

AUDIT COMMITTEE

25 JUNE 2009

ANNUAL GOVERNANCE STATEMENT

Report from: Deborah Upton, Monitoring Officer

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Summary

To explain the requirements for reporting and approving an Annual Governance Statement (AGS) (formerly known as the Statement on Internal Control (SIC)) covering the financial year 2008/09, and to seek comments and approval of the Statement.

1. Budget and Policy Framework

1.1 The purpose of the report is to provide Audit Committee with details of the Annual Governance Statement for comment and approval. The Annual Governance Statement is within the budget and policy framework and is a matter for the Audit Committee to consider.

2. Background

2.1 The Council's Audit Committee has a strategic role to ensure that the Council's assurance framework is operating effectively. To this end it should seek assurance that key areas that contribute to this framework are operating properly.

2.2 The Council approved and adopted a local code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE Framework for Delivering Good Governance in Local Government. This statement explains how the Council has complied with the code and also meets the requirements of regulation 4(2) of the Accounts and Audit Regulations 2003 as amended by the Accounts and Audit (Amendment) (England) Regulations 2006 in relation to the publication of a statement on internal control.

2.3 There is a prescribed layout for the AGS that requires the Council to set out its governance arrangements and key elements of internal control and the sources of assurance; a review of the effectiveness of those governance and internal controls and a requirement to identify significant

governance issues. The Council must ensure that it can provide evidence for any of the systems of internal control included in the AGS.

- 2.4 Guidance issued by CIPFA regarding the statement also recommends that a suitable independent management group should review the content of the AGS. The Council's Audit Committee will undertake this role. The Chief Executive and the Leader of the Council will sign the statement once the Audit Committee has approved it.

3. Annual Governance Statement

- 3.1 The AGS (formerly known as the SIC) explains how the council has complied with the local code, how we are complying with regulation 4(2) of the Accounts and Audit Regulations 2003 as amended by the Accounts and Audit (Amendment) (England) Regulations 2006 in relation to the publication of a statement on internal control. In addition, as before, there is a section setting out any future actions that may be needed to strengthen our corporate governance arrangements. The Annual Governance Statement (AGS) is the formal statement that recognises, records and publishes an authority's governance arrangements.
- 3.2 It is designed not only to give an opportunity for authorities to consider the robustness of their governance arrangements, but also provide an accurate representation of arrangements in place during the year and to identify areas where improvement is required.
- 3.3 Regulation 4 of the Accounts and Audit regulations (2003) (as amended) requires the Council to conduct a review at least once a year of the effectiveness of its system of internal control and to publish a statement on internal control each year with the Council's financial statements

4. Risk Management

- 4.1 Failure to produce an Annual Governance Statement would lead to a serious weakness in the Council's internal controls and would be a breach of its statutory duty.

5. Financial implications

- 5.1 There are no financial implications arising directly from this report.

6. Legal implications

- 6.1 The legal implications arising directly from this report are set out in the main body.

7. Recommendation

- 7.1 Members are asked to comment on and approve the draft Annual Governance Statement.

Lead officer contact

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Background papers

None.

**MEDWAY COUNCIL
ANNUAL GOVERNANCE STATEMENT: 2008/09**

1. Scope of responsibility

Medway Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having a regard to a combination of economy, efficiency and effectiveness.

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

The Council approved a local code of corporate governance at its meeting on 13 November 2008, and this is consistent with the principles of the CIPFA/SOLACE *Framework for Delivering Good Governance in Local Government*. A copy of the current Code is on our website at www.medway.gov.uk and can also be obtained from the Monitoring Officer at Medway Council, Gun Wharf, Dock Road, Chatham (01634) 332133.

This statement explains how the Council has complied with the code and also meets the requirements of regulation 4(2) of the Accounts and Audit Regulations 2003 as amended by the Accounts and Audit (Amendment) (England) Regulations 2006 in relation to the publication of a governance statement.

2. The purpose of the governance framework

The governance framework comprises the systems and processes, and culture and values, by which the authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.

The system of internal control is a significant part of the 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 Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised, and to manage them efficiently, effectively and economically.

The following section of the statement summarises Medway Council's governance framework that has been in place for the year ended 31 March 2009 and up to the date of approval of this Statement. The framework described reflects the arrangements in place to meet the six core principles of effective governance.

3. The Council's framework for ensuring compliance with the core principles of effective governance

(a) Focusing on the purpose of the authority and on outcomes for the community, and creating and implementing a vision for the local area

- The council works with its partners through the Local Strategic Partnership to set the vision and priorities for the area. The council manages, on behalf of the LSP, a process of bringing together performance data, demographic information and consultation findings to determine the key shared priorities. The community plan 2007-10 vision and objectives were subject to extensive consultation with the then 10 thematic partnerships of the Local Strategic Partnership and the LSP full plenary.
- The priorities for the local area agreement (LAA) flow from and are consistent with Medway's Community Plan which was adopted as part of the policy framework in November 2006. The Council formally approved the LAA 2008/2011, including specific target levels to be achieved, in May 2008. The LSP board met on 24 March 2009 to agree a refresh of the LAA targets, and the Council agreed these refreshed targets on 25th March 2009.
- The council's well established 'framework for managing performance at Medway Council' (**attached at appendix 1**) shows how the community plan helps to inform and shape the council's own priorities.
- In the Annual Governance Statement 2007/08 we committed to produce a council plan and resource strategy to one aligned timetable. The analytical work carried out in 2007/8 in support of LAA2 negotiations informed the update of the council plan and resource strategy. In February 2009 the Council adopted the Council Plan 2009-2012, which enables us to demonstrate how we are using resources to meet locally specific objectives, and it was presented alongside the budget for member decision making. The Council Plan forms an essential part of the council's performance management framework, setting out the outcomes against which progress will be measured. It will be updated on an annual basis, and it replaces the previous Performance Plan as the council's business plan. The Council consulted on the Council Plan in line with its consultation strategy, and a draft copy was available on the internet for comment.

(b) Members and Officers working together to achieve a common purpose with clearly defined functions and roles.

The Council has ensured that the necessary roles and responsibilities for its governance are identified and allocated so that it is clear who is accountable for decisions that are made. The Council has done this by:

- Appointing a Leader of the Council, and executive Members (Cabinet Members), with defined executive responsibilities, including appointing a lead member for Childrens Services, with responsibility for making sure the statutory functions for childrens services are carried out.
- Agreeing a scheme of delegated executive responsibilities to directors and other senior officers, and protocols that make clear the respective roles of Members and officers and ensure effective communication between them.
- Annually appointing committees to discharge the Council's regulatory responsibilities
- Annually appointing committees to discharge the Council's overview and scrutiny responsibilities
- Setting clear role definitions for chairs of committees and councillors in their different roles
- Ensuring that the Constitution is regularly reviewed
- Making the Chief Executive (the Head of Paid Service) responsible and accountable to the Council for all aspects of operational management.
- Making a senior officer (the Monitoring Officer) responsible to the authority for ensuring the lawfulness and fairness of decision-making, and that agreed procedures are followed and that all applicable statutes and regulations are complied with.
- Making a senior officer (the Section 151 officer) responsible to the authority for ensuring that appropriate advice is given on all financial matters, for keeping proper financial records and accounts, and for maintaining an effective system of internal financial control.
- Making a senior officer responsible to the authority for ensuring that the statutory functions of children's services and adults services are carried out
- Ensuring significant partnerships and contracts with other public bodies, voluntary and community organisations, and the private sector have clear governance accountabilities, including effective and equitable financial arrangements
- Having in place effective and comprehensive arrangements for the scrutiny of services

(c) promoting values for the authority and demonstrating the values of good governance through upholding high standards of conduct and behaviour

The Council promotes and maintains high standards of ethical conduct of members and officers through the work of its Standards Committee. The Council fosters a culture of behaviour based on shared values, ethical principles and good conduct.

The Council has done this by establishing and keeping under review:

- The Council's Constitution
- A Members' Code of Conduct
- An Officers' Code of Conduct
- A protocol governing Member/Officer Relations
- A Members' Planning Code of Good Practice
- A Members Licensing Code of Good Practice
- Monitoring Officer Protocol
- Media Guidelines
- Contract Standing Orders and Financial Regulations

The monitoring officer is responsible for the review of the constitution, and for ensuring that it is kept up to date.

Conduct of Members is monitored by the Standards Committee, which also investigates allegations of misconduct by Members. The Council's standards Committee has always had an independent chairman, and it has a total five independent members. The Standards Committee has produced an annual report of its work for 2008/9 which will be considered by the Council in June 2009.

The Council takes fraud and corruption very seriously and has the following policies that aim to prevent or deal with such occurrences:

- An anti-fraud and corruption policy
- A whistle blowing policy

The outcome of complaints made under the whistle blowing policy is reported to the Audit Committee on an annual basis, in order that they can keep it under review.

(d) taking informed and transparent decisions which are subject to effective scrutiny and managing risk

The Council has ensured that the decision-making process includes a rigorous risk assessment including:

- Financial, legal and staffing implications
- Diversity and racial impact assessment
- Risks, mitigations and opportunities

All reports to the Council or Cabinet are checked by the Chief Finance Officer and the Monitoring Officer for financial and legal implications. The Council has been rigorous and transparent about how decisions are taken and recorded. The Council has:

- Ensured the Cabinet make decisions in an open and transparent way and that information relating to those decisions is made available to the public, unless statutory rules allow otherwise

- Ensured that all decisions of regulatory committees of the Council are made in public and that information relating to those decisions is made available to the public, unless statutory rules allow otherwise
- Ensured that legal and financial implications are recognised in all reports on which decisions are based
- Recorded all decisions that are made by committees.
- Rules and procedures, which govern how decisions are made.
- Developed and maintained an effective overview and scrutiny function which encourages constructive challenge
- Maintained an effective Standards Committee and Audit Committee

The Council has continued to develop its risk management strategy to enable the Council to manage and control risks in order to maximise the quality of its service provision and uphold its reputation, making a powerful contribution to continuous service improvement and the achievement of best value. The strategy is reviewed annually.

The Council has ensured that the risk management system:

- Formally identifies and manages risks
- Involves elected Members in the risk management process
- Includes the undertaking of a risk assessment of every key or strategic decision
- Maps risks to financial and other key internal controls
- Reflects business continuity planning; and
- Reviews and, if necessary, updates its risk management processes at least annually.

(e) Developing the capacity and capability of Members and officers to be effective.

The Council has ensured that those charged with the governance of the Council have the skills, knowledge and experience they need to perform well.

The Council has done this by:

- Achievement of the Member Development Charter
- Developing leadership skills and capacity across the Council through an annual learning and development programme for staff
- Ensuring that the Chief Finance Officer and Monitoring Officer are both members of the Corporate Management Team
- Developing our approach to workforce planning
- Retaining Investor in People accreditation across all directorates
- Encouraging quality mark accreditation for services
- Maintaining and developing our personal development review system
- Cascading regular information to Members and staff by paper and electronic means, having regard to diversity issues

(f) Engaging with local people and other stakeholders to ensure robust

public accountability.

The Council is committed to increasing public involvement in decision-making and devolving power to individuals and local organisations. We have sought and responded to the views of stakeholders and the community. The Council has done this by:

- Forming and maintaining relationships with leaders of other organisations including a wholesale review of the structures and processes of the Local Strategic Partnership during 2007/8
- Improving effective corporate consultation including maintaining effective mechanisms for ongoing engagement eg community cohesion group, Children in Care Council, Young Commissioners, Learning Disability Partnership Board, Tenants Forums, Medway Ambassadors Scheme and community profiling in Luton
- Carrying out in depth consultation exercises as required to inform policy development and service change – eg consultation on school academy proposals, deliberative citizens' workshop on options for waste disposal
- Maintaining effective data exchange through the Corporate Research and Information Group to plan and coordinate consultation and to share findings
- Making use of local forums at ward, parish and neighbourhood level to maintain communication with all the Council's communities and other stakeholders e.g. rural liaison committee with parishes, community futures workshops in our most deprived areas to inform the development of community owned action plans, participation in Partner and Communities Together (PACT) meetings
- Maintaining and reviewing an effective complaints procedure

4. Review of effectiveness

Medway Council annually reviews the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by Chief Officers within the authority who have responsibility for the development and maintenance of the governance environment, the Head of Internal Audit's annual report, and also by comments made by the external auditors and other review agencies and inspectorates.

(a) External Assessment

The Comprehensive Performance Assessment (CPA) direction of travel assessment for 2008 was carried out by the Audit Commission and reported in the Annual Audit and Inspection letter which was considered by both Cabinet and the Audit Committee. The audit and inspection letter draws from the 2008 use of resources judgements, service inspections and assessments carried out in the last year and the Comprehensive Performance Assessment scorecard and direction of travel report published by the Audit Commission on 5 March 2009. It also summarises the findings of the 2008 review of the council's accounts.

The Audit Commission judged the council to have retained its 3 star status and to be improving adequately. In particular, it highlighted:-

- Performance across one out of the six CPA service areas has improved, with the other five sustaining their performance from the 2006/7 assessment – specifically:
 - The council continues to make good use of its resources, sustaining the rating of 3 out of 4, and continuing to provide good value for money
 - Adult social care continues to perform well, now receiving the maximum star rating from CSCI
 - A maximum score has been achieved for the assessment of housing benefit
 - Environmental services continue to perform well
 - Housing performance has improved now showing strong performance, but in contrast the strategic housing inspection carried out in spring 2008 judged the strategic housing service to be 'poor' with 'poor' prospects for improvement
 - Services for children and young people and cultural services continue to perform adequately, however health outcomes for children and young people were judged to be inadequate
- The appointed auditor has issued an unqualified opinion on the council's accounts
- The council has a track record of balancing the overall financial position though this is increasingly achieved through management action taken in the year with significant non recurring savings required to balance the 2009/10 budget
- Whilst there have been improvements in performance management and risk management consistency in their application has not yet been achieved.

It also confirmed that the Council is making progress in achieving its priorities, and that based on a national basket of indicators the overall rate of improvement is average.

The Audit Commission's Direction of Travel report assessed the Council as "3 star, improving adequately". The report found no failures in the Council's governance arrangements and stated that "its systems of internal control continue to be sound." Recommendations include:-

- The culture of value for money must be embedded across the organisation
- Underperforming areas, such as strategic housing and children's health, must be addressed to ensure they meet at least minimum requirements

- The level of general fund balance and other general reserves should be kept under review with financial plans beyond 2010 reviewed to ensure they are sustainable
- Progress towards improving the framework of internal controls for risk management, contract management in the housing department, whistleblowing and production of the annual governance statement should be reviewed.

The External Auditors completed their CPA Use of Resources assessment during the year and awarded the Council a score of three overall. The Council's arrangements regarding internal control were assessed in 2007/2008 by the external auditor as being good – scoring 3 out of a possible 4.

In June 2008 the Audit Commission's Strategic Housing Inspection report judged that the Council provides a poor strategic housing service that has poor prospects for improvement. The score was a nil star rating. Key areas of weakness highlighted include: arrangements for customers, equality and diversity issues, out of date strategies, affordable housing, length of stay in temporary accommodation, limited access to independent advice, failure to support private sector housing including HMO's, timescales for disabled adaptations, regulation of caravan and park homes, and no systematic approach to value for money of strategic housing services.

The Cabinet adopted an improvement plan to tackle weaknesses in the service and it receives reports on a six monthly basis, and business support overview and scrutiny also monitors progress on the improvement plan. The service is to be re-inspected in November 2009.

The Council received an Audit Commission inspection of its Regeneration service in February 2009. It was awarded two stars with promising prospects for improvement, one of the highest rating given so far. It concludes that the council delivers good regeneration outcomes in a challenging funding environment from a relatively low spending base and that the council works effectively with limited resources.

The Local Government Ombudsman made a finding of maladministration against the Council in his report dated 23 March 2009, in respect of a housing case. The Ombudsman found that the Council had failed to maintain a full allocation scheme since 2002 and was therefore in breach of its statutory duty. It had operated a system of sub-bands, the use of which was undocumented.

In respect of the complainant, Miss J, the Council was asked to pay £500 compensation for the injustice caused to her in 2007, as a result of the use of the allocation system and its failure to keep proper records and advise her of her rights.

The Ombudsman also recommended that the council change its allocations scheme, review its procedures and ensure that written correspondence is

responded to. The Council had already implemented a new allocations policy, and reviewed its procedures as a result of the new policy, and a system was put in place to ensure that written communications are responded to within ten days. The Ombudsmans recommendations were accepted by the council.

(b) Internal Assessment

An annual review of the code of corporate governance checks the control environment within the two directorates and the business support department, and the results of this review has been used to inform our assessment of significant control issues for the Council.

The Executive is responsible for considering overall financial and performance management and receives comprehensive reports on a regular basis. It also receives reports relating to risk management and monitors the corporate risk register, as well as being responsible for key decisions and for initiating corrective action in relation to risk and internal control issues.

The terms of reference for the Audit Committee reflect best practice, CIPFA guidance and CPA requirements. The Committee is a full committee of the Council emphasising the commitment to ensuring that there are high standards of internal control within the Council. The Committee is responsible for reviewing the financial performance, risk management and both Internal and External Audit performance and their findings and recommendations.

Internal Audit is an independent and objective assurance service to the management of the Council who complete a programme of reviews throughout the year to provide an opinion on the internal control environment in the areas examined. Their reviews include examination of the main financial systems, enabling them to provide the Section 151 Officer with an overall opinion on the main financial controls in place as well as risk management, internal control and governance arrangements across the authority. In addition the Internal Audit service undertakes fraud investigation and proactive fraud detection work.

Internal Audit reports three times a year to Audit Committee summarising audits issued since the previous meeting. The Audit Committee also reviews the effectiveness of the Council's system of internal audit. The review process has highlighted a number of areas for enhanced focus regarding the governance and internal control environment and these are briefly described below. For each one, action plans have been produced and agreed, and are in the process of implementation:-

Brook & Central Theatres

Unsatisfactory arrangements were found to be in place for asset management. Management agreed to implement the following recommendations: -

The main risks identified were:-

- All income received may not be accounted for,
- Responsibility for any banking differences cannot be attributed,
- Responsibility for any loss or theft may prove difficult to attribute, given the access arrangements.
- No effective means of identifying the current location, misuse or loss of any asset.
- Valuable assets may be misappropriated, damaged or used inappropriately.

15 recommendations were contained within the audit report and management accepted to implement all recommendations, or an appropriate alternative, by the end of January 2009.

Grounds maintenance contract monitoring

The main risks identified were:-

- Breach of the Council's contract rules with the consequence that the Council may lose the right to take legal action against the contractor in a given time period.
- Administrative duties were not being carried out effectively.
- Management could not obtain assurance that monitoring activities were being effectively undertaken.
- The Council may not be successful in using evidence collected to prove the contractor's failure to meet the contract's requirements.
- Evidence of recorded contractor failings could be challenged
- Taking certain enforcement actions would breach some of the contract's provisions
- The Council may not be able to recover monies expended from the contractor
- The full cost of the contract may not be fully recognised due to poor records being maintained of variation orders.

8 key recommendations were made and management agreed to implement them all within the target dates specified

BVPI Outturn check homelessness service

The audit identified a failure to measure performance in line with the performance indicator specification, inaccurate calculation of performance or lack of supporting data that could impact upon an external assessment of the Council's performance.

13 recommendations were contained within the audit report and management accepted and agreed to implement all of them. After the audit work, internal audit assisted the service to ensure that the indicators and the supporting evidence were sound so that they could be put forward for external verification.

Risk management has been improved in the Council. The Strategic Risk Management group provides guidance and feedback to directors and the Corporate Management Team. This is designed to ensure that risk management and the control process employed across the Council are reviewed appropriately taking account of legal and regulatory matters that may have a significant impact on risk and, any findings and recommendations of the external auditors, internal audit or other third party.

Performance management is carried out through the use of the Council's performance management framework (see appendix 1). This includes monthly performance reports to senior managers and quarterly reports to Members assessing progress and any management action required on a basket of critical success factors. LAA performance is monitored by the LSP operational group, thematic partnerships and the LSP Board, as well as by the Council through key performance indicator reports.

The annual review of governance arrangements and the control environment highlighted the following areas for improvement:-

- The Annual Governance Statement to contain assurance from Corporate Management Team. This Statement was considered by the Corporate Management Team on 17 June 2009.
- The governance arrangements for the LSP should be agreed and signed by all partners.
- The methods of obtaining service users views should be consistent across the Council.
- A central monitoring system should be put in place to ensure all members receive induction training.
- That consideration be given to introducing a performance monitoring system for members.

The detailed findings indicate that, in general, Medway's Constitution, political and management structure and decision-making processes address the requirements of the revised CIPFA/SOLACE framework and demonstrate the Council's commitment to openness and transparency. The six core principles set out in the CIPFA/SOLACE framework were assessed as "satisfactory".

This review and the action plan will be considered in detail by the Corporate Management Team. The Corporate Management Team is aware of the implications of the result of the review of the effectiveness of the governance framework and a plan to address weaknesses and ensure continuous improvement of the systems is to be considered. This action plan will be monitored by the Corporate Management Team to ensure that actions are taken forward. On an ongoing basis, we will be obtaining assurances from all Assistant Directors and Directors that key elements of the control framework are in place during the year in their divisions. They will also be asked to identify areas where control weaknesses have resulted in a significant issue arising for the divisions.

The Chief Finance Officer has completed a review of the effectiveness of the internal audit system and has confirmed that he is satisfied with the effectiveness of it. His report will be considered by the Audit Committee on 25 June 2009.

5. Governance: Key Areas of Focus

The review process has highlighted a number of areas for enhanced focus regarding the governance and internal control environment and these are described briefly below. For each one, action plans have been determined by a responsible officer and are under implementation or are in the process of being prepared. A summary of the key elements of these are included below:

(a) The areas for improvement identified in the corporate assessment will be addressed including:-

- Rigorous and consistent application of performance management systems
- Consistent application of risk management
- Improved links between financial and performance information as part of the overall approach to value for money
- Continuing to challenge existing spending and planned priorities to ensure that the medium term financial plan continues to be soundly based

(b) Address internal control issues highlighted by Internal Audit's work, namely:

- Brook & Central Theatres asset management
- Grounds maintenance contract monitoring
- Housing & Homeless service BVPI outturn monitoring

Management action plans are in place for each of the above, and are monitored by the Audit Committee.

(c) Address internal control issues highlighted by the Monitoring Officer in her report on the housing maintenance contract.

The monitoring officer conducted an investigation into procurement activities relating to the housing maintenance contract. This was as a result of a whistle blowing allegation. Her investigation concluded that unrecoverable overpayments of £35,000 were made to the contractor as a result of incorrect procurement processes. It was also found that a lack of internal controls had resulted in enhanced specifications being used for work, which resulted in an increased price to the Council. In one case, incorrect procurement had resulted in additional costs to the Council. An action plan is in place for this, and has been agreed by both the Audit Committee and Business Support Overview and Scrutiny Committee, and procedures are now much more rigorous around the contract monitoring. A new contractor took over the contract in March 2009.

The outcome of the employment tribunal case brought by the three whistleblowers found that one whistleblower was discriminated against by the Council, and damages have recently been awarded to him in the sum of approximately £29,000. Any lessons to be learnt from this will be taken forward under the whistleblowing policy and procedures.

(d) The areas for improvement set out in the strategic housing inspection report will be addressed.

An improvement plan for the strategic housing services was adopted by Cabinet in June 2008. This improvement plan is monitored by a senior officer group, reporting to the Corporate Management Team. In addition, some of the key actions are monitored by the Business Support Overview & Scrutiny Committee and reports on progress will be made on a six monthly basis to the Cabinet.

6. Certification

To the best of our knowledge, the governance arrangements, as defined above, have been effectively operating during the year although we recognise the areas for additional focus identified in section 5. We are satisfied that these enhancements will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

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Leader of the Council

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Chief Executive

MANAGING PERFORMANCE AT MEDWAY COUNCIL

