

## 1. Introduction

Members and staff working for Harrow Council strive to achieve the Council's vision, priorities, values and outcomes as outlined in the Harrow Ambition Plan.

Arrangements are in place to ensure that the intended positive outcomes for residents are achieved. To ensure good governance these arrangements are agreed and documented and together form the authority's governance structure.

## 2. Responsibility

Elected Members are collectively responsible for the governance of the council. The full council's responsibilities include:

- agreeing the council's constitution, comprising the key governance documents including the executive arrangements and making major changes to reflect best practice
- agreeing the policy framework including key strategies and agreeing the budget
- appointing the chief officers
- appointing committees responsible for overview and scrutiny functions, audit and regulatory matters and also for appointing Members to them.

Under the *Local Government Act 2000* Harrow Council has adopted a leader and cabinet model and has established an overview and scrutiny function for Members outside the cabinet through which they can question and challenge policy and the performance of the executive and promote public debate.

The authority's governance structure is comprised of a number of key documents that aim to ensure that resources are directed in accordance with agreed policy and according to priorities as set out in the Harrow Ambition Plan, that there is sound and inclusive decision making and that there is clear accountability for the use of resources in order to achieve the desired outcomes for Harrow service users and local communities.

The governance structure, details of the annual review of governance including management assurance and partnership self-assessments that feed into the review and the Annual Governance Statement can be found on the Council's website at [http://www.harrow.gov.uk/homepage/295/annual\\_review\\_of\\_governance](http://www.harrow.gov.uk/homepage/295/annual_review_of_governance)

This currently shows the 2017/18 statement and will be updated with the 2018/19 statement once it has been agreed.

## 3. Effectiveness of Key Elements of the Governance Framework

Each year the Council undertakes a review of its governance arrangements to ensure the delivery of good governance in accordance with the requirements of the Accounts and Audit Regulations 2015 and in accordance with *Delivering Good Governance in Local Government: Framework 2016* published by the Chartered

Institute of Public Finance & Accountancy (CIPFA) and the Society of Local Authority Chief Executives and Senior Managers (Solace).

The 2018/19 annual review of governance comprised a review of governance arrangements in place against the core and sub-principles of good governance contained in the *CIPFA Framework*, Management Assurance provided by each Directorate on the operation of key elements of governance during 2018/19 and a review of a selection of joint working arrangements, undertaken during 2018/19. This was achieved via a self-assessment process co-ordinated and independently reviewed by the Council's Internal Audit Service. The effectiveness of key elements during 2018/19 is covered below:

### **3.1 Behaviour of Members and Staff**

Codes of Conduct that define standards of behaviour for Members and staff have been developed and are included in the Council's Constitution. Mechanisms are in place to deal with Member and staff transgressions from these codes and policies are also in place for dealing with whistleblowing and conflicts of interest. Training on the Code of Conduct for Members took place after the local elections in May 2018 and was attended by 68% of Members, further training took place in January 2019 that a further 10% attended.

The Council values were developed through workshops with staff and Members and endorsed by Cabinet and Council in February 2016. They were launched and communicated to all staff in March 2016 and have been incorporated into the staff induction programme as well as the performance appraisal process and the staff are measured against these values annually. A staff awards scheme is in place and run annually to:

- Showcase, recognise and further embed the Harrow Ambition Plan and the corporate values
- Celebrate, reward, recognise and communicate individual and team achievements

### **3.2 Compliance with Laws and Regulations**

Responsibility to comply with relevant laws and regulations and internal policies and procedures rests with the Council's managers some of whom have specific statutory obligations e.g. the Head of Paid Service, Director of Children's Services, Director of Adult Social Services, the Chief Finance Officer (Section 151 Officer), the Monitoring Officer and the Director of Public Health which are outlined in Article 12 of the Council's constitution. The Statutory Monitoring Officer functions to report on likely contravention of any enactment or rule of law and the Chief Finance Officer is responsible for identifying any proposal, decision or course of action that will involve incurring unlawful expenditure. No significant contraventions of law or course of action that would involve incurring unlawful expenditure occurred in 2018/19.

From 25<sup>th</sup> May 2018 the main provisions of the Data Protection Act 2018 (DPA) came into force to implement the EU General Data Protection Regulation (GDPR). This is an evolution of the data protection law rather than a revolution as many of the GDPR's concepts and principles are the same as under the DPA however, there are new elements and significant enhancements of individual rights that we must take into account. In compliance with the requirements of the legislation a Data Protection Officer was appointed in August 2018 who during the year has undertaken a gap analysis of the Council's Information Asset Registers and Privacy Notices and taken action to rectify the gaps identified.

In addition mandatory online training for all staff on information governance, cyber security and the new Data Protection legislation has been developed and was introduced across the Council in October 2018. The completion rates for this training at the end of the year were however disappointing at 61%. This will be dealt with by the introduction of a meta-compliance system from May 2019 that will prevent access to IT systems unless and until mandatory training has been completed. This training has also been rolled out to Members during 2018/19 with only a 29% completion rate. To resolve this tailored face to face training is being developed and will be delivered to each political group.

The Freedom of Information Act (FOI) is a key piece of legislation that the Council is required to comply with and during 2018/19 90% of FOI requests and 85% of Subject Access Requests were dealt with within the 20 day timescale.

The Homelessness Reduction Act is another important piece of legislation that came into force from April 2018 to help tackle the significant problem of homelessness. The Act places new statutory duties on the Council and the Council's Homelessness Strategy was refreshed and approved by Cabinet in March 2018 to take account of the new duties. 'New Burdens' funding allocation was received in 2017/18 from the Government to help support the implementation of the Act and this was used to implement a new ICT system and for staff training. An Internal Audit review of the implementation of the Homelessness Reduction Act was undertaken as part of the Internal Audit annual plan of work and has provided an Amber assurance with 61% of expected controls found to be operating/substantially operating.

In January 2019 the Committee on Standards in Public Life published its report on local government ethical standards. The report looks at the current framework governing the behaviour of local government councillors and executives in England and makes a number of recommendations to promote and maintain the standards expected by the public. The report recommends a number of changes to legislation that will come into force in due course and makes some best practice recommendations for local authorities to consider as a benchmark of good ethical practice which they expect all local authorities can and should implement. The Committee intends to review the implementation of these in 2020. A report will be presented to the Council's Governance, Audit, Risk Management and Standards

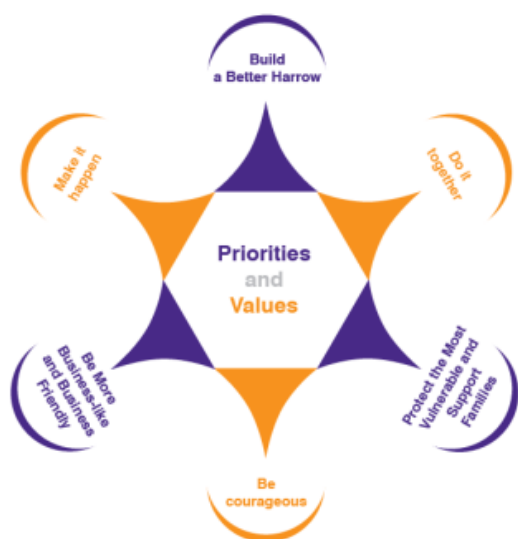
Committee in July 2019 regarding the benchmarking/implementation of the reports best practice recommendations.

## 3.3 Acting in the Public Interest

The annual review of governance 2018/19 confirmed that the Council can demonstrate a commitment to openness and acting in the public interest. This is achieved via the implementation of a governance structure which includes codes of conduct, a corporate appraisal process, a Standards Committee, registers of interests, gifts and hospitality, a whistleblowing policy, a corporate complaints process, a Corporate Anti-fraud & Corruption Strategy, Financial Regulations and Contract Procedure Rules and a Scrutiny Function. The Council's Financial Regulations were refreshed during 2018/19, agreed by Council and included in the constitution in February 2019. A staff publication and training scheme is planned for 2019/20. The Constitution was updated three times during 2018/19 to reflect changes to Portfolio Holder roles and responsibilities, the refreshed Financial Regulations and the new Terms of Reference for the Governance, Audit, Risk Management & Standards Committee along with a number of other minor 'housekeeping' updates.

## 3.4 Communication and Consultation

Whilst a Communication Strategy/Plan was not in place for 2018/19, the Council's Communications Team worked with all parts of the Council and a wide range of partner organisations and external stakeholders on media relations, marketing, campaigns, consultations, events, publications and social media in order to assist the Council in improving its relationship with its public. This includes keeping residents informed of Council activities, engaging them in dialogue around service delivery and soliciting their views to drive change.



## 3.5 The Council's Vision

The Council's vision, and intended outcomes for residents have been developed and are contained within the Harrow Ambition Plan 2020 which was refreshed for 2018 with no significant changes.

The original plan was communicated widely across the Council and the refreshed version is available on the Council's external website. This diagram, included in the plan, illustrates the 'golden thread' between the Council's vision and the Council's plans.



The majority of the Council's Divisions had service plans in place for 2018/19 linked to the Corporate Priorities contained in the Harrow Ambition Plan and the corporate annual appraisal process requires all individual objectives to be aligned to the Harrow Ambition plan and its strategic aims.

### 3.6 Putting the Vision into Practice

The original Harrow Ambition Plan 2020, 2018 refresh, contains courses of action to be taken by the Council to implement the vision during 2018/19 and the corporate plan action plan table presented to Cabinet and to Council in February 2019 provides an update on the progress of these actions.

### 3.7 Decision-making

The Council's decision-making framework, including delegation arrangements, is outlined in the Constitution. Report templates are in use to ensure appropriate information is provided to decision makers including options considered, why a change is needed, implications of recommendations as well as risk management, legal, finance, and equalities implications. Decision reports are cleared by, or on behalf of, the Council's Monitoring Officer (legal) and the Chief Financial Officer before they are presented to the decision makers (Council, Cabinet, Committees).

### 3.8 Measuring Performance

Throughout 2018/19 the Council's strategic performance has been tracked through a quarterly cycle of reports to Directorate Improvement Boards, the Corporate Strategic Board (CSB) quarterly performance morning and the quarterly Strategic Performance report to Cabinet. Capital and revenue financial performance was also reported quarterly to the Corporate Strategic Board, Cabinet and all Members with Treasury Management reported to Cabinet three times during the year.

The 2018/19 Management Assurance exercise confirmed that key performance indicators were in place for all Divisions within the Community, People and Resources Directorates and that these were reported in the quarterly Strategic Performance reports to CSB and Cabinet throughout 2018/19.

Performance against the Harrow Ambition Plan is measured as described above in paragraph 3.6.

The Home Office undertook a Stock and Security Review of the Council's Registrars Service in April 2019 and concluded that overall Harrow Council maintains 'High' security in relation to the security arrangements around the receipt, storage and use of the secure certificate stock (marriage, birth and death certificates).

Three external inspections were undertaken during 2018/19 of services provided by the Council's People Directorate: Ofsted inspected The Firs (a children's home) and rated it as 'outstanding'; the CQC inspected Bedford House (accommodation for people with learning and physical disabilities) and Kenton Road (a care home for people with mental health needs) and the overall rating for both was 'good'.

### **3.9 Roles and Responsibilities**

The roles and responsibilities of Members, the most senior managers and statutory officers have been defined and documented in the constitution. After the local elections in May 2018 the new Leader of the Council made a number of changes to the roles and responsibilities of the Portfolio Holders and these were updated and included in the Constitution in May 2018. The roles and responsibilities of other managers and staff are defined and documented in Role Profiles attached to each post.

### **3.10 Financial Management**

The Council's financial management arrangements during 2018/19 conformed with the governance requirements of the *CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2015)*. A balanced budget was set for 2018/19 with an underspend at year-end enabling £2.2m to be transferred to reserves to support the 2019/20 budget. In the context of a significantly reduced Revenue Support Grant from Central Government and increasing demand on services, particularly social care, this demonstrates focused financial control in place throughout 2018/19. However the advice of the s151 Officer (Director of Finance) is that whilst the budget for 2019/20 is balanced there are budget gaps for 2020/21 and 2021/22 which will require robust proposals and a two year strategy has been developed to support this.

The overarching principle underlining the approach is to develop stages which exhaust all opportunities to reduce expenditure and or generate income to protect frontline services from impact, a reduction of which is considered a last resort. More detail on the 2 Year Budget Strategy can be found in the July 2019 Cabinet report.

### **3.11 Monitoring Officer Function**

The Statutory Monitoring Officer functions to report on likely contravention of any enactment or rule of law. The duties of the Monitoring Officer are outlined in Article



12 of the Council's constitution and are undertaken by the Council's Director of Legal and Governance Services. Effective arrangements were in place during 2018/19 to discharge these duties and no reports were made on any contraventions.

### **3.12 Head of Paid Service Function**

The requirements of the Head of Paid Service function are also outlined in Article 12 of the Council's constitution and effective arrangements were in place for the discharge of these duties by the Interim Chief Executive until January 2019 and from February 2019 by the new Chief Executive.

### **3.13 Development Needs**

Following the local government elections in May 2018, new Members received a Members Induction pack and a welcome evening was arranged for all elected Members on 8 May, to cover Council values, conduct and Member interests plus a Members Marketplace was held on the 15 May to explain key Council services together with a programme of Member training in May/June 2018.

Although there was no Organisational Development Plan or Workforce Strategy in place during 2018/19 a Corporate Development Programme was in place for officers covering mandatory e-learning on information governance, cyber security and the new Data Protection legislation (see paragraph 3.2) and Equalities and Diversity. The programme also covered a range of optional training for staff for example a Corporate Leadership programme for first line managers funded by the Apprenticeship Levy.

### **3.14 Managing Risks**

The framework for identifying and managing risks was updated during 2016/17 and consists of a series of Directorate risk registers that feed into an overarching Corporate Register that clearly identifies the owner of each risk. A refresh and refocus of the Corporate Risk Register on key risks was undertaken in Q1 2018/19 reducing 33 risks down to 8. The Corporate Risk Register was updated three times during 2018/19 for Q1, Q3 and Q4. Updates were undertaken within each quarter, rather than at the end of each quarter as in previous years, making the register more current. Each update was presented to the Corporate Strategic Board for review and challenge and to the Governance, Audit, Risk Management & Standards Committee to assist the Committee in monitoring progress on risk management in accordance with their Terms of Reference. The Corporate Risk Strategy and the Corporate Risk Policy are currently under review with the intention of updating and streamlining them for 2019/20.

### **3.15 Counter Fraud and Anti-corruption Arrangements**

The Council has a Corporate Anti-Fraud Strategy 2016-19 outlining its approach to tackling fraud that is reviewed annually. No significant changes were made to the

strategy in 2018/19. The Council's Corporate Anti-Fraud Team undertook a self-assessment against the *Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014)*, during 2018/19, that reviewed progress against the five main principles within the code to improve the Council's arrangements. The result was a compliance level of 78%, an improvement from 75% in 2017/18, indicating that the authority has reached a 'good level' of performance against the code. Further actions have been built into the 2019/20 Corporate Anti-Fraud plan to improve fraud risk resilience and progress against the actions contained within the Fraud Strategy will be reported to the GARMS Committee in July 2019.

### **3.16 Scrutiny**

The scrutiny function comprises an Overview and Scrutiny Committee (O&S), a Performance and Finance Sub-Committee (P&F), a Health Sub-Committee and lead Members for key areas.

The function is driven by the need to hold the Council and our partners to account for their performance and the establishment of the performance and finance sub-committee as the driver of scrutiny is a key component in ensuring that the function is focused on the issues of the greatest importance to the Council. The lead Members ensure that expertise to tackle particular areas of service delivery is maintained.

The structure is subject to regular review and is supported by meetings of the scrutiny leadership group, comprising the leads and the chairs and vice chairs of the committees, which considers agenda and review programmes, provides strategic direction for the function and overall co-ordination between the leads and committees.

During 2018/19 O&S met 8 times, P&F 3 times and Health Sub 3 times. The review programme for scrutiny covered two reviews: (i) youth violence and (ii) highways maintenance. The annual scrutiny report was presented to full Council in May 2019.

### **3.17 Internal Audit**

Assurance arrangements during 2018/19 conformed with the governance requirements of the *CIPFA Statement on the Role of the Head of Internal Audit (2010)*. The Internal Audit Service is required to comply with the Public Sector Internal Audit Standards and to be reviewed externally against these standards every five years and internally regularly. An external peer review in June 2017 confirmed that the service 'generally complies' with the Public Sector Internal Audit Standards and the 2018 internal assessment confirmed this assessment.

### **3.18 Audit Committee**

The duties of the audit committee are undertaken by the Governance, Audit, Risk Management & Standards Committee and an Internal Audit review undertaken



during 2018/19 has established it generally operates in-line with the core functions of an audit committee as identified in *Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2017)*. An action plan has been agreed to implement the eleven recommendations made in the report and one of the key actions to update the Committee's Terms of Reference has already been implemented. The new Terms of Reference was approved by Council and included in the constitution in February 2019.

### **3.19 External Audit**

During the early part of 2018/19 the authority provided timely support, information and responses to the Council's external auditors, KPMG, and properly considered their audit findings in relation to the 2017/18 accounts completed in May 2018. No recommendations were made by the auditors in relation to these accounts and all previous recommendations had been addressed. New external auditors to the authority, Mazars, were appointed via the Public Sector Audit Appointments (PSAA) for the audit of 2018/19 accounts and work is ongoing to provide them with timely support, information and responses to enable them to undertake the audit of the Council's accounts.

### **3.20 Joint Working**

Joint working, working in partnership with other local authorities and other bodies, and the use of alternative delivery vehicles has increased over recent years as local government generally, and Harrow Council specifically, has coped with less resources.

The importance of good governance within these arrangements has been recognised and as part of the 2018/19 annual governance review the governance arrangements for the shared legal service (HBPL) and the authority owned trading company Smart Lettings have been reviewed and updated for 2018/19 and assurance obtained that reasonable governance arrangements are in place.

In addition the governance arrangements in place during 2018/19 for the Sancroft Partnership, the HR Shared Service and Project Infinity were assessed and assurance obtained that reasonable governance arrangements are in place.

In September 2018 the ongoing review of arrangements for Project Infinity identified some issues with the commercial pipeline for the project. This led to a formal review being undertaken in January 2019 that concluded that the business case for Harrow Council no longer supported the continuation of the partnership and therefore the partnership has been dissolved.

On 30<sup>th</sup> September 2018 Buckinghamshire County Council (BCC) gave one year's notice, in compliance with the Inter Authority Agreements, of its intention to exit both the Human Resources & Development and the Legal Services shared service. The reason given by BCC for the notice was to enable them to concentrate on

preparation for the upcoming Unitary announcement however it is recognised by Harrow management that the level of resources required to run the HR service with an appropriate level of management and technical skill will require review when transferring the service back in-house.

### 3.21 Health & Safety

Following on from the peer review of Health & Safety Management undertaken during 2016/17 a Corporate Health & Safety Strategy was developed for 2017/18 with the stated purpose to implement the findings of the peer review to ensure that the aims, objectives and outcomes are met. The strategy, approved by the GARMS Committee in July 2018, contains an action plan setting out how, when and by whom this will be achieved.

The Corporate Health & Safety Board was re-established in December 2017 chaired by the Corporate Director of Community and comprising of the Director of Finance, Divisional Directors, representatives from UNISON and GMB trades union, and Corporate Human Resources. The Board has met monthly throughout 2018/19. During 2017/18 the Board's Terms of reference was reviewed and agreed giving it a clear focus on implementing the Council's Health and Safety policy through agreed best practice, as well as developing Health and Safety management systems and procedures.

An annual H&S report was presented to the Corporate Health & Safety Board at the end of May 2018, CSB in June 2018 and to the GARMS Committee meeting in July 2018.

Funding of £80,000 was agreed for 2018/19 – 2019/20 as a one-off to create additional capacity and the expertise required to lead the implementation of the Corporate Health & Safety Strategy and action plan across the council. This has been used to appoint a Health & Safety Compliance Officer from February 2019 for 10 months.

### 4. Level of Assurance

The 2018/19 annual governance review has provided assurance that a reasonable level of governance is in place across the Council and that, other than the significant gap identified in paragraph 6, arrangements continue to be fit for purpose in accordance with the governance framework.

The Head of Internal Audit's overall opinion on the adequacy and effectiveness of the organisation's framework of governance, risk management and control based on the annual review of governance and the assurance work of Internal Audit throughout 2018/19 is: **Good with improvements required in a few areas:** The outputs from the programme of work completed by Internal Audit, based on the agreed risk-based Internal Audit Plan, demonstrate that the Council's framework of governance, risk management and control is generally good. Three red and two red /amber assurance reports have been issued identifying significant weakness and/or

non-compliance in the framework which could potentially put the achievement of objectives in these areas at risk. Improvements have been recommended in these areas of which 97% have been agreed by management (1 low risk recommendation was not agreed and 1 high risk recommendation was only partially agreed at this time with the intention of implementing it fully in the future).

### **5. Previous Significant Governance Issues**

#### **5.1 Health & Safety**

A significant governance gap was identified in the 2016/17 and the 2017/18 statement in relation to the Corporate Health & Safety arrangements.

As detailed in paragraph 3.21 the implementation of the actions contained in the strategy is ongoing. A new policy and three year strategy incorporating a new Corporate H&S Plan for 2019/20 with clear performance measures and a clearer understanding of the tasks to be undertaken and the timescale in which they will be undertaken and this is due to be submitted to the GARMS Committee in July 2019 for approval along with the annual report for 2018/19 which is currently being drafted. Specifically the new strategy aims to build on the work already achieved to date in improving the health and safety management systems across the Council and thereby reducing illness, ill-health damage and loss, whilst continuing to deliver services to the people within the London Borough of Harrow. The strategy provides a clear direction on the following priorities over the next three years:

- *Maintaining and improving the Council's safety management system;*
- *Completing a series of audits, risk assessments and surveys;*
- *Maintaining an Asbestos survey programme;*
- *To support managers and staff in achieving suitable levels of health & safety competency;*
- *To ensure the Occupational Health Service continues to provide adequate health surveillance, return to work rehabilitation, health promotion and reduction of work-related sickness absence;*
- *To build on the communication and consultation arrangements to ensure staff are fully involved and committed to achieving acceptable health and safety standards;*
- *To encourage greater visible and active leadership on health and safety matters by managers;*
- *To align health and safety more closely with the overall Risk Management arrangements;*
- *To ensure good health and safety practice in our relationships with partners.*

#### **5.2 Regeneration Governance**

During 2017/18 CSB identified governance weaknesses relating to the oversight, agreement and monitoring of regeneration projects within in the Council's Regeneration Programme. To address these the Building A Better Harrow Board

was formed with the main purpose being to provide an overarching strategic view of regeneration in its broadest sense across the Council e.g. including regeneration of Council assets, schools, housing development plan, development of the new Council depot, and a clear understanding of the links between investment, performance and outcomes. The Board is chaired by the Corporate Director of Community and comprises the Chief Executive, Divisional Director People (representing the Corporate Director People), Director of Adult Social Care, Director of Finance, and the Monitoring Officer. It has an agreed Terms of Reference and meets monthly. A cross council working group consisting of officers with appropriate skills, knowledge and responsibility was also established to further develop and implement the organisational change programme required to implement the new governance structure during 2018/19.

In addition to this an external review of the Regeneration Strategy was undertaken during 2018/19 which led to the Council taking the time and opportunity to reset the Regeneration Programme and delivery strategy and an Internal Audit review of the governance, risk management and internal controls in place for the Regeneration Programme which led to a red assurance report and an agreed action plan to improve processes.

A management self-assessment of the progress of the implementation of the audit recommendations undertaken in March 2019 indicated that 33% of the agreed actions were on track, 42% were in progress/partially implemented, 8% were not yet due for implementation and 17% were outstanding.

A formal Internal Audit follow-up of the implementation of the agreed actions completed in June 2019 has provided an Amber Assurance with 36% of recommendations fully/substantially implemented at this stage with implementation being generally slower than original planned. This has, however, increased the level of internal controls operating/substantially operating to 66% from the 36% found in the original review demonstrating that a significant improvement has been made to the governance, risk management and internal control processes in place for the Regeneration Programme. As number of the outstanding recommendations are imminently due to be implemented e.g. updates to the constitution are due to be presented to Council in July, a further follow-up will be undertaken in August to assess the impact of these.

Taking into account the scale of the Regeneration Programme during 2018/19, and the improvements made to the governance, risk management and internal control processes, regeneration governance is no longer considered a significant governance gap for the Council.

### **6. Significant Governance Issues 2018/19**

#### **6.1 Health & Safety**

Although action has been taken during 2017/18 and 2018/19 to reduce the governance gap identified in 2016/17 by improving the governance structure for Health & Safety further action is still required during 2019/20 to embed best practice both corporately and within directorates, as one Council. A follow-up of the Health & Safety action plan referred to in para 3.21 above, undertaken by the Council's Internal Audit service during 2018/19, confirmed that 43% of agreed actions have been fully or substantially implemented with 7% partially implemented and 50% yet to be implemented. The risk that this presents to the Council is included in the Corporate Risk Register and as at Q4 2018/19 was rated as a medium likelihood with a critical impact and as such is flagged as a red risk. Consequently, at this time, it is recognised that there remains a significant governance gap in the Council's Health & Safety arrangements.

This will be addressed by the full implementation of the action plan contained within the Health & Safety Strategy document which has taken longer than originally anticipated as the Health & Safety culture needs to be rebuilt and embedded across the entire Council and more realistic timescales for this are contained within the new strategy 2019-2022 as referred to in paragraph 5.1 above. A Corporate Health & Safety Handbook was issued to all staff in June 2019 and a Corporate Health & Safety team structure is currently being developed to provide a more joined up approach and greater continuity going forward.

### **7. Conclusion**

Updates on the implementation of the agreed actions to address the significant governance gap identified in paragraph 6 above will be provided to the Governance, Audit, Risk Management and Standards Committee throughout 2019/20 until fully implemented and will be formally reported upon as part of the next annual review of governance.

### 8. Declaration

The Leader and the Chief Executive, who was not in post throughout the year, are signing the Annual Governance Statement on behalf of the authority having gained assurance from the annual review of the authority's governance arrangements supported by evidence provided by management including the Chief Finance Officer and the Monitoring Officer, from the Management Assurance Statements provided by Corporate Directors and independent assurance provided by the Head of Internal Audit, Ofsted and the CQC:



Graham Henson  
Leader  
Date: 22 July 2019



Sean Harriss  
Chief Executive  
Date: 22 July 2019