP and Surrey Police. A further option was included to audit partners not based in the Civic Offices such as Amey and Serco.

4.0 Health and Safety Activities 2017/18

4.1 Examples of improvements to Health and Safety arrangements include:

- the following policies were reviewed and updated: First Aid Policy, Lone Working Policy, Use of Chemicals Policy, Handling Aggression at Work Policy, Work at Height Policy and Water Hygiene and Legionella Policy
- staff who manage buildings reviewing and updating the fire risk assessment for each building and storing the document on SharePoint
- section managers reviewing and updating the risk assessments for their team's activities (over and above the corporate risk assessment for office based activities), and storing the documents centrally on SharePoint;
- Evacuation procedures have been tested at the Civic Offices on 18 May 2017 and 11 July 2017 and observed by the Senior Health & Safety Officer. There were also two alarm activations caused by the work of contractors on 29 November 2017 and 18 January 2018. Training needs were identified during the fire drills and a message was put on ewokplus afterwards reminding staff of some points that were observed that were not in line with the evacuation procedure;
- evacuation procedures at other buildings have been tested but not observed by the Senior Health & Safety Officer: The Vyne - 27 January 2017; Parkview – 7 July 2017; St Mary's – 16 June 2017; HG Wells – 5 April 2017 and 2 October 2017.

4.2 Building managers were emailed to remind them to review their fire risk assessments.

4.3 All current Health and Safety documents are available on the Health and Safety pages on ewokplus. The Health and Safety pages on ewokplus have continued to be added to and pages updated where appropriate.

5.0 Accidents

5.1 The procedures for dealing with accidents is that Line Management, the Senior Manager and the Senior Health & Safety Officer, as appropriate, investigate accidents to remove any underlying cause and to prevent them being repeated.

5.2 Detailed accident statistics for the period 1 April 2017 to 31 March 2018 are attached in Appendix 1.

5.3 There were 20 accidents to staff, one of which required to be reported to the Health and Safety Executive (HSE) in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This is an increase from last year, when there were 11 accidents, and none were reported to the HSE. However, 19 of the 20 accidents were of a minor nature and one did not result in any injury at all.

5.4 There were 9 accident reports relating to non-employees, none of which were reported to the HSE under RIDDOR. These are detailed in Appendix 1 which gives details of other accident reports relating to ill health not connected with the Council's work. Last year there were 2 accidents to non-employees and none were reported to the HSE under RIDDOR.

Freedom Leisure

- 5.5 Accident statistics for Freedom Leisure are shown in Appendix 2. There were 4 employee accidents at the Leisure Centre, none of which were required to be reported under RIDDOR. One of these accidents was sport related. There were 7 employee accidents at the Pool in the Park, none of which were required to be reported under RIDDOR. One of these accidents was sport/swimming related.
- 5.6 At the Leisure Centre there were 323 accidents to non-employees. Amongst these were 112 accidents where the cause is listed as a sporting injury. No accidents to non-employees were required to be reported under RIDDOR.
- 5.7 At the Pool in the Park, there were 114 accidents to non-employees of which none were required to be reported under RIDDOR. Twenty three accidents are attributable to swimming.
- 5.8 Of these accidents, 40 (14 reported at the Pool and 26 at the Leisure Centre) were reported as having occurred outside of Freedom's premises, which may include accidents in Woking Park, the slope up to the Pool, the skate park, the children's play area and the car park. Freedom Leisure is not responsible for these areas, but the public sometimes go to the Pool and Leisure Centre seeking first aid treatment.
- 5.9 However, this has to be considered in context – the Pool and Leisure Centre had 752,061 visitors last year (432,118 at the Leisure Centre and 319,943 at the Pool).

New Vision Homes

- 5.10 New Vision Homes have provided statistics showing that there were 5 accidents to staff and 14 to non employees, none of which were RIDDOR reportable.

Biffa

- 5.11 The Council has been unable to obtain any data for Biffa for the period up to 9 September 2017. Neither of the previous two Managers employed between April 2017 and 9 September 2017 are now employed by Biffa or Amey. However, the former Contact Manager has checked the Minutes for their Operational Meetings; on 9 March 2017 there had been 588 days since the last lost time incident. No issues are reported in the final two meetings held on 15 June or 9 August 2017.

Amey

- 5.12 Amey have been our waste contractor since 10 September 2017 as part of the Joint Waste Solutions contract. They had 9 accidents to staff, of which 7 were no lost time injuries, 1 was not work related and one was RIDDOR reportable. There were no accidents to non employees.

Serco

- 5.13 There were 10 accidents to staff, none of which were RIDDOR reportable and one accident to non-employees.

Thameswey Group

- 5.14 There were 4 accidents to staff, none of which were RIDDOR reportable and no accidents to non-employees.

Health and Safety Annual Report

Table 1	Employee		Non employee		RIDDOR Reportable	
	This year	Last year	This year	Last year	This year	Last year
Summary Accident Statistics						
Woking Borough Council	20	11	9	2	1	0
Freedom Leisure Centre	4	7	323	288	0	1
Pool in the Park	7	6	121	142	0	0
Woking Park/Skate Park etc. (reported to Freedom Leisure)	N/a	N/a	40	29	0	0
New Vision Homes	5	13	14	5	0	1
BIFFA (until 9 September 2017)	0	4	0	0	0	0
Amey (from 10 September 2017)	9	N/a	0	N/a	1	N/a
SERCO	10	12	1	0	0	0
Thameswey Group	4	4	0	0	0	0

6.0 The procedures for dealing with WBC accidents is that the line manager, Senior Manager, and where appropriate the Senior Health and Safety Officer investigate accidents to remove any underlying cause and to aim to prevent them being repeated.

7.0 Incidents

7.1 No near miss reports were received.

7.2 Reports of violence, abuse or threats to staff continue to be monitored. The appropriate Senior Manager consults with the Revenues, Benefits and Customer Services Manager to decide if the incident is sufficiently serious to warrant adding a warning marker on the Contact Manager system (if the aggressor's name and address is known). In the majority of such cases, the aggressor is advised of this in writing to comply with the Data Protection Act. Exceptions to this include where writing to the aggressor would inflame the situation or where the aggressor has mental health issues that caused the aggressive incident.

7.3 There were 8 aggressive incident reports completed during the year, relating to 3 incidents. This is significantly lower than last year, when there were 17 aggressive incident reports completed during the year for 12 incidents.

7.4 All of the incidents took place in the One Stop Shop.

7.5 Following the 3 incidents reported, 3 people were sent a letter advising that their behaviour was not acceptable and that a marker had been placed against their records. No incidents were reported to the Police.

7.6 There were 3 reports received in confidence from other agencies of persons they have marked as "PV" (potentially violent) due to incidents that have occurred to their staff.

8.0 Health & Safety Training

- 8.1 Health and Safety forms an important part of new staff induction, initially through line management and in more depth at formal induction sessions; ongoing needs are monitored through one-to-ones and Personal Development (training) Plans. All staff receive a Health and Safety induction on their first day, following their welcome meeting with Corporate Management Group.
- 8.2 Section 3 of the Health and Safety at Work Act 1974 places a duty on the Council as an employer to protect the health and safety of non-employees. Additionally, as the Council are responsible for premises, Section 4 of the Health and Safety at Work Act 1974 places a duty on the Council to ensure the health and safety of people who have the premises made available to them as a place of work. The Council makes the building available to staff of other organisations to work in, therefore has to ensure that people working in its buildings are safe.
- 8.3 In order to help the Council achieve this, all staff from other organisations who are based in the Civic Offices or who visit regularly and require a photo ID card receive a Health and Safety induction before a photo ID card is issued. Once a photo ID card is issued, the holder can move around the Civic Offices without needed to be escorted by a member of Council staff.
- 8.4 Inductions are held every Monday morning (although inductions for Street Angels are held outside office hours) and take approximately 45 minutes.
- 8.5 Training this year included:
- Induction training for all staff on their first day - 117 staff and work experience students.
 - Induction training for all staff from other organisations who are based in the Civic Offices including:
 - DWP (31)
 - New Vision Homes (8)
 - Police Officers/Community Support Officers/civilian staff (3)
 - Skanska and their contractors (12)
 - Street Angels (5)
 - Surrey County Council (34)
 - Thameswey group (5)
 - Others (15)
 - First Aid training courses including:
 - Full First Aid at Work course (3 days) and First Aid requalification course (2 days) - 8 people
 - Emergency First Aid at Work course (1 day) - 7 people
 - Defibrillator training – 16 people
 - Fire safety training:
 - initial Fire Warden training for 5 new Fire Wardens at the Civic Offices
 - refresher training for 23 Fire Wardens at the Civic Offices
 - Fire Warden training for 12 Managers at the Civic Offices in what to do in the absence of Fire Wardens
 - evacuation chair training – 34 people
 - Trainer the Trainer training for the evacuation chairs – 4 people
- 8.6 The Council has an online health and safety training system that was initially purchased as an online Display Screen Equipment training and self assessment product. In 2017 the

number of courses available was expanded. Some of the more specialised courses e.g. Asbestos Awareness have been trialled by a small number of staff.

8.7 There are plans to make seven more courses (in addition to the Display Screen Equipment course) available to all staff and some specialised courses available to relevant staff. The courses are:

- All staff to complete:
 - “Feelrite” (stress awareness)
 - “Firerite” (fire safety)
 - “Handlerite” (manual handling
 - “Mobilerite” (mobile working awareness
 - “OHSa” (office health and safety awareness)
 - “Personal Travel Safety”
 - “Slips, Trips and Falls”
- Line managers to complete:
 - “OHSALM” (office health and safety awareness for line managers”
 - “Risk Assessment”
- Other staff where relevant to complete:
 - “Asbestos Awareness”
 - “Conflict Resolution”
 - “COSHH”
 - “First Aid”
 - “Food Safety”
 - “Homeworkers”
 - “New and Expectant Mothers”
 - “Working at Height”

8.8 Employees will complete these modules over a rolling three year period, which is approximately one course every 3-4 months. Line Managers will undertake their two additional courses annually.

8.9 This is to be programmed in in 2018/19 to fit around other training courses being offered to all staff, e.g. Safeguarding, GDPR and Customer Care, to avoid overloading staff with training.

8.10 CMG will attend (or study online) the one day IOSH Safety for Executives and Directors course. All managers who report to CMG and other staff who manage contracts will be required to attend a three day IOSH Managing Safely Course.

9.0 Planned Work for 2018/19

The Health and Safety work during 2018/19 will include the following:

- Liaising with the external Health and Safety consultants RSK Environment Ltd to enable them to undertake their audits and inspections
- finalise a policy that was sent to CMG but additional work was required (Manual Handling Policy);
- finalise one policy that was sent to the Health and Safety Committee but additional work was required – Employment of Contractors Policy;

- review and update the, Driving at Work Policy, Asbestos Policy, Display Screen Equipment Policy, Lone Working Policy, Manual Handling Policy and Work Related Stress Policy;
- refresher training for managers and senior managers in the actions to take if there are no Fire Wardens present at the time of a fire alarm;
- continuing to review Risk Assessments and updating where necessary, including the risk assessment for general office based tasks, First Aid provision and use of lifts to evacuate disabled people from the Civic Offices;
- reviewing the Fire Emergency Plan for the Civic Offices;
- assisting the external consultants in their inspections and audits;
- continuing to add, update and improve health and safety information available on ewokplus;
- further advice and training on health and safety; and
- responding to specific matters as they arise.

10.0 Summary

10.1 Working Borough Council continues to be a safe place to work and its partners are working safely as well.

11.0 Implications

Financial

11.1 Costs associated with training and maintaining a safe working environment are provided for within existing funds.

Human Resource/Training and Development

11.2 Training is crucial to maintaining a good health and safety record and avoiding accidents. As well as the training matters referred to in this report there remains a significant commitment to continuing this in the future and health and safety, particularly maintaining awareness, is a key part of the Corporate Learning and Development Plan.

Community Safety

11.3 This aspect of Health and Safety specifically relates to the Council's duties as an organisation, an employer and with the safety of the community using Council premises. Other aspects of community health and safety, including food hygiene are dealt with in Environmental Health.

Risk Management

11.4 The steps taken to identify and mitigate against health and safety risks are contained within the report.

Sustainability

11.5 No impact.

Equalities

11.6 Equalities information is not recorded on accident statistics. However, none of the reported accidents are considered to be a result of equality issues.

12.0 Consultations

12.1 The report has been considered by CMG.

REPORT ENDS

APPENDICES

Appendix 1 – WBC accident statistics

Appendix 2 – Freedom Leisure accident statistics – Leisure Centre and Pool in the Park

ACCIDENT ANALYSIS SUMMARY TABLE

Number of accidents to **EMPLOYEES** in the period 1 April 2017 to 31 March 2018

LOCATION	Brockhill	Car Parks	Civic Offices	Centres	Centre grounds/ car park	Comm Meals Kitchens	H G Wells	Paths & roads	Sheltered schemes	Non-WBC premises	Other	TOTAL
CAUSES												
Slips, trips & falls on the level			4				1			1		6
Falls down stairs										1		1
Falls from height												0
Walked into something							1			1		2
Driving												0
Falling/dropped objects												0
Loading/unloading vehicles												0
Handling objects					1	1						2
Lifting/carrying/ pushing/pulling		1										1
Tools/ machinery/ hand tools												0
Cooking/kitchen work						2						2
Cleaning				1								1
Other			3	1				1				5
TOTAL	0	1	7	2	1	3	2	1	0	3	0	20

INJURIES

No injury			1									1
Minor bump or knock			1									1
Minor cuts & grazes			2	1						2		5
Bruising			1		1			1				3
Larger cuts / puncture wounds												0
Burns & scalds						2						2
Strains, sprains & pains							1			1		2
Back pain		1	2				1					4
Fractures												0
Eye injuries				1		1						2
Other injury												0
TOTAL	0	1	7	2	1	3	2	1	0	3	0	20

A. Major												0
B. Serious			1									1
C. Minor	0	0	6	2	1	3	2	1	0	3	0	19

A. Treatment at hospital (24 hours) or major injury (RIDDOR reportable - Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995)

B. More than 3 days absence from work (RIDDOR reportable)

C. No absence or return to work within 3 days (not reportable)

Summary of Accident Report Forms Completed For Employees

Serious accidents reported to HSE under RIDDOR:

There was one serious accident to members of staff which was required to be reported to the HSE under RIDDOR (*Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995*).

- As IP stood up from a seated position she caught her foot in a hole in the worn carpet. She fell and hit her head and hip.

Accident details

<u>Building</u>	<u>Location</u>	<u>What happened</u>	<u>Injury</u>
Scotland Bridge Road	j/w Camphill Road	Cyclist at a slow pace on pavement cycled into IP, leaving a bruise where the handlebar jabbed her back. Cyclist cycled on.	Small bruise on back, hurts when sitting.
Civic Offices	Bar Area	Door closed on hand.	red marks and sore hand
HG Wells	Wells Room	IP hit their back when on the stage and lost balance. Fell on stage leg and hit their spine	Pain to lower back and spine
Centre	Meals kitchen	IP was putting food into the fryer. Some pieces missed the basket and fell in hot oil, and oil splashed up onto IP's arm.	burn on lower arm
Civic Offices	Lift no 1 in Civic Suite	IP put their arm in between lift doors when they were closing and they closed onto her arm. It took a few seconds for the people in the lift to press the "open" button so the doors were still closing on her arm.	Pain, swelling and bruise to left arm above elbow.
Civic Offices	reception	As IP went to sit down, the chair rolled away as there was no carpet on floor. IP went from standing position to lying on floor.	bruising and lower back ache
Client's House	bedroom	IP went into bedroom to test the pendant for Careline alarm and walked into the corner of the bed frame	cut to right shin
HG Wells	Kemp Room	Sofa hit IP's leg, just by the nails (which implies he means foot not leg) but it wasn't swollen, just feeling a bit of pain on the left leg	Foot injury
Centre	café	IP squeezed bottle of cream cleaner and squirted some in her eyes.	sore eyes
Brockhill	car park	IP was removing the connection from the van to the connector, which was very tight and difficult to get out. When plug finally came out, it hit IP's face on the left hand side	Bruised and swollen face under left eye. Lot of swelling.
Civic Offices	2nd floor landing Civic Suite stairwell	IP was walking downstairs and slipped on the landing, falling to the ground. Floor was apparently more slippery here than elsewhere.	cut and bleeding to left forearm
Civic Offices	ground floor ladies toilets	Toilet floor was wet, IP slipped and fell to the ground. No warning signs.	none
Civic Offices	One Stop Shop	At the Property Shop, customer wheeled chair back and IP moved out of the way. In doing so, IP caught her foot on a protruding piece of metal from the radiator (should not have been protruding, must have been hit previously in order to get in that position).	Small cut to the arch of her right foot.
Abbey Road, Horsell	front pathway	Pathway to house is on two levels. IP was rushing, missed his footing and fell onto the ground.	bruised leg and grazed palms
Centre	Ladies Toilet	After washing hands, IP turned quickly and her finger caught the edge of the tap which cut her finger	cut middle finger on left hand

Centre	kitchen	When IP was taking mashed potatoes out of the cooker, kitchen cloths got caught in the cooker. Hot water fell on to her right hand.	burn/scald to right hand
Brockhill	kitchen	IP was filling up salt and pepper pots, got some on her finger and touched her eye.	burning feeling to eye
Client's House	stairs	IP slipped down the stairs as she had removed snow-covered boots and was only wearing socks	hurt right ankle, both arms and hands, shooting pain to right side of neck
car park	not stated	IP's existing back pain exacerbated after bending whilst shovelling snow and spreading salt	pain in lower back

* Note – IP is an abbreviation for “injured person”. This avoids the use of their name, for privacy.

ACCIDENT ANALYSIS SUMMARY TABLE

Number of accidents to **NON-EMPLOYEES** in the period 1 April 2017 to 31 March 2018

LOCATION	Brockhill	Car Parks	Civic Offices	Centres	Centre grounds/ car park	Comm Meals Kitchens	H G Wells	Paths & roads	Sheltered schemes	Non-WBC premises	Other	TOTAL
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CAUSES

Slips, trips & falls on the level			1	3				1				5
Falls down stairs		1										1
Falls From height												0
Walked into something				1								1
Driving												0
Falling/dropped objects												0
Loading/unloading vehicles												0
Handling objects				1								1
Lifting/carrying/pushing/pulling												0
Tools/ machinery/ hand tools												0
Cooking/kitchen work												0
Cleaning												0
Other				1								1
TOTAL	0	1	1	6	0	0	0	1	0	0	0	9

INJURIES

No injury			1	1								2
Minor bump or knock				2								2
Minor cuts & grazes				2				1				3
Bruising		1										1
Larger cuts / puncture wounds												0
Burns & scalds				1								1
Strains, sprains & pains												0
Back pain												0
Fractures												0
Eye injuries												0
Other injury												0
TOTAL	0	1	1	6	0	0	0	1	0	0	0	9

A. Major												0
B. Serious												0
C. Minor	0	1	1	6	0	0	0	1	0	0	0	9

A. Major injury as defined by RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995)

B. RIDDOR reportable because injured party taken directly to hospital

C. Not RIDDOR-reportable

Summary of Accident Report Forms Completed For Non-Employees

Serious accidents reported to HSE under RIDDOR:

The following accidents were reported under RIDDOR:

- None

Accident details

<u>Building</u>	<u>Location</u>	<u>What happened</u>	<u>Injury</u>
Centre	Main Hall	IP left a drawer open and when she stood up she grazed her right shin.	graze on right shin
Centre	Main Hall	IP was exiting the lounge when he tripped as his toe caught the edge of the bowling mat wooden surround	minor cut/bruising to bridge of nose (caused by spectacles), minor abrasion to left knee and left elbow
Red Car park	stairwell between level 1 and level M	Daughter following mother down the stairs, slipped on the bottom step and landed on her coccyx and fell backwards against the bottom step.	bruising to lower back and coccyx
Church Street East	o/s entrance to Victoria Way car park	IP tripped on the pavement landing heavily on her left side, using her right hand to break her fall.	Grazed skin to right hand, left elbow and complained of chest pains.
Centre	hall	IP was playing short mat bowls and lost his balance, he fell against the stage.	Banged his hip.
Centre	refreshment area	Fresh cup of tea poured for the IP who then moved to get milk, but a lady bumped into her, spilling the tea which scalded IP's hand	scalded right hand
Centre	Studio	Playing musical bumps, IP (child) bumped heads with another child	redness and bruise to forehead
Civic Offices	Civic Suite Reception	IP had a nail in her shoe which made it slippery when walking out of Reception	none
Centre	outside toilet area	IP stumbled outside the toilets and was guided to the ground. She was taken ill an hour later and the fall is thought to be related to the episode of illness. No defects noted.	none

Other Accident Reports

Not included in the figures overleaf are reports which were completed for accidents, incidents and illness which were not under our control and did not arise out of our work activity. These included:

Centres

- IP had just attended bingo, she was fine during the session of 1 1/2 hours. On leaving she felt sick and needed to sit down. Her son was with her, he stated that this is a frequent occurrence as IP has had mini strokes in the past.
- IP said she felt ill and slumped in her chair whilst having lunch. Complained of a headache then became faint with difficulty breathing.
- IP was waiting in Reception to go home, the Bustler driver was helping her put her coat on and her legs gave way.
- IP's knee gave way under him and he fell to the floor

HG Wells

- IP overheated due to high external temperature. Felt dizzy and requested an ambulance.

* Note – IP is an abbreviation for “injured person”. This avoids the use of their name, for privacy.

Accident stats
01/04/17- 31/03/18

Woking Leisure Centre**Total visitors** 432,118**Percentage of accidents** 0.07%

	Total accidents	RIDDOR reportable	Non RIDDOR reportable	Sport related	Outside (Playground/ skate park/ car park)
Customer	323	0	323	112	26
Staff	4	0	4	1	0
Total	327	0	327	113	26

Pool in the Park**Total visitors** 319,943**Percentage of accidents** 0.03%

	Total accidents	RIDDOR reportable	Non RIDDOR reportable	Sport related	Outside (Playground/ skate park/ car park)
Customer	114	0	114	23	14
Staff	7	0	7	1	0
Total	121	0	121	24	14

STANDARDS AND AUDIT COMMITTEE – 19 JULY 2018

ANNUAL GOVERNANCE STATEMENT 2017-18

Executive Summary

The Annual Governance Statement demonstrates the effectiveness of the Council's corporate governance environment and incorporates the statement on internal control (SIC) requirements to demonstrate the Council has appropriate internal control mechanisms in place.

The evaluation of governance arrangements is based around the CIPFA/SOLACE governance framework 'Delivering Good Governance in Local Government' which brings together an underlying set of legislative requirements, governance principles and management processes relating to the whole organisation.

The framework has seven core principles of governance focusing on the arrangements, systems and processes for the direction and control of the organisation and its activities through which it accounts to, engages with and, where applicable, leads the community.

To assist in the assessment process CIPFA has produced a detailed matrix of questions for the statement in accordance with the framework's governance principles. This matrix has been used as the basis for the governance analysis attached at Appendix 2.

Arising from the assessment is a requirement to produce a Governance Statement and action plan to correct any identified problems in the governance arrangements. The Governance Statement is attached at Appendix 1. The statement will be published separately on the internet as well as forming part of the Statement of Accounts.

Recommendations

The Committee is requested to:

RESOLVE That the Annual Governance Statement be received.

The Committee has the authority to determine the recommendation(s) set out above.

Background Papers: None.

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Date Published: 11 July 2018

1.0 Introduction

- 1.1 The Council conducts its business within a governance framework. It is an interrelated system that brings together an underlying set of legislative requirements, governance principles and management processes.
- 1.2 Documents and processes that provide some of the boundaries to this governance framework include:
 - The Constitution;
 - Local and statutory Codes of practice, Policies and Strategies;
 - Management Arrangements and Scheme of Delegations;
 - Service and Performance Plans;
 - Performance Management Systems; and
 - Internal Control Processes.
- 1.3 In essence, the Annual Governance Statement is a formal statement that recognises, records and publishes an authority's governance arrangements as defined in the framework.
- 1.4 The Annual Governance Statement documents the corporate governance environment.
- 1.5 The CIPFA/SOLACE governance framework 'Delivering Good Governance in Local Government' brings together an underlying set of legislative requirements, governance principles and management processes relating to the whole organisation and sets out the fundamental principles of corporate governance. These are contained in 7 core principles.
- 1.6 To assist in the assessment process CIPFA has produced a detailed matrix of questions for the statement in accordance with the framework's governance principles. This matrix has been used as the basis for the governance assessment attached at Appendix 2.

2.0 Implications

Financial

- 2.1 There are no financial implications of this work.

Human Resource/Training and Development

- 2.2 Ongoing training will be provided in order to ensure compliance with the governance and assurance framework.

Community Safety

- 2.3 There are no implications for community safety.

Risk Management

- 2.4 The development of risk management and business continuity is an ongoing improvement for the Council.

Sustainability

- 2.5 There are no implications for sustainability.

Equalities

2.6 There are no implications for equalities.

3.0 Conclusions

3.1 The assessment demonstrates that the Council has the documentation and procedures in place that provide a strong environment of governance and assurance.

REPORT ENDS

ANNUAL GOVERNANCE STATEMENT 2017/18

1. Scope of Responsibility

Woking Borough Council (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 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.

In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk and the system of internal control.

The Authority has approved and adopted arrangements for corporate governance, which are consistent with the principles of the CIPFA/SOLACE Framework *Delivering Good Governance in Local Government*. The framework consists of 7 core principles each with sub principles. These are considered in more detail in section 3.

This statement explains how the Authority meets the requirements of Accounts and Audit (England) Regulations 2015, regulation 6(1)(a), which requires all relevant bodies to conduct a review at least once in a year of the effectiveness of its system of internal control and include a statement reporting on the review with any published Statement of Accounts. This Statement is prepared in accordance with proper practices in relation to accounts.

2. The purpose of the governance framework

Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved. To deliver good governance in the public sector, governing bodies and individuals working for public sector entities must try to achieve their entity's objectives while acting in the public interest at all times.

The governance framework comprises the systems and 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 quality of governance arrangements underpins the levels of trust in public services and is therefore fundamental to the Authority's relationship to customers and residents. Trust in public services is also influenced by the quality of services received and also by how open and honest an Authority is about its activities.

A framework for the implementation of good governance allows the Authority to be clear about its approach to discharging its responsibilities and to promote this internally, to officers and members and externally to partners, stakeholders and residents.

The arrangements required for gathering assurances for the preparation of the Annual Governance Statement provide an opportunity for the Authority to consider the robustness of the governance arrangements in place and to consider this as a corporate issue that affects all parts of the Authority. It also helps to highlight those areas where improvement is required which are contained in the improvement plan.

The governance framework has been in place at the Authority for the year ended 31 March 2018 and up to the date of approval of the annual report and statement of accounts.

The key elements of the systems and processes that comprise the Authority's governance arrangements are documented in a detailed supporting analysis. The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework.

The review of effectiveness is informed by the work of the Corporate Management Group and Senior 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 by comments made by the external auditors and other review agencies and inspectorates. The Corporate Management Group review the arrangements and provide an assurance that the Authority is operating within local and statutory frameworks. The group has approved this statement.

3. The Governance Framework

Principle A – Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

There is a comprehensive staff handbook and Behaviour and Skills Framework setting out the Authority's expectations regarding behaviour and the procedures for non compliance. Staff are made aware, through induction and the performance management framework, of the Authority's expectations in terms of standards of behaviour and compliance with agreed policies and codes of conduct.

There is also a Members' Code of Conduct which sets out the standards of behaviour to be followed by Members. Both codes take into account 'The Seven Principles of Public Life' which are included in the Localism Act 2011. The principles are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

The Authority is clear about its leadership responsibilities for services, whether provided directly, through partners or third parties. We work closely with partners and influence third parties to make sure they deliver to agreed levels of quality and are accountable for what they do.

We have a clear commitment to ensure services deliver an appropriate combination of quality, value and choice to the community.

There is a complaints procedure which provides for a response from the service manager and allows for the complainant to appeal. Complainants are advised of their right to refer the matter to the Local Government Ombudsman, Housing Ombudsman or Information Commissioner as appropriate. This is publicised in the offices and on our website.

Complaints submitted under the Members Code of Conduct are reported to the Standards and Audit Committee which also receives regular reports on complaints which have been referred to the Ombudsman. The Arrangements for dealing with Standards Allegations under the Localism Act 2011 were reviewed during the year. Amendments to the arrangements were agreed by Council in April 2018.

A report on complaints received by the Council is received by the Overview and Scrutiny Committee.

The Scheme of Delegation within the Constitution requires Members and Officers to ensure that all decisions are compliant with policies, procedures, laws and regulations. The key documents within the Governance and Policy Framework are maintained and regularly reviewed including the Constitution itself.

Principle B – Ensuring openness and comprehensive stakeholder engagement

The Council's Vision and Values have been developed with the three pillars of People Place and Us to provide clarity on the role and priorities of the Authority in relation to its residents and partners/stakeholders.

The Constitution clearly defines the purpose of community leadership, effective scrutiny, and public accountability in terms of roles and responsibilities and functions. The Authority is committed to openness and acting in the public interest.

Woking Joint Committee is a committee between Woking Borough Council and Surrey County Council and makes decisions on certain services, monitors the effectiveness of public services, partnerships and joint initiatives. Local people are encouraged to take part. Members represent the Authority working formally and informally with voluntary groups.

The Council is the ultimate decision-making body and the principal forum for political debate. The Council sets the Policies and Strategies for the Authority and appoints the Leader of the Council, who then determines the appointment of the Deputy Leader and the members of the Executive.

The Executive acts within the approved policy framework and budget and leads preparation of new policies and budget. Each member of the Executive has a portfolio of work for which they take responsibility. The Authority also has an Overview and Scrutiny Committee reviewing Executive decisions, Council Services and other services in the Borough that affect the community of Woking. The other responsibilities of the Authority are discharged through its non-executive committees and the Standards and Audit Committee.

Meetings are webcast and recordings are available afterwards to view through the website.

The Constitution provides for members of the public to ask questions of the Executive at the Executive meeting. Petitions may also be put to the Council with the Constitution setting out how these are considered depending on the number of signatures. Members of the public may also ask questions at the Joint Committee.

The Council undertakes public consultations on specific matters affecting the community.

Principle C – Defining outcomes in terms of sustainable economic, social and environmental benefits

Historically the Authority's main priorities have been established and agreed. These continue to be priorities for the Authority in the current year:

1. Health and Wellbeing
2. Affordable Housing
3. The Environment
4. Economic Development

The Authority has developed a Vision – 'Towards Tomorrow Today' and a comprehensive set of values. The three pillars of People, Place and Us clarify the Authority's approach and the Service and Performance Plans reflect this structure.

The Authority also has a general approach to protect services seeking instead to achieve efficiencies and increase income generation where there are budget pressures.

The Vision, Values and Service and Performance Plans are available on the internet in the Annual Service and Performance Plan. Together these form the 'umbrella' under which the services, and individual plans sit.

The Performance Framework is owned by Members and officers. The content is communicated to a wide audience in order to ensure that these key priorities are understood and translated into operational outcomes, and it is available via the Authority's website.

The Core Strategy, adopted in October 2012, sets out the vision for Woking to 2027. The strategy has been communicated widely internally to local partners and to the wider community through interest groups. It is also available on our website.

The Authority's Climate Change Strategy, Woking 2050, balances our environmental aspirations with the Boroughs needs for development and economic prosperity. The aim of the strategy is to coordinate a wide range of objectives which can be used by the Council and Woking's residents, businesses, community groups and others to reduce the Borough's impact on the environment.

The Authority has also prepared Natural Woking, a biodiversity and green infrastructure strategy for the area. This seeks positive outcomes for habitats and people, by enhancing provision and accessibility to green spaces; conserving appropriate existing biodiversity and habitats; and creating opportunities for species to return to the Borough.

Principle D – Determining the interventions necessary to optimise the achievement of the intended outcomes

A Medium Term Financial Strategy (MTFS) is prepared on at least an annual basis and updated as circumstances change. It was last updated in March 2018 and clearly sets out the financial challenges facing the Authority. This enables the identification of resource requirements to continue the Authority's activities and secure a sustainable future. The MTFS is linked to the annual budget and service strategies.

Service planning is closely aligned to the budgeting process and identifies service developments and the associated financial impacts. Key performance indicators are set and monitored during the year.

The Authority is proactive in working together with partners and considering the most effective way for services to be provided within the community, whether that be by the Council direct or through third parties.

Actions are tracked through the Authority's decision tracking tool.

Principle E – Developing the entity's capacity, including the capability of its leadership and the individuals within it

The Performance and Development Review process is fully embedded in the Authority with annual assessments completed by all officers. The process incorporates the Council's Behaviour and Skills framework and helps to determine the Learning and Development programme.

The Authority was reassessed by Investors in People during 2016/17. The award was retained with an accreditation at the 'Silver' level.

Following the recommendation of the 2015 Peer Review, a programme of management development has been introduced to support future leaders and succession planning. This programme has been extended and developed further during 2017/18. Two groups of senior managers will complete a bespoke development programme during 2018/19.

There is a comprehensive training programme for Members. The Council's commitment to Member development was first comprehensively assessed by South East Employers in 2008. Since then Woking has successfully maintained Charter status for Elected Member Development, achieving reaccreditation every three years. The Council was successfully assessed for reaccreditation in 2015 and completed the mid-term assessment in 2017. The next full assessment is due to be undertaken at the end of 2018.

The Council reviews its programme for Member Development annually and has developed a comprehensive learning and Development Framework together with the Roles and Responsibilities of Elected Members.

Principle F – Managing risks and performance through robust internal control and strong public financial management

The system of internal control is a part of the governance 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.

Formal Risk Management arrangements provide for risk identification, analysis, ownership and mitigating actions. An annual risk report is provided to the Executive. The Corporate Management Group regularly review the Strategic Risk Register. Committee reports identify and quantify risks associated with a proposal.

The system of internal financial control is based upon a framework of comprehensive financial regulations and procedures (within the Constitution), which comply with the CIPFA “Good Practice Guide for Financial Regulations in a modern English Council”. Control is maintained through regular management information, management supervision, and a structure of delegation and accountability. An anti-fraud and corruption policy and whistle blowing policy are contained within the Constitution and are updated and promoted internally regularly.

Principle G – Implementing good practices in transparency, reporting, and audit to deliver effective accountability

The Authority annually reviews the effectiveness of its governance framework including the system of internal control. The review is informed by the managers who have responsibility for the development and maintenance of the governance processes, Internal Audit reviews and by comments made by the external auditor and other review agencies and inspectorates.

The Local Government Association undertook a Corporate Peer Review of the Authority in 2015. This was an independent external view of the Authority, its proposed management arrangements and medium term direction of travel. Feedback was provided and work continues on the actions identified, working towards a new review to be completed during 2019/20.

The Council’s Internal Audit Service carries out a programme of independent reviews. Their work is based around the core risks faced by the Council and includes work on financial and non-financial systems, corporate programmes and partnerships. This includes adherence to established policies, procedures, laws and regulations.

These findings are brought together within this Annual Governance Statement and are reported annually to the Standards and Audit Committee which undertakes the functions of an audit committee, as identified in CIPFA’s *Audit Committee – Practical Guidance for Local Authorities* and has responsibility for receipt of the Annual Governance Statement.

The Overview and Scrutiny function provides the scope to focus on issues that have the widest impact on the community and not just services directly provided by the Authority.

Monthly performance and financial monitoring information is published, including details on treasury management and group company activities.

Accessible data is available on line, where detailed information is published in accordance with transparency requirements.

4. Roles and Responsibilities

The Authority has approved a Constitution which defines and documents the roles and responsibilities of the Authority, Executive, Overview and Scrutiny and officer functions, with clear delegation arrangements and protocols for decision making and communication and codes of conduct defining the standards of behaviour for Members and staff. Delegations are recorded in accordance with the relevant Regulations.

The Thamesway Group of companies has been established by the Authority to assist in the delivery of the Council's strategic objectives with a view to securing benefits for the residents of the Borough. The Council, and the Boards of the Thamesway group of companies, have approved a set of protocols designed to make the activities of the companies open and transparent in the context of the commercial environment in which the companies operate.

The protocols were reviewed during the year and amendments agreed by the Council in February 2018. Group Company information is included in the monthly performance and financial monitoring information (Green Book).

The senior management of the Authority is structured to provide clear responsibility and accountability at both strategic (Corporate Management Group, CMG) and operational (Senior Manager) levels. The structure reflects the Authority's values and approach with management and services grouped by 'People', 'Place' and 'Us'.

The CMG comprises the Chief Executive, Deputy Chief Executive, Strategic Director, Finance Director (nominated in accordance with Section 151 of the Local Government Act 1972) and the Head of Democratic and Legal Services. Each has allocated responsibilities to ensure that there is a clear chain for decision-making and actions to implement those responsibilities. The Chief Executive is the Head of Paid Service under the terms of the Local Government & Housing Act 1989. The Head of Democratic and Legal Services is the designated Monitoring Officer and is responsible for ensuring that the Authority acts in accordance with the Constitution.

The Head of Internal Audit, provided through a framework contract with Mazars, has direct access to the Finance Director, to the Chief Executive, other CMG members and reports to Members through the Standards and Audit Committee. These arrangements are in accordance with CIPFA guidance in their publications 'Role of the Chief Financial Officer' and 'Role of the Head of Internal Audit'.

5. Significant Governance Issues

In formulating this year's Governance Statement a range of evidence has been reviewed including Statements from senior managers and Internal Audit reviews. To avoid duplication such findings are not noted in this statement other than where their implications could affect the overall effectiveness of the Authority's governance procedures and require action under the Governance Plan.

There has been a continued focus on addressing Internal Audit recommendations during the year. The position is considered by CMG quarterly where action progress can be monitored and resources redirected if necessary.

The following areas have been identified as areas for improvement in the Governance Plan and need further action in order to ensure governance arrangements remain robust for the future:

- (i) **Business Continuity**
Continue to improve the Council's processes and procedures for Business Continuity, strengthening the ability and speed of recovery in the event of a major incident.
- (ii) **Peer Review**
Continue with the areas of improvement identified by the Peer Review, including further embedding the new management structure and extension of the management training programme ahead of a future review.
- (iii) **Financial Regulations and Contract Standing Orders**
The Financial Regulations and Contract Standing Orders are due to be updated in 2018/19.

- (iv) **General Data Protection Regulation (GDPR)**
The deadline for GDPR compliance was 25 May 2018. During 2018/19 the Council should review the processes which have been put in place and identify any areas for further improvement.
- (v) **Corporate Plan**
A review of the Council's Medium Term Financial Strategy recommended that the Council set out more clearly the Council's aims and objectives, vision and values, through a Corporate Plan.
- (vi) **Capital Strategy**
New regulations and guidance published by the government and CIPFA late in 2017/18 require the Council to review Treasury Management, Investment and Capital Strategies during 2018/19.
- (vii) **Freedom of Information**
Introduce new procedures for the management of Freedom of Information requests to improve the efficiency and effectiveness of the system.

6. Conclusion

We are satisfied that the Authority has in place the necessary practices and procedures for a comprehensive governance framework, the governance arrangements provide assurance that intended outcomes will be achieved, and remain fit for purpose. The actions above will deliver further improvements and we will continue to monitor, evaluate and report on progress as part of our next annual review.

Leader of the Council
Cllr D Bittleston
Date

Chief Executive
R N Morgan OBE
Date

The Council should demonstrate the following requirements		Position at Woking
A	Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law	
A1	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	There are Codes of Conduct for both Employees and Members. The culture and behaviours required are covered in new Member briefings. The Council has a complaints procedure details of which are on the Council's website. Staff briefings visibly set the tone for staff and consistently demonstrate the public service ethos. Copies of staff briefings are available to view for anyone who has missed them.
A2	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	The Council has both Employee and Member Code of Conducts which reflect the 'Seven Principles of Public Life'. Staff and Member inductions cover these Codes. Training is provided as considered necessary.
A3	Leading by example and using the above standard operating principles or values as a framework for decision making and other actions	The Council has a written constitution which sets out, amongst other things, the organisational structure of the Council, the responsibilities of committees and members as individuals, a scheme of delegation to officers and codes of conduct. A review of the Constitution was conducted and consulted upon during 2015/16 ahead of the ward boundary changes and reduction in Councillors in May 2016. The Constitution reflects the strong leader approach, and the Council has identified Portfolio holders and shadow portfolio holders.
A4	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	Policies are reviewed on a regular basis. The Behaviour & Skills Framework for staff is part of the Performance Development Review process. Internal Audit review for appropriate and regularly updated policies, and undertake specific work in areas such as gifts and hospitality.
A5	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	Induction training for all staff incorporates the organisational and operational framework of the Council. A comprehensive training programme is provided for members. The Standards and Audit Committee is responsible for: (i) promoting and maintaining high standards of conduct by councillors and co-opted members in accordance with the Members' Code of Conduct;; (ii) assisting councillors and co-opted members to observe the Members' Code of Conduct; (iii) advising the Council on the adoption or revision of the Members' Code of Conduct; (iv) monitoring the operation of the Members' Code of Conduct; (v) advising, training or arranging to train councillors and co-opted

The Council should demonstrate the following requirements		Position at Woking
		<p>members on matters relating to the Members’ Code of Conduct;</p> <p>(vi) determining allegations that there has been a breach of the Members’ Code of Conduct in accordance with arrangements adopted by Council;</p> <p>(vii) act as the Council’s Audit Committee. In performing this task the Standards and Audit Committee will:</p> <ul style="list-style-type: none"> · approve the plans of Internal Audit and consider the External Audit plan, · receive the Annual Audit and Inspection letter from External Audit; · receive Internal Audit recommendations for improvements and assurance that action has been taken where necessary; · review summary Internal Audit reports (located on the intranet); · receive a half yearly and annual report from the Chief Internal Auditor on the work of Internal Audit; · receive appropriate matters of concern raised by either External or Internal Audit or other agencies; and · ensure that there are effective relationships between Internal and External Audit and promote the value of the audit process; <p>(viii) overseeing the Council’s Risk Management, Anti Fraud and Whistleblowing strategies, and Health and Safety policies and practices;</p> <p>(ix) the receipt of the Annual Governance Statement; and</p> <p>(x) oversight of payments in cases of maladministration which are neither disputed nor significant (which are dealt with by the Monitoring Officer)</p>
A6	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation’s culture and operation	<p>The constitution contains a member code of conduct together with a number of statements and protocols covering registration of interests, anti fraud and corruption policy.</p> <p>The Council has a code of conduct for officers.</p> <p>The Council has a Customer code of conduct together with an equalities and diversity policy designed to define the relationship with customers and to remove any bias in dealing with the community.</p> <p>We also have a number of HR policies such as Anti bullying and Whistleblowing that relate to conduct and personal behaviour.</p> <p>The 2015 Peer Review noted: “Partners of all types speak highly of the people they work with and their obvious dedication and hard work”</p>
A7	Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values	<p>The Council operates within a framework which includes codes of conduct, customer service policies, equality and diversity policies, vision and values all of which serve to provide an environment promoting ethical standards and equality of treatment.</p>

	The Council should demonstrate the following requirements	Position at Woking
		<p>The Member code of conduct and the constitution require the declaration of interests of officers and members to be made at meetings where matters require such a declaration including meetings of the Thameswey Group boards. Other declarations and registrations include related party transactions for members and senior officers, members and senior officers recording when a relative is employed by the council, interests of officers in contracts involving relatives, and declarations of gifts and hospitality by all in a register maintained by the Head of Democratic and Legal Services.</p> <p>The Council has a confidential reporting 'whistleblowing' policy which is accessible via the intranet and internet.</p>
A8	Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation	<p>The council clearly understands its role as a leader within the local community and has set out within its values the way in which the authority should operate - e.g. openness, honesty, transparency - when dealing with all elements of the community and the expectation that others associated with the Council will operate similarly to engender a positive and trusting relationship.</p> <p>Expectations are incorporated into contractual arrangements where appropriate and addressed at contract meetings.</p>
A9	Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	<p>The Head of Democratic and Legal Services is the Council's Monitoring Officer, responsible for ensuring the Council acts in accordance with the Constitution.</p> <p>Committee reports consider legal implications. External legal advice is taken where appropriate.</p> <p>Legislative matters are dealt with at local level where changes are evaluated by suitably qualified staff supported by legal services.</p> <p>Major legislative change will require the Legal service to assess, evaluate and advise on the impact of legislative changes.</p> <p>The constitution sets out the limits of activity. Legislation around the power of general competence means the Council has wide legislative powers to undertake activities for the benefit of its community and seeks to make full use of these.</p>
A10	Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	<p>The Constitution sets out the responsibilities of the statutory officers.</p> <p>The 3 statutory officers (Chief Executive – Head of Paid Service, Head of Democratic and Legal Services – Monitoring Officer, and Finance Director – Chief Finance Officer/Section 151 Officer) are members of the Council's Corporate Management Group (CMG). CMG meets weekly, there are regular meetings between the Chief Executive and Council Leader and</p>

The Council should demonstrate the following requirements		Position at Woking
		with portfolio holders to discuss and challenge proposals.
A11	Striving to optimize the use of the full powers available for the benefit of citizens, communities and other stakeholders	It is the responsibility of the relevant CMG member to identify opportunities to benefit local citizens, prioritising those considered most beneficial to the community and meeting the locally identified needs. Through the Personal Development Review process, and the Behaviour and Skills framework, the Council encourages staff to be challenging and innovative and improvements are brought in by senior managers and their staff.
A12	Dealing with breaches of legal and regulatory provisions effectively	The Council has effective processes in place in the event of any breaches. It is the responsibility of the Monitoring Officer to assess the appropriate actions.
A13	Ensuring corruption and misuse of power are dealt with effectively	<p>There are procedures for reporting any suspected issues, and for dealing with any identified instances. This may include the involvement of the police.</p> <p>There is a formal complaints procedure which was updated in 2015 and provides for a response from a manager and allows for an appeal to be considered if the complainant is not satisfied. The Legal section monitors corrective action taken in response to upheld Ombudsman complaints against the authority.</p> <p>The Standards and Audit Committee reviews the outcome of Ombudsman complaints.</p> <p>Officers and members are required to declare interests in issues being determined by the Council and generally with regard to any business of the Council. Standing orders and financial regulations have similar requirements governing operational decisions made by officers.</p> <p>The register of interests is a public document and is available on the Council's website.</p> <p>The council has a confidential reporting policy for staff available through ewokplus. Members of the public normally write to one of the three Statutory Officers.</p> <p>The Vision and Values statement requires members and officers to demonstrate these behaviours</p>
B	Ensuring openness and comprehensive stakeholder engagement	
B1	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	The Council is committed to openness, support and respect. Procedural rules make detailed provision for rights of access for public

The Council should demonstrate the following requirements		Position at Woking
		<p>and members. The council complies with statutory requirements regarding access e.g. to financial information and responses to Freedom of Information requests. A new system is being introduced to improve the efficiency and effectiveness of the Council’s response to Freedom of Information requests.</p> <p>There is also extensive information published on the internet. This continues to be developed following the introduction of the Local Government Transparency Code. The Council uses the datashare software and continues to add more information here to enable easy access for members of the public.</p> <p>There is an internal and external communications strategy</p> <p>The Council issues regular press releases to the local media. Committee reports are available on the Council’s website and meetings are webcast with the recording also available afterwards to view.</p> <p>The Green Book performance monitoring and financial information is published monthly and also available on the Council website.</p> <p>There is a Marketing and Communications strategy and action plan.</p>
B2	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided.	<p>Decisions only made confidentially with specific reasons provided. Items held in part 2 of the agenda are kept to a minimum where there is information of a confidential, commercial third party or personal nature. Wherever possible decisions and discussion is public and broadcast on webcasts also available to view afterwards on the Council’s website. If necessary supporting confidential details are provided in a separate report, with the discussion in Part 1 unless it is necessary to refer to the confidential data.</p> <p>Delegated decisions are published on the Council’s website.</p>
B3	Providing clear reasoning and evidence for decision in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear	<p>The Council uses an application called Shikari which serves to make available to officers and members reports as they are being prepared. Relevant officers can add their appropriate comments during this preparation process. Portfolio holders and the Executive are briefed on reports prior to publication. Decisions made at meetings are loaded into shikari with responsible officer and timescale and progress is monitored automatically. In 2018/19 the Council is moving to the use of Modgov which will provide increasing transparency across WBC and other partners (eg SCC) which aids partnership working.</p>

The Council should demonstrate the following requirements		Position at Woking
		<p>Reports are drafted using a standard, logical structure which supports decision making and assists clear reasoning and the provision of evidence. Impact assessments are completed for each committee report.</p>
B4	Using formal and informal consultation and engagement to determine the most appropriate and effective intervention/courses of action	<p>The Leader of the Council and Chief Executive are part of the management arrangements of Enterprise M3, the Local Enterprise Partnership. The Leader is part of the wider Surrey Local Authorities 'Leader Group' and senior officers engage in County wide professional groups.</p> <p>A Business Breakfast meeting is held each year which provides an opportunity to update the business community on the Council's plans and receive feedback.</p> <p>Officers engage widely with community and resident association groups.</p> <p>Members are represented on various community groups. The Council provides approximately £1m of funding for voluntary groups and senior officers regularly meet with representatives.</p> <p>There is an active Youth Council supported financially by the Council.</p>
B5	Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably	<p><i>Institutional stakeholders are the other organisations that local government needs to work with to improve services and outcomes (commercial partners, suppliers, other public and third sector organisations) or organisations to which they are accountable.</i></p> <p>The Council has well developed relationships with other local authorities through joint working groups, health service, voluntary and community groups. There is a Woking Joint Committee which has responsibility for decision making across range of services.</p> <p>Members of CMG take the lead on key relationships and feed back through CMG meetings and team meetings as appropriate. The Council's approach is to be supportive of others and engage in discussions and work programmes.</p>
B6	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved	<p>The Council has outsourced a number of services where outcomes can be achieved more efficiently and effectively. Close relationships have been</p>

	The Council should demonstrate the following requirements	Position at Woking
	<p>more effectively</p>	<p>developed with those providers of the outsourced provision: Leisure, Housing, AM/FM.</p> <p>The Council has worked closely with 3 other Surrey Districts on the provision of a joint waste contract which became operational for Woking in September 2017. This has generated savings across the partners. Where there are areas of expertise/capacity officers work with colleagues across Surrey to make good use of resource – examples include parking, fraud work</p> <p>The Council supports Community Groups and local partners - £1.3m funded in year – to achieve local outcomes.</p> <p>The Thameswey group of companies, wholly owned by the Council, was set up to effectively seek local outcomes in a more commercial environment. The group includes joint venture companies with a development partner.</p> <p>The Joint Committee (SCC/WBC) was established in June 2014. Its primary focus is to improve outcomes and value for money for citizens and businesses of Woking by strengthening local democracy and improving partnership working in the Borough. Both Councils have delegated decision-making powers to the Joint Committee across a wide range of activities and it makes joint decisions on various strands of work including Community Safety, Health and Safety, Youth, Highways, On-Street Parking, Infrastructure and Early Help.</p> <p>There are regular meetings with the Woking Chamber of Commerce.</p>
<p>B7</p>	<p>Ensuring that partnerships are based on: trust, a shared commitment to change, a culture that promotes and accepts challenge among partners, and that the added value of partnership working is explicit.</p>	<p>The Council's key partners are the group of companies set up to deliver the Council key priorities of affordable housing and energy/environment matters and developments.</p> <p>A set of protocols has been developed and approved by the Council and the Thameswey Group to improve the governance and transparency of the Thameswey Group activities. There are briefings for Members on Group activities and Members can attend Board meetings.</p> <p>Other objectives are being progressed through joint ventures with other organisations most notably the Victoria Square regeneration.</p> <p>Appropriate arrangements are in place to support these joint ventures. In light of the need to make efficiency savings the Council is working with other local authorities and organisations to transform the way</p>

The Council should demonstrate the following requirements		Position at Woking
		services are delivered. This includes joint procurement, sharing accommodation or outsourcing such as has happened with Leisure, HRA and Asset/Facilities Management. All joint arrangements are monitored appropriately.
B8	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service provision is contributing towards the achievement of intended outcomes	Consultation takes place on a wide variety of issues where the community can influence the outcome whether they be by whole Borough, geographical areas or service/interest specific. The arrangements for consultation are published on the Council's website.
B9	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	Formal arrangements exist with a number of stakeholder bodies – Business Breakfast (NNDR consultation), Tenant representatives, user organisations for various services such as Leisure and parking.
B10	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs.	<p>The Council has an external communications policy and utilises a number of communication channels - self serve via internet; consultation with the citizen's panel; appropriate consultation as required for specific issues. Alternative arrangements will be made for hard to reach sections of the community.</p> <p>The council has adopted a principles of consulting document, published on the internet providing guidance on the arrangements for engaging with all sections of the community recognising their different needs. The Council participates in and actively supports and consults with disabled groups to help frame policy and services. Resources are in place to ensure community engagement is managed strategically and some 18 staff are trained facilitators offering a range of skills to engage appropriately with different groups and sections of the community. Where necessary appropriate use is made of specialist resources to engage with particular cultures, languages, disabilities, etc. Work with and use partners' expertise to engage with different groups, e.g. Connect to Innovation and Surrey Chamber of Commerce to engage with businesses and the commercial sector</p>
B11	Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account	<p>Any complaints received are used to improve service delivery at a local level.</p> <p>The Council advises on responses to consultations either individually or by way of committee reporting as appropriate.</p>
B12	Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity	The Council seeks to use objective data sources to balance special interest group representations with wider community interest.
B13	Taking account of the impact of decision on future generations of tax payers and service users	The Council takes a long term view through preparation of long term plans and strategies – Woking 2027, Core Strategy, Woking 2050, Medium

The Council should demonstrate the following requirements		Position at Woking
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	Term Financial Strategy.
C1	Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions	<p>The Woking 2050, Woking 2027 and Natural Woking strategies set out priorities.</p> <p>The Council also adopted the Surrey Partnership Plan in 2010 as a driver for policy development. The Joint Committee makes decisions across a range of services.</p> <p>The Council actively pursues priorities agreed with partner organisations and the wider community through on-going consultation</p> <p>The Council engaged the Local Government Association (LGA) to conduct a Peer Review in October 2015. This evaluated the Council's understanding of local place and priority setting and considered whether an informed clear vision and priorities had been set. The feedback was positive on work to date but recommended that the Council be clear on the next 5 year period. It is intended that the next Peer Review will be in 2019.</p> <p>The Council's priorities have been agreed and are approved annually through the service planning process and manifesto pledges. The service planning process is supported by a corporate team. The structure of the plan emphasises the way service plans contribute to the development of People, Place and Us. The Service and Performance Plan is available via the Council's website. Service plans feed into PDR objective setting following the 'golden thread'</p> <p>The vision could be further communicated through the development of a Corporate Plan which explains in more detail the how the various projects contribute to the overall strategy for the future. Officers will be working towards this during 2018/19.</p>
C2	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	Impact assessments for each committee report. The report format supports the provision of impact summary, reasons for and implications of decisions.
C3	Delivering defined outcomes on a sustainable basis within the resources that will be available	Performance management is well imbedded at the Council with detailed reporting published and publicly available each month. The Medium Term Financial Strategy (MTFS) sets out the resources that are available and the actions required to ensure a sustainable future. The MTFS is formally

The Council should demonstrate the following requirements		Position at Woking
		updated annually, with updates during the year through budget and other finance papers. Other decisions are made in the context of the MTFFS.
C4	Identifying and managing risks to the achievement of outcomes	Comprehensive Service and Corporate Risk Registers are regularly reviewed.
C5	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	Service Users expectations are 'managed' by advising of the Council's priorities through the Service Planning process. There are ongoing dialogues with groups regarding the best uses of the resources available.
C6	Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision	The balancing of economic, social and environmental factors is extensively considered as part of the Place Making role led by the Council.
C7	Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	The Council has a Medium Term Financial Strategy which sets out the challenges over the next 3-5 years, together with long term planning, climate change and sustainability strategies. Many of the decisions currently being made are long term in nature with Members considering the long term benefits and future need – eg Infrastructure investment, Victoria Square, Hoe Valley School and Community facilities, Sheerwater Regeneration, protection of employment space and Brookwood Cemetery
C8	Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs	The wider public interest is assessed through public consultation on particular issues. Ultimately the public direction is set through the annual election cycle.
C9	Ensuring fair access to services	Equalities reporting, officer, portfolio holders, considered in all decision reports, considered in fees and charges An Annual Equalities Report is provided to the Executive and an external assessment of the Council by the LGA found that we are at the 'Achieving' level on the Equalities Framework.
D	Determining the interventions necessary to optimize the achievement of the intended outcomes	
D1	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risk. Therefore ensuring best value is achieved however services are provided	Executive and Council reports contain detailed information to support decision making and provide options on the course of action. Members of the Executive have portfolio responsibilities and strong relationships with lead officers enabling rigorous challenge of the information and analysis provided. Matters requiring decisions are reported to the Executive or appropriate committee for approval. The report format is standard providing information in a consistent and comprehensive way.

The Council should demonstrate the following requirements		Position at Woking
		All reports include a section for financial implications of reports. The process for approving reports includes publishing a forward programme of reports, a timetable for the preparation of reports that specifically provides for the involvement of portfolio holder, CMG and Executive prior to publication. CMG review draft agendas and reports as part of the weekly meeting. Reports are prepared on shikari where everyone has access to read the report,
D2	Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	Reviews of service needs inform strategies with examples being Natural Woking and the Playing Pitch Strategy.
D3	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	Service planning is well embedded at the Council. Formats of the plans were revised for 2017/18 plans, providing more focused information and better linkages between strategic and operational plans. Targets are agreed and performance monitored through the monthly Green Book publication. An internal audit review of the Council's MTFs has recommended considering a move to 3 year budgeting and target setting. This will be considered during 2018 for the 2019/20 budget.
D4	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	Internal consultation is through staff briefings and team meetings. CMG minutes and decisions are published on Ewokplus and there are regular meetings between CMG and Unison. External consultations are undertaken on specific issues. The Woking Joint Committee is a joint committee of Woking Borough Council and Surrey County Council.
D5	Considering and monitoring risks facing each partner when working collaboratively including shared risks	The Council is experienced in working closely with partners and will identify and monitoring risks through an appropriate review mechanism. There are detailed contract management processes for the Council's major contracts (Freedom, NVH, Skanska etc plus joint waste) where risk is considered.
D6	Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances	The Council, where appropriate, builds flexibility into contractual (or other) arrangements with third party providers of goods and services. Larger contracts will have formal change control clauses, with smaller contracts allowing more informal change management through dialogue. The Council has a responsive management style and will make appropriate changes as circumstances dictate building strong relationships with providers which enable flexibility.
D7	Establishing appropriate key performance indicators as part of	Key performance indicators are set to improve performance over time

The Council should demonstrate the following requirements		Position at Woking
	the planning process in order to identify how the performance of services and projects is to be measured	usually to achieve top quartile performance. Performance Indicators are reviewed to ensure they remain the most appropriate and relevant for the Council. Efficiency improvements and income generating assets have been identified to enable the maintenance of service delivery. External Audit continues to assess and report on the Council's value for money approach.
D8	Ensuring capacity exists to generate the information required to review service quality regularly	CMG regularly considers the adequacy of resources and redirects as required. All requests to recruit are considered by CMG which enables capacity to be used flexibly depending on priorities.
D9	Preparing budgets in accordance with objectives strategies and the medium term financial plan	The Council's planning and budgeting processes are closely aligned in the Business planning process. Service plans and budgets are prepared together. The financial strategy makes provision for known changes to services including legislative changes, growth, efficiency savings and the impact of the investment programme. The budget papers provide a summary of the MTFS and high level update. The budget reflects the overarching strategy set in the MTFS and links to the latest plan. The MTFS is subsequently updated to reflect the new base and actions required.
D10	Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	MTFS last updated March/April 2018. This takes a cautious view on government funding and requires additional savings to be identified and achieved. It identifies uncertainties and flexibilities within the forecasts. There has been an Internal Audit review of the MTFS during 2018 which included comparison with other councils. The Investment Programme is based on best estimated timing and costings for projects which are being worked up. Where it is not possible to include an estimated figure, the narrative report notes the exclusion.
D11	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	The MTFS works from the Council's Service Plans with the latest approved budgets used as a base. Future enhancements and changes to services as well as Council responsibilities are identified and brought into the summary position to establish the medium term challenges. The mitigations to the identified pressures, and the supporting narrative, balance the need to scale back plans and developments and costs with the desire to find a way to be able to further priority areas.
D12	Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term	Budgets cover all services areas, project and Investment Programme spend, together with treasury implications. In setting the annual budget a view on the implications for reserves is provided together with reserves forecasts. Capital spend decisions are subject to consideration of the medium term position including servicing and repayment of any debt.
D13	Ensuring the medium term financial strategy sets the context for	The MTFS is subject to at least annual review and was the subject of a

	The Council should demonstrate the following requirements	Position at Woking
	ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimizing resource usage	series of staff briefings in 2017. It is referred to/updated in each budget report. All committee reports include a financial implications section where any impacts are highlighted and many refer directly to the MTFs.
D14	Ensuring the achievement of 'social value' through service planning and commissioning	Service planning takes into consideration 'social value' including working with partners and voluntary groups across the community.
E	Developing the entity's capacity, including the capability of its leadership and the individuals within it	
E1	Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness	Performance information is reported on a monthly basis to members and senior officers and is available to the public on line. The reporting includes exceptional variations from expected service - both good and bad - together with the action being taken to correct poor service. Complaints are monitored and used to inform the performance of a service.
E2	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently	Benchmarking is used on particular service reviews and where decisions regarding changes to services are being considered. The Council has relationships and regularly meets with other local Authorities and shares/learns from the work they are undertaking. Officers meet at a professional level and provide advice and experience to each other. Joint work is completed – eg waste contract – where the opportunities arise. All service options are considered eg on withdrawal of SCC funding.
E3	Recognising the benefits of partnerships and collaborative working where added value can be achieved	The Council actively looks for opportunities to collaborate and achieve better value for money. The Joint Waste contract with 3 other local Districts started September 2017. The Council works closely with community groups, SCC and Health services
E4	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	The management structure has been reviewed in recent years and revised to better meet the strategic needs and focus of the Council.
E5	Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	The Constitution sets out roles and responsibilities. Long term plans/objectives set out the Council's vision and direction. Members and officers have good working relationships and regular communications.
E6	Publishing a statement that specifies the types of decision that are delegated and those reserved for the collective decision making of the governing body	The Constitution sets out the responsibilities and delegations.
E7	Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the	The Constitution schedules the responsibilities that are reserved for full meetings of Council and those that are delegated to the Executive or other

	The Council should demonstrate the following requirements	Position at Woking
	<p>chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority</p>	<p>committees and officers. The delegations are reviewed annually. The Constitution was reviewed and simplified during 2015/16. For the time being the Leader of the Council has delegated the functions of a strong leader to the Executive. The Constitution contains schemes of delegation for those activities which are delegated to officers. Those officers have prepared schemes of sub delegations to other officers to enable business to be conducted. Following the introduction of Regulations each time a formal delegated decision is made it is recorded and made available via the internet.</p> <p>The Chief Executive, Leader and Deputy Leader of the Council have frequent meetings concerning the business and operation of the Council. CMG meet the Executive on a regular basis to discuss formal Executive business and future plans</p> <p>Portfolio and shadow portfolio holders are nominated for each of the Council's activities. It is the responsibility of Senior Managers and CMG to keep their respective portfolio holder informed of developments in their areas and wider issues. Other members are briefed as appropriate.</p>
E8	<p>Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by:</p> <ul style="list-style-type: none"> • Ensuring members and staff have access to appropriate induction tailored to their role and that ongoing training and development matching individual and organisational requirements is available and encouraged • Ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis • Ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external 	<p>Senior Management are developed through the current Leadership programme, together with Corporate training programmes. There is support through the PDR process and Peer groupings. There is a comprehensive training programme for Members. The Council's commitment to Member development was first comprehensively assessed by South East Employers in March 2011. Since then Woking has successfully maintained Charter status for Elected Member Development, achieving reaccreditation every three years. The Council was successfully assessed for reaccreditation in 2015 and completed the mid-term assessment in 2017. The next full assessment is due to be undertaken at the end of 2018.</p> <p>The Members Training policy is adopted annually by the Council. In April 2018 it was extended to include mandatory training on specific topics. More on-line training has also been introduced to make sessions more accessible to Members.</p> <p>The Council reviews its programme for Member Development annually</p>

The Council should demonstrate the following requirements		Position at Woking
		<p>and has developed a comprehensive learning and Development Framework together with the Roles and Responsibilities of Elected Members. This covers a wide range of issues of interest to new and existing members.</p> <p>Members receive comprehensive briefings and training in overview and scrutiny and a 'Toolkit for successful scrutiny' has been developed and is provided to all Members.</p> <p>Membership of committees is reviewed annually to assist in member development.</p> <p>A range of vocational and non vocational training is available to officers. Officer training is managed by the HR section against a Learning and Development plan. There is currently a programme of management development underway following recommendations in the Peer Review.</p> <p>The organisational structure of the Council provides opportunities for succession planning and internal progression. This is further strengthened by the Behaviour and Skills framework where each post has scored competencies accessible by all so career progression will be easier to identify.</p>
E9	Ensuring that there are structures in place to encourage public participation	Members of the public can ask questions of Executive Members at the Executive meetings. They can also ask questions at the Joint Committee. The Constitution sets out the processes for consideration of petitions depending on the number of signatures.
E10	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	The Peer review completed by the LGA in October 2015 recommended that an organisational development programme be developed to grow commercial and leadership skills. This has started in 2016/17 and will continue to be developed further.
E11	Holding staff to account through regular performance reviews which take account of training or development needs	There is a formal annual Performance Development Review process.
E12	Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing	Sickness levels are monitored by managers and HR and reported in the Green Book. The HR team provide support where issues have been identified. There are active Health and Wellbeing programmes for staff.
F	Managing risks and performance through robust internal control and strong public financial management	
F1	Recognising that risk management is an integral part of all	The Council has adopted a risk management strategy.

The Council should demonstrate the following requirements		Position at Woking
	activities and must be considered in all aspects of decision making	Risk is covered in all committee reports and embedded in Service Planning.
F2	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	<p>Strategic risk register considered regularly by CMG Operational risk registers</p> <p>Risk registers have been prepared. The risks associated with a course of action are required as part of all committee reports and a risk log is a requirement of all projects recorded on the project monitoring system within sharepoint.</p> <p>Work on developing business continuity particularly for ICT has been ongoing with the development of the Council's own data centre. There have been tests of business continuity in times of bad weather.</p> <p>The Council's approach to insurance has been to insure all risks with limited or no excesses or self insurance unless it is possible to demonstrate vfm for this approach. Excesses were increased as part of the insurance retender in 2015 based on analysis and advice of the broker. Insurance provision is reviewed annually as part of the renewal programme. Claims are handled within the necessary time limits Other risks are identified in the budget and a risk contingency provided. Reserves have been set up to address specific financial risks.</p> <p>The risk management information assists in the operational aspects of service delivery. A relatively simple approach is taken to assessing likelihood and severity of risk to determine high, medium, low risks.</p> <p>Key risks are identified and monitored e.g. key budget risks and performance are monitored in the green book. Key risks in projects are monitored as part of the project management methodology. Corrective action is taken to avoid or mitigate the risks.</p> <p>The Council has historically managed corporate Health and Safety through the Health and Safety Committee. During 2017/18 the arrangements for Health and Safety were reviewed and the H&S Committee replaced with new arrangements from 1 April 2018. There will be additional reporting to CMG, a new training programme for managers and external resource will be procured to support the function.</p>

	The Council should demonstrate the following requirements	Position at Woking
F3	Ensuring that responsibilities for managing individual risks are clearly allocated	<p>All risk registers allocate risk to individual managers as risk owners.</p> <p>The Deputy Chief Executive is the nominated champion for risk management and business continuity. Risk management is embedded into the processes of the organisation. All committee reports require the risks associated with the matter of the report to be included in the report.</p> <p>The project management arrangements of the Council require a risk log to be prepared identifying the risks and the mitigating action to be taken. The financial strategy and budget reports indicate risks within the budget and provide a risk contingency.</p> <p>The Executive is the committee responsible for risk management and business continuity with overview by the Standards and Audit Committee</p>
F4	Monitoring service delivery effectively including planning, specification, execution and independent post implementation review	<p>There is monthly reporting of key performance measures, financial performance against budgets, Treasury Management information and Group company information in the monthly 'Performance and Financial Monitoring Information' booklet - the green book. This now also includes information on the Sheerwater Regeneration and Strategic Properties – areas identified during 2017 as requiring close monitoring. The Green Book provides information on current performance and describes any corrective action to be taken. It is considered by Corporate Management Group (CMG) and at each Executive and published on the internet.</p> <p>In addition all decisions resulting in an action taken within the Council are added to Shikari, the Council's decision tracking tool. Members and officers have access to shikari so can track the progress on an individual action. From 2018/19 Shikari will be replaced by a new system, ModGov, for committee reports and action tracking.</p> <p>The Executive receives a quarterly report on all projects This summary report is drawn from the sharepoint application used to manage projects.</p>
F5	Making decisions based on relevant, clear objective analysis and advice pointing out the implication and risks inherent in the organisation's financial, social and environmental position and outlook	The report structures support decision making, prompting comment on the key considerations. Impact assessments are prepared for committee reports. Delegations to officers are included in the Constitution.
F6	Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible	The Council has an O&S committee. The committee is supported by task groups including two standing task groups for Finance and Housing. Members have the opportunity to raise topics for consideration and the public can raise topics for review via the internet.

The Council should demonstrate the following requirements		Position at Woking
		The overview and Scrutiny Committee prepares an annual report on the activities of the committee and task groups reporting to it. The report is available on the internet (part of committee reports).
F7	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	The 'Green Book' performance and monitoring report is produced and published on line each month. It is considered at each Executive meeting. Project reporting is prepared for management and Members quarterly.
F8	Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (eg. Financial statements)	Budgets and Financial Statements are reconciled and analysis provided in the foreword to the Statement of Accounts which links the Statutory Accounts to the Green Book monthly management reporting.
F9	Aligning the risk management strategy and policies on internal control with achieving objectives	The internal audit plan is a risk based plan taking into account risks identified through risk register as well as other factors such as audit knowledge of service delivery enabling the allocation of audit resources. An annual risk management report is provided to the Executive.
F10	Evaluating and monitoring risk management and internal control on a regular basis	<p>Risk management and internal control processes are regularly considered by Internal Audit as part of the annual programme of work. The Corporate Risk Register is reviewed by CMG 6 monthly. The Standards and Audit Committee receive reports on risk management and internal control from Internal Audit.</p> <p>Internal audit reports are used to provide assurance and improve the internal control framework. Internal Audit provide their opinion on the overall arrangements. Under the PSIAS internal audit is required to give assurance annually. The Internal Audit work programme is prepared using a risk based approach. Senior managers complete an assurance statement</p>
F11	Ensuring effective counter fraud and anti-corruption arrangements are in place	<p>The Council has an anti fraud policy which is reviewed regularly. The register of Member's interests and register of gifts and hospitality are reviewed by the Standards and Audit committee annually.</p> <p>Members interests are available on the Council's website. From 2018/19 gifts and hospitality will also be published online. The Council has a flexible fraud resource for follow up and investigations where appropriate.</p>
F12	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management	The internal audit service is provided by Mazars through a framework contract with Croydon Council. Computer audit is provided by Spelthorne

	The Council should demonstrate the following requirements	Position at Woking
	and control is provided by the internal auditor	Borough Council/Mazars. The Head of Internal Audit (HIA) role is performed by Mazars. An annual report by the HIA on the overall adequacy of the control environment is considered by Standards and Audit committee. Internal Audit provide updates at each Standards and Audit meeting and attend CMG on a quarterly basis or as required.
F13	Ensuring and audit committee which is independent of the executive and accountable to the governing body: <ul style="list-style-type: none"> • Provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment • That its recommendations are listened to and acted upon 	The Standards and Audit Committee performs the functions of an Audit Committee. It is independent of the Executive and reports to Council. It receives regular reports and seeks assurances from Internal Audit and External Audit. Actions are monitored through the Shikari/decision monitoring system.
F14	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data	The Council has existing data protection and security policies to ensure the proper collection, use, storage and control of it's assets including data and information. It is in the process of undertaking a fundamental review in the lead up to the introduction of GDPR in May 2018. The Head of Democratic and Legal Services undertakes the role of Data Protection Officer at the Council
F15	Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies	Sharing data with other bodies is subject to oversight by the Head of Democratic and Legal Services. The Council has a number of Information Sharing Protocols with 3 rd parties which incorporate appropriate safeguards to protect data.
F16	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring	Performance data is reported regularly to senior management and Members and published publicly. Any issues arising or anomalies are investigated.
F17	Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance	The Finance team monitors and reports on in-year performance and long term risks/financial pressures and trends. The Treasury management system tracks long term investments, and borrowing. Annual budget setting reports also refer to the MTFs, considering the long term implications of the budget to be approved.
F18	Ensuring well-developed financial management is integrated at all levels of planning and control including management of financial risks and controls	Services are supported by specified contacts in the finance team. The finance system has been recently upgraded to provide better accessibility to financial information and more integrated, electronic processes. Finance monitoring reports are used from the finance system. Finance reporting monthly is included in the Green book with high-risk areas covered in detail and other variances reported by exception.

The Council should demonstrate the following requirements		Position at Woking
		<p>Financial regulations and other operational instructions are reviewed to ensure they remain up to date with regard to structures, limits and operating practices. The Financial Regulations and Contract Standing Orders were not part of the review of the Constitution in 2015/16, but were due to be covered separately. This work is still ongoing and updates to both are due to be considered by Council early in 2018/19. Induction training for all new staff signposts them to these regulations which can be found on the intranet.</p> <p>An update on audit reports and the recommendations in reports is reported to the Standards and Audit committee twice a year and reports are available to all members through a secure part of the intranet.</p> <p>A Treasury Management strategy is agreed by the Executive in February prior to the operational year and a review of activity and performance is published in July of the following year after the year has ended. The Council complies with CIPFA guidance on Treasury Management. Monitoring takes place monthly with information in the green book and the O&S Committee has responsibility for the scrutiny of the function and receives a mid-year report.</p>
G	Implementing good practices in transparency, reporting, and audit to deliver effective accountability	
G1	Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	<p>Reports are written using plain language, in a standard format which assists with reviewing and ensures key information is covered. The Marketing and Communications team review language where appropriate and some communications are reviewed independently to provide confidence that they are easily understood and accessible.</p> <p>There is Marketing and Communications strategy which has been recently updated and incorporates an action plan.</p>
G2	Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	<p>The requirements of the Local Government Transparency Code 2014 are addressed by a 'View our data' section on the internet.</p> <p>The Council uses datashare to make data accessible.</p> <p>Committee documents and webcasts are available online.</p> <p>There are corporate processes in place for FOI requests.</p>
G3	Reporting at least annually on performance, value for money and stewardship of resources to stakeholders in a timely and understandable way	<p>The Green Book is published monthly reporting performance issues and variances by exception so focused and understandable.</p>
G4	Ensuring members and senior management own the results reported	<p>CMG members and all portfolio holders are accountable for the Green Book – performance and financial monitoring/outturn.</p>
G5	Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework have been applied	<p>Led by Finance Director and Monitoring Officer, supported by CMG. Evidence from IA, input from all Senior managers. Reviewed by S&A.</p>

	The Council should demonstrate the following requirements	Position at Woking
	and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)	Published in draft in Statement of Accounts. Final version published with final accounts ⁷ . Improvement Plan is updated and new actions added if appropriate as a result of each review.
G6	Ensuring that this Framework is applied to jointly managed or shared service organisations as appropriate	Where the Council is party to joint arrangements appropriate governance arrangements are put in place.
G7	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations	The annual statutory accounts are prepared following accounting guidelines and standards, in accordance with the Code of Practice and to statutory timescales. Reconciliations are prepared to demonstrate consistency with management reporting. The foreword provides a narrative link from the monthly management reporting to the statutory outturn.
G8	Ensuring that recommendations for corrective action made by external audit are acted upon	Tracked on Shikari decision tracking software. No outstanding external audit recommendations. Standards and Audit committee receive reports from External Audit with status of any outstanding recommendations.
G9	Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to governance arrangement and that recommendations are acted upon	Internal Audit reports to each meeting of the Standards and Audit Committee including all reports and all recommendations made in the period. Reports are also available to members and independent members via their iPads. Audit recommendations are monitored via shikari with reports to CMG and the Standards and Audit Committee on outstanding matters. External Audit reports may be presented to the Standards and Audit Committee as appropriate. The Standards and Audit committee has representation from across the council and is chaired by the Council's independent member during the year. The committee has clear terms of reference for their responsibilities. An independent person (although not a member of the Standards Committee) has been appointed following the adoption of the standards framework.
G12	Ensuring that when working in partnership arrangements for accountability are clear and the need for wider public accountability has been recognized and met	The Joint Committee, which incorporates the 'statutory' Crime & Disorder Reduction Partnership (Safer Woking Partnership), has agreed Terms of Reference and governance arrangements, that set out collective roles and responsibilities for participating organisations, including the Council. Services which are outsourced and now operated by contractors are monitored.

STANDARDS AND AUDIT COMMITTEE – 19 JULY 2018

INTERNAL AUDIT ANNUAL REPORT 2017/18

Executive Summary

This report contains the Head of Internal Audit's annual assurance opinion on the control environment of the Council based on internal audit work undertaken during the 2017/18 financial year. This opinion forms an essential part of the assurance gathering process used to inform the compilation of the Council's Annual Governance Statement which is included in the annual accounts.

Overall controls are deemed to be effective within the Council. Where weaknesses have been identified, management have either implemented or agreed timescales for implementing Internal Audit recommendations in order to improve the control environment

Recommendations

The Committee is requested to:

RESOLVE That

- (i) the annual assurance opinion of the Head of Internal Audit over the control environment be noted.

The Committee has authority to determine the recommendation(s) set out above.

Background Papers: None.

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Date Published: 11 July 2018

1.0 Introduction

- 1.1 This report includes the Head of Internal Audit's annual assurance opinion on the control environment of the Council based on internal audit work undertaken for the financial year 2017/18. This opinion forms an essential part of the assurance gathering process used to inform the compilation of the Council's Annual Governance Statement which is included in the annual accounts.
- 1.2 The Standards and Audit Committee approved the 2017/18 Internal Audit plan in March 2017.
- 1.3 The purpose of this report is to outline the following in respect of Audit Activity for 2017/18:
 - the amount of audit days used in the year analysed by review;
 - a list of final reports issued for the 2017/18 financial year;
 - a list of audits and reports in progress (ie in draft form) as at 30 June 2018;
 - The results of follow up work in the year; and
 - the internal audit opinion on the control environment for the year.

2.0 Internal Audit Opinion 2017/18

- 2.1 Internal Audit has reviewed the effectiveness of the Council's systems of internal control for 2017/18 and taken into account other relevant assurances obtained from internal and external sources.
- 2.2 Arrangements for internal control in individual business areas are generally effective although there are some areas of Council activity where the expected levels of control have not been fully achieved. Where this is the case effective actions have been taken, or are in progress, in response to internal audit recommendations made.
- 2.3 Overall control is deemed to be effective within the Council.

3.0 Review of 2017/18

Delivery of internal audit plan

- 3.1 The Internal Audit function is outsourced to Mazars LLP, with the Head of Audit role being undertaken as a secondment from Mazars. Some IT audit work is undertaken by Spelthorne Borough Council.
- 3.2 The audit plan was agreed by the Committee in March 2017, with 285 audit days allocated. This number also includes the 24 days allocated to the Head of Audit role.
- 3.3 Out of 25 reviews planned for the year (including those carried forward from 2016/17), two audits were cancelled, two were combined and one was carried forward into the 2018/19 year. Of the 20 remaining audits, 16 are finalised, two are at draft report stage and three are in progress as at the end of June 2017. Appendix 1 provides a summary of progress against the 2017/18 audit plan.
- 3.4 The allocation of available Internal Audit resources is summarised below in Table 1. This compares the actual time spent on reviews with the original plan for the year.

Table 1: Breakdown of Use of IA Resources for 2017/18

	Planned Resources 2017/18 (Days)	2017/18 Delivered (Days)	Deferred/ Deleted	In Progress
Reviews of Major Financial Systems	23	23	0	0
Corporate/cross cutting reviews	77	67	0	10
Service based reviews	104	91	0	13
Computer Audit	30	30	0	0
Group companies	0	0	0	0
Follow ups	7	7	0	0
Other	44	44	0	0
Contingency	0	0	0	0
Total	285	262	0	23

- 3.5 As at the time of the report, there are 23 days to be delivered on audits in progress.
- 3.6 An analysis of planned and actual audit time allocated to specific audit work along with the outcomes from the reviews (audit opinion given and number of recommendations made) is provided in **Appendix 1**.

Internal Audit Reviews

- 3.7 Reviews of fundamental financial systems are separately identified in the Internal Audit Plan and include coverage of areas of testing that is made available to our external auditors, KPMG. KPMG are provided a copy of the agreed annual audit plan to allow them to identify any potential duplication or set any requirements they have on the work undertaken.
- 3.8 The remaining audits, which are risk based, comprise a mixture of service specific (operational and financial), corporate wide and IT reviews.
- 3.9 Internal audit recommendations are categorised according to risk. This gives management an indication on the urgency of implementing the suggested control or cost saving measure.
- 3.10 Recommendation classifications are:
- **High risk** – fundamental absence/failure of key control procedures (e.g. breach of legislation, council policies or procedures), immediate action required.
 - **Medium risk** – inadequate management of key risks. Control procedures are in place but are not working effectively. Action is necessary to avoid exposure to risk.
 - **Low risk** – actions merit attention to enhance the control environment, i.e. action is considered desirable
- 3.11 The Council’s improvement tracking tool, Shikari, is used to record all recommendations made in Internal Audit reports and to monitor their implementation status.
- 3.12 In addition to Internal Audit reviews carried out from the Plan, Internal Audit have also given advice/assistance to business areas on issues of risk and control during the year.
- 3.13 Each Internal Audit report gives an overall assurance opinion based on the level of controls found to be in place in the area being reviewed. Internal audit opinions given were as follows:

Table 2: Audit opinions in Final reports issued

	2017-18		2016-17		2015-16	
	Number	%	Number	%	Number	%
Audit Opinion						
Strong controls are in place	1	6%	5	33%	1	6%
Controls are in place, but improvements would be beneficial	10	63%	9	67%	10	67%
Improvements in application of controls are required	2	12%	0	0%	4	27%
Urgent system revision is required	0	0%	0	0%	0	0%
No opinion provided	3	19%	0	0%	0	0%
Total	16	100%	14	100%	15	100%

3.14 A total of 59 internal audit recommendations have been made to date (2016/17 – 35 recommendations; 2015/16 – 77 recommendations).

3.15 Table 3 sets out the split of audit recommendations made by level of risk:

Table 3: Recommendations made in 2017-18 audit reports

Risk rating	2017/18		2016/17		2015/16	
	Number	%	Number	%	Number	%
High	6	10%	0	0%	13	17%
Medium	40	68%	24	65%	48	62%
Low	13	22%	11	35%	16	21%
Total recommendations	59	100%	35	100%	77	100%
Not agreed	0		0		3	

3.16 All recommendations are entered on to an improvement plan in Shikari. The Shikari system automatically reminds managers when recommendation due dates are approaching (note: the target dates are set by managers themselves, not by Internal Audit) and again when the implementation date has been missed. Managers update progress on the system and close down the recommendations on the system once implemented.

3.17 Internal Audit use systems generated reports to monitor levels of implementation. This is supplemented by spot checks in the business area concerned to confirm that the recommendation is being implemented in practice. A procedure is in place to escalate recommendations that have not been implemented as agreed to CMG and finally to this Committee where necessary.

3.18 As at 15 June, there were 12 outstanding medium priority recommendations outstanding. There were no high priority recommendations outstanding (however, see 3.20).

3.19 In 2017/18 12 high priority recommendations due for implementation within the year were followed up to confirm that they had been implemented. Of the 12 recommendations raised 9 (75%) were either considered implemented or no longer applicable. 3 (25%) were not fully implemented.

3.20 Two of the high priority recommendations not implemented related to the update of Contract Standing Orders which is in the forward plan for the Executive on 22 November 2018. The third recommendation related to overdue commercial and investment property risk assessments which have since been confirmed as completed. New deadlines have been set for these recommendations and they will continue to be tracked for implementation.

4.0 Implications

Financial

- 4.1 There are minimal financial implications around the implementation of internal audit recommendations. Some audit recommendations are designed to improve value for money and financial control

Human Resource/Training and Development

- 4.2 Some audit recommendations need resource to put in place.

Community Safety

- 4.3 None.

Risk Management

- 4.4 Internal Audit identifies weaknesses in the control environment. Implementation of recommendations therefore improves the control environment and hence the management of risk.

Sustainability

- 4.5 There is minimal impact on sustainability issues.

Equalities

- 4.6 There is minimal impact of equalities issues.

5.0 Conclusion

- 5.1 On the basis of work undertaken during 2017/18 the Head of Internal Audit is able to give assurance that controls are generally operating effectively and that, where weaknesses have been identified, actions have been agreed by management to improve controls. In addition, the Head of Internal Audit has concluded that there is reasonable assurance that the Council's governance arrangements are largely compliant with the best practice guidance on corporate governance issued by CIPFA/SOLACE.

- 5.2 During our internal audit work we practice the principles of the Public Sector Internal Audit Standards (PSIAs). A review to confirm that Mazars LLP is in compliance with the PSIAs is undertaken every five years. This was satisfactorily completed in 2016/17.

REPORT ENDS

INTERNAL AUDIT PLAN – WORK UNDERTAKEN 2017/18				
	Revised Budget for year	Progress	Audit Opinion	Number of recommendations
Financial systems - major				
Continuous Auditing – AP, AR, General Ledger, Payroll, Council Tax and NNDR	23	Final report issued	N/A	6
Major Financial Systems - Total	23			6
Corporate/Cross Cutting Reviews				
GDPR	12	In Progress	-	-
Gifts, Hospitality and Declarations of Interest	8	Final report issued	Controls are in place, but improvements would be beneficial.	3
Health and Safety	12	Final report issued	Improvements in the application of controls are required.	4
Project Reviews - Thematic Audits	10	Draft report issued	-	1
Savings Plan, including MTFs, monitoring of budgets	12	Final report issued	N/A	0
Contract Management	18	Draft report issued	-	8
IT Disaster Recovery High Level Review	5	Final report issued	Improvements in the application of controls are required.	4
Corporate/Cross Cutting Reviews-Total	77			20
Service Based Reviews				
Safeguarding - Adults & Children	10	Final report issued	Controls are in place, but improvements would be beneficial	5
S106/CIL	10	Final report issued	Controls are in place, but improvements would be beneficial	2
Health and Wellbeing	12	Final report issued	Controls are in place, but improvements would be beneficial	4
Temporary Accommodation	10	Final report issued	Controls are in place but improvements would be beneficial	2
Parking Services	12	Final report issued	Controls are in place but improvements would be beneficial	3
Planning Services	10	Final report issued	Controls are in place but improvements would be beneficial	4
Planning Complaint	5	Final report issued	N/A	0

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Commercial Property Estate	12	In progress	-	-
Taxi Licensing	8	Final report issued	Controls are in place, but improvements would be beneficial	6
Victoria Square Development	15	In progress		
Service Based - Total	104			26
Computer Audit				
Cloud Computing	10	Final report issued	Controls are in place, but improvements would be beneficial	3
Cybersecurity	10	Final report issued	Strong controls are in place	0
Sharepoint	10	Final report issued	Controls are in place, but improvements would be beneficial	4
Computer Audit - Total	30			7
2017/18 Total	234			59

STANDARDS AND AUDIT COMMITTEE – 19 JULY 2018

REGISTRATION OF INTERESTS FOR MEMBERS ELECTED IN MAY 2018

Executive Summary

The Borough Council elections held on 3 May 2018 resulted in three newly-elected Members, and the re-election of seven existing Members.

Under the Members' Code of Conduct, the newly-elected Members (Councillors Ashall, Lyons and Martin) were required to register their interests, with the Monitoring Officer, within twenty-eight days of their election. This obligation was complied with.

Recommendation

The Committee is requested to:

RESOLVE That the registration of the interests of the Members newly-elected in May 2018 be noted.

The Committee has the authority to determine the recommendation set out above.

Background Papers: None.

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REPORT ENDS

STANDARDS AND AUDIT COMMITTEE - 19 JULY 2018

STANDARDS AND AUDIT COMMITTEE - WORK PROGRAMME

Executive Summary

There are a number of business items which come before the Committee on an established and recurring basis. Most notably, the Internal Audit service and the external audit function both produce plans and reports for consideration throughout the year. These matters are, for the most part, planned with reporting dates fixed in advance. It is helpful to see these planned events listed together, and a provisional work programme is attached to this report.

Recommendations

The Committee is requested to:

RESOLVE That the Work Programme be received.

The Committee has the authority to determine the recommendation(s) set out above.

Background Papers: None.

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REPORT ENDS

Standards and Audit Committee - Work Programme

APPENDIX 1

STANDARDS AND AUDIT COMMITTEE WORK PROGRAMME 2018-19

Committee date	Report title	Issues to consider
19 July 2018	External Audit Report to those Charged with Governance (ISA 260) 2017/18	External Audit report and recommendations arising out of the 2017/18 Audit.
	Annual Governance Statement 2017/18	To receive the Annual Governance Statement for inclusion in the 2017/18 Statement of Accounts
	Internal Audit Service Annual Report	Review of work undertaken by the Internal Audit service in 2017/18 (to include update on outstanding high risk recommendations)
	Health and Safety Annual Report	To receive the Health and Safety Annual Report.
	Registration of Interests for Members Elected in May 2018	To receive Registration of Interests for Members elected in May 2018.
	Work Programme	To receive the provisional Work Programme for the year ahead.
20 September 2018	Internal Audit Charter	To approve the Internal Audit Charter, which would be reviewed annually.
	Internal Audit Service Progress Update	Progress update of work undertaken by the Internal Audit service.
	Members' Code of Conduct	Review operation between 1 August 2017 and 31 July 2018.
	Ombudsmen Complaints	Receive the annual report on Ombudsmen Complaints.
29 November 2018	Annual Audit and Inspection Letter	Summary of the key findings from the 2017/18 Audit.
	Internal Audit Service Mid-Year Report	Review of work undertaken by the Internal Audit service in the six months to 30/9/18.
	Anti-Fraud and Corruption and Confidential Reporting Policies	Bi-annual review.
	Members Code of Conduct Protocol for Complaints	To consider a draft protocol for dealing with Members Code of Conduct complaints.

Standards and Audit Committee - Work Programme

7 March 2019	External Audit Plan	To consider the programme of work for the 2018/19 year.
	Internal Audit Service – Audit Plan	To approve the Internal Audit plan for the year 2019/20.
	Internal Audit Service Progress Update	Progress update of work undertaken by the Internal Audit service.