

Broads Authority

Annual Governance Statement 2014/15

1 Scope of Responsibility

- 1.1 The Broads 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.
- 1.2 In discharging this overall responsibility the Authority is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, including arrangements for the management of risk.
- 1.3 The Authority has approved and adopted a code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government'. A copy of the Code is on the Authority's website at www.broads-authority.gov.uk or can be obtained from the Monitoring Officer at Yare House, 62-64 Thorpe Road, Norwich NR1 1RY. This statement explains how the Authority 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 and the Accounts and Audit (England) Regulations 2011, in relation to the publication of an Annual Governance Statement.

2 The Purpose of the Governance Framework

- 2.1 The governance framework comprises the systems and processes for the direction and control of the Authority and its activities through which it accounts to, and engages with 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.
- 2.2 The system of internal control is a significant part of that 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.
- 2.3 The governance framework has been in place at the Broads Authority for the year ended 31 March 2015 (except where otherwise stated) and up to the date of approval of the statement of accounts.

3 The Governance Framework

- 3.1 At its meeting on 20 November 2009, the Broads Authority adopted a Code of Corporate Governance in accordance with guidance in the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government'.
- 3.2 The Framework also included a number of supporting principles and suggestions for source documents/good practice that may be used to demonstrate compliance. These have been used by the Authority in developing its Code.
- 3.3 The purpose of the Code is:
- to develop a framework for Corporate Governance for the Authority based on good practice and external guidance;
 - to demonstrate compliance with the principles of good governance; and
 - to continuously improve its effectiveness through an annual review of performance against the framework with an action plan to address weaknesses (as set out in the Annual Governance Statement).
- 3.4 The Code sets out how the Authority delivers good governance, using as its basis the objectives set out in the CIPFA/SOLACE Framework, supported by examples of evidence which demonstrate the actions being taken.
- 3.5 At its meeting on 13 May 2011 the Broads Authority adopted the Broads Plan 2011, the strategic five year plan for the management of the Broads. As part of the development of the new Plan the Authority consulted key stakeholders (including the Broads Forum, which includes representatives of over 50 Broads organisations and user groups), partner organisations and members of the public. The Plan contains a revised vision for the Broads, for the period up to 2030, together with long-term aims, and strategic objectives for the five year period up to 2016. The Plan can be viewed at the following link: <http://www.broads-plan.co.uk/>. Work has commenced on reviewing achievements (Broads Plan 2011) and evidence gathering is underway to support scoping of issues for the next plan to cover the five year period 2017-22.
- 3.6 The Authority has in place a number of procedures to ensure that it obtains best value for money in all that it does, including Financial Regulations, Standing Orders Relating to Contracts and a Procurement Strategy. These are all reviewed and updated on a regular basis, with the Financial Regulations and Standing Orders Relating to Contracts having been updated in April 2013 to reflect the transition to two Directorates. In addition the Authority adopted a Counter Fraud Bribery and Corruption Strategy in June 2012 to supplement these procedures. The Authority benchmarks some of its key services against those of national park authorities, through the identification of a number of performance indicators, supplemented by a number of 'local' (Broads Authority only) indicators. Performance data is published in the Authority's Business Plan and over time will give an indication of how well the Authority is performing in these areas, both year on year and in comparison with national park authorities.
- 3.7 The Authority also has in place a series of internal financial controls, including approved budgets, separation of duties and authorised signatures, to reflect good practice and ensure that its finances are managed securely to minimise risk.
- 3.8 The views of users have been sought through a number of means, including the visitor centres annual survey, inviting comment and feedback at parish forums, an ongoing survey of users of the corporate website and the annual Broads Outdoors

Festival feedback forms. In 2014, a stakeholder survey of hire boat operators, private boat owners, residents and visitors took place. Members support the view of repeating this exercise in five years' time as part of strategic approach in formulating its Broads Plan and its priorities for that following five year period.

- 3.9 The Authority communicates the results of surveys, and other relevant information, through its website and social media and through its regular publications Broad Sheet (aimed at toll payers), Broadcaster and the Annual Report.
- 3.10 The Authority does not operate through an Executive. All matters are dealt with by the full Broads Authority, which is the prime decision maker, and its service committees. The Authority monitors the effectiveness of internal control systems through the consideration of regular performance management and budget monitoring reports, and through monitoring and receiving reports on the work of the Financial Scrutiny and Audit Committee.
- 3.11 The terms of reference of the Financial Scrutiny and Audit Committee include responsibility for financial scrutiny, including a review of the Statement of Accounts and Annual Governance Statement, financial planning, audit and risk management.
- 3.12 As a result of the Localism Act 2010, a new standards regime was introduced by the Authority, with the Standards Committee ceasing to exist from 1 July 2012. The new arrangements have incorporated a revised process for hearing allegations against the Authority and a revision to the Code of Conduct was adopted by the Authority on 10 May 2013. Two Independent Persons were appointed to the Authority on 13 July 2012 to support the new standards arrangements.
- 3.13 The Authority has appointed the Head of Finance and Revenue Services at Broadland District Council to act as its Treasurer and Financial Adviser ('the Treasurer'), to be responsible for the proper administration of the Authority's financial affairs, as set out in Section 17 (1) of the Norfolk and Suffolk Broads Act 1988. The Treasurer has a defined job description, appropriate delegated powers, works closely with senior officers of the Authority (in particular the Director of Planning and Resources and Head of Finance), is consulted on key decisions, receives all committee papers which have potentially significant financial implications, and attends Broads Authority meetings as and when appropriate to provide high level strategic and financial advice.
- 3.14 The Treasurer is professionally qualified and suitably experienced. Although not a member of the Authority's Management Team, she has access to the Chief Executive and Director of Planning and Resources and is entitled to attend meetings of the Management Team should she consider it to be necessary.
- 3.15 The Treasurer is supported by the Director of Planning and Resources and the Head of Finance, who are both members of the Management Team and who work closely with the Treasurer in overseeing the Authority's strategic financial arrangements. The Head of Finance manages the financial arrangements and internal financial controls on a day to day basis.
- 3.16 Although these arrangements do not comply in all respects with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government, they are considered to be appropriate and proportionate for the size and budget of the Authority, and have worked successfully for many years, representing a good example of partnership working between local authorities.

- 3.17 The Chief Executive is responsible for day to day management and maintenance of internal controls within the Authority, with advice and support from the Treasurer and Financial Adviser, Solicitor and Monitoring Officer, and other senior officers.
- 3.18 There are clear Terms of Reference which set out the powers reserved to the Broads Authority and its committees, and a Scheme of Powers Delegated to Officers, which sets out the powers delegated to the Chief Executive and other senior officers. These were both updated by the Authority on 22 March 2013 and are due for a further review in March 2016.
- 3.19 The Authority has in place a Whistle Blowing Policy which enables staff to raise concerns or issues about any aspect of the Authority's work, and a formal Complaints Procedure for receiving and investigating complaints from members of the public. Both documents have been updated in April 2013 to reflect the transition to two Directorates and are on the Authority's Intranet; the latter is also on the Authority's website. There were sixteen formal complaints received during this period and a summary of the complaints and responses were provided to the Authority on 15 May 2015. Of these sixteen complaints, two were addressed by the Local Government Ombudsman and the remainder were addressed by officers. Nine complaints were planning related, two complaints were navigation related, two complaints related to the conduct of employees and one complaint related to the powers of the Authority regarding waste collection. The Local Government Ombudsman investigated one matter and did not uphold the complaint and it decided not to investigate the other complaint referred to them as it was considered beyond their remit. There were no complaints which were considered to have foundation during the year, and therefore there were no findings of maladministration against the Authority.
- 3.20 The Authority's Strategic Risk Register is reviewed six monthly by risk owners and by the Management Forum so that the Management Team can provide assurance that key strategic and operational risks have been identified, monitored and reviewed during the year and that key controls to mitigate the identified risks have operated effectively throughout the year. It is also reviewed on an annual basis by the Financial Scrutiny and Audit Committee. In addition the Risk Management Strategy is reviewed annually. The resilience of the Authority was increased due to steps taken in FY 2013/14, with the completion of the ICT Disaster Recovery Plan to reflect the move from the Ludham Field Base, the generation of the Finance Business Continuity Plan and the review of the Business Continuity Plan through a table top management exercise.
- 3.21 A Partnerships Protocol and Register of Partnerships have been developed, and the Management Team has identified and reviewed the governance arrangements in respect of all significant partnerships, with identified weaknesses being addressed through an Action Plan, with responsibility for action and timescales. It has also been agreed to provide an annual report on Partnerships to the Broads Authority. This will be provided in November 2015.
- 3.22 The Authority has made significant progress in developing its asset management practices over the past few years, following an Audit Commission qualification in 2009/10. Comprehensive data of all the Authority's land and property assets have been captured on a consolidated Excel database, and the corresponding paper records have been consolidated into one location. Phase One of the Asset Management Plan has now been developed and the Authority endorsed the process for the development of a Capital Plan for the Authority's assets at its meeting on 23 November 2012. Phase Two of the Asset Management Plan, including valuation of assets and the development of a schedule of costs for replacement/life costs has been completed, and was adopted by the Authority on 17 January 2014. The Asset

Management Strategy was also updated and now includes a full asset disposal policy.

- 3.23 Significant progress was made during the year, following the 2012/13 Review of Consultative Arrangements and Community/Stakeholder Engagement, to establish regular Parish Forums as a primary community engagement mechanism. The revised Broads Forum arrangements have also been put in place, allowing engagement on a wide range of issues with a large group of stakeholders.
- 3.24 The Authority commissioned a peer review, using the Planning Advisory Service, on the operation of its Planning Committee. The feedback provided to the Authority was positive, identifying the operation of the Planning Committee as being welcoming and accessible for members of the public, recognising the high quality and knowledge in officer presentations and reports, with the Committee's debates being very full and great care being taken in the determination and handling of applications.

4 Review of Effectiveness

- 4.1 The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the executive 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 also by comments made by the external auditors and other review agencies and inspectorates.
- 4.2 As part of this exercise the Authority reviews the Code of Corporate Governance on an annual basis. The annual review was initiated by the Head of Governance and Executive Assistant prior to his departure, and includes consultations with the Management Team, the Solicitor and Monitoring Officer, the Treasurer and Financial Adviser and the Chair of the Financial Scrutiny and Audit Committee. Other senior officers are also invited to contribute.
- 4.3 The Treasurer and Financial Adviser have provided an assurance that, subject to the weaknesses already identified and addressed in the Action Plan, the Authority's governance arrangements are adequate and are operating effectively. They have confirmed that there have been no significant control issues that have required the need for formal action in their respective roles.
- 4.4 The Solicitor and Monitoring Officer has been asked to provide an annual ethical assessment of the activities of the Authority and what, if necessary, the Authority could do to improve its ethical standards. The Solicitor and Monitoring Officer has concluded that 'the ethical standards of the Authority continue to be high'.
- 4.5 Internal audit reports are considered by the Management Team and other officers as appropriate, and a management response is submitted in respect of each recommendation, setting out whether the recommendation is accepted, what action will be taken, which officer is responsible and the timetable for action. Each audit report contains an independent assurance of opinion on the adequacy and effectiveness of controls in place to mitigate risks. The agreed actions are followed up subsequently to ensure implementation, thus ensuring that the Authority's risks are properly managed. A summary of all internal audit work carried out during the year is received by the Financial Scrutiny and Audit Committee, together with regular reports setting out progress made in implementing internal audit recommendations. Any significant issues of concern are brought to the attention of the Broads Authority.

4.6 The Authority has developed a strategic five year audit plan for the Authority, using a risk based approach, supplemented by an annual audit plan.

4.7 The 2014/15 Annual Internal Audit Plan included 3 audits, which were summarised within the Internal Audit Annual Report and Opinion 2014/15, were:

Consultation Activities and Partnership Provision

On conclusion, an **adequate** assurance opinion was awarded with three medium and two low priority recommendations agreed with management.

Key Controls and Assurance Work

On conclusion of the review, a **good** opinion was awarded, as in the previous year; indicating a stable control environment in these key areas. Thus highlighting a sound system of internal control designed to achieve the client's objectives, with these control processes being consistently applied.

End User Controls

On conclusion, an **adequate** assurance opinion was awarded, with three medium and five low priority recommendations agreed with management for implementation.

4.8 The 2015/16 Annual Internal Audit Plan, included a review of Corporate Governance and Risk Management and looked at the arrangements that were in place for 2014/15.

Corporate Governance and Risk Management

The audit concluded with a **good** assurance opinion. Three areas were identified where further enhancements could be made.

4.9 The Accounts and Audit (England) Regulations 2011 require that the Authority must undertake an annual review of the effectiveness of its internal audit function, and that this review must be carried out by the same body that reviews the effectiveness of the system of internal control. The aim is not only to make the Authority more aware of the work of Internal Audit and its key role in governance, but also to make those charged with governance more able to understand the connection between, and the Authority's responsibility for, risk management, internal control and the function of internal audit. This review was the subject of a separate report to the Financial Scrutiny and Audit Committee at its meeting on 7 July 2015. The Committee concluded that proper arrangements had been put in place to comply with the statutory requirements relating to Internal Audit, and that the system of internal control at the Authority was effective.

4.10 In order for the Broads Authority to be able to place reliance on the opinions contained within this report, the Head of Internal Audit has in place a performance management and quality assurance framework to demonstrate that the Internal Audit Service is:

- meeting its aims and objectives;
- compliant with the CIPFA Code of Practice for Internal Audit in Local Government in the United Kingdom 2006;

- meeting internal quality standards;
- effective, efficient and continually looking to improve service delivery; and
- adding value and assisting the Authority in achieving its objectives.

- 4.11 Additionally the Authority is informed of the work of the appointed auditors and inspectors, including receipt of the Annual Governance Report and annual audit and inspection letter.
- 4.12 The Head of Internal Audit is required to provide an annual opinion on the overall adequacy and effectiveness of the Authority's internal control environment, including its corporate governance framework and risk management arrangements, identifying any weaknesses that qualify this opinion and highlighting significant issues.
- 4.13 It is the overall opinion of the Internal Audit Consortium Manager that the framework of governance, risk management and control at the Broads Authority is deemed to be adequate, representing a stable control environment. The Authority has also received 2 good assurance levels in respect of Corporate Governance & Risk Management and Key Controls & Assurance. Internal Audit work has not identified any weaknesses that are significant enough for disclosure within the Annual Governance Statement.
- 4.14 The Authority is advised on the implications of the result of the review of the effectiveness of the governance framework by the Financial Scrutiny and Audit Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

5 Significant Governance Issues

- 5.1 An Action Plan has been developed in order to address those significant governance issues which have been identified and to secure continuous improvement in the Authority's governance arrangements. This is set out at Appendix 1b.
- 5.2 This Action Plan has been informed not only by the results of audit and other reports, but also by the results of a self assessment assurance statement which has been circulated to all senior managers, inviting them to assess the Authority's performance across a range of governance issues, in order to identify any gaps and weaknesses and add value to the Authority's governance arrangements.
- 5.3 The Action Plan was monitored on a regular basis by the Head of Governance and Executive Assistant, and a record of progress against the recommendations is maintained. In future, monitoring of the Action Plan will fall upon the solicitor and Monitoring Officer.
- 5.4 The Authority proposes over the coming year to take steps to address the above matters to further enhance its governance arrangements. The Authority is satisfied that these steps will address the need for improvements that were identified in the review of effectiveness and will monitor their implementation and operation as part of the Authority's next annual review.

Signed *J.A. Burgess*
 Professor J Burgess, Chair
 Date *29 September 2015*

Signed *J. Packman*
 Dr J Packman, Chief Executive
 Date *29/9/15*

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2015/16 Action Plan

Action	Lead Officer(s)	Target Date	Priority
Data Management and Monitoring			
Formalise a data quality policy	Head of Communications	By 31 March 2016	M
Governance and Risk Management			
To evaluate the effectiveness of the measures put in place to implement the Review of Consultative Arrangements recommendations.	Director of Planning and Resources	By 1 March 2016	M
Directly link the Strategic Risk Register to the Strategic Objectives and Annual Strategic Priorities, with a gap analysis completed.	Solicitor and Monitoring Officer	By 31 March 2016	L
The Strategic Risk Register to be added as a standing agenda item for the Financial Scrutiny and Audit Committee.	Solicitor and Monitoring Officer	By 31 December 2015	L
Finance			
Provide updated Procurement Training to officers who have responsibilities for conducting procurements	Head of Finance	By 31 March 2016	L

Human Resources			
Undertake an Equal Pay Audit	Senior HR Advisor	By 31 March 2016	M
Collect data about staff and volunteers, to enable an equality analysis of employment policies and practices to be carried out	Senior HR Advisor	By 31 March 2016	M
All staff to be formally reminded to review the Code of Conduct and Code of Corporate Governance documents, to ensure that they remain compliant.	Senior HR Advisor	By 31 March 2016	L
Review and update the following HR policies to ensure that they are in accordance with current legislation and where appropriate incorporate the requirements of volunteers: <ul style="list-style-type: none"> • Capability (Performance Improvement) • Disciplinary • Grievance • Recruitment • Whistleblowing 	Senior HR Advisor	By 31 March 2016	M
Volunteer Management			
Complete the roll out of web based database to all volunteers, as far as possible	Volunteer Coordinator	By 30 October 2015	L

APPENDIX 2

Annual Governance Statement 2014/15

2014/15 Action Plan: Summary of Progress

Action	Lead Officer(s)	Target Date	Priority	Status
Data Management and Monitoring				
Formalise a data quality policy	Head of Communications	By 30 September 2014	L	Initial investigations have been made into what the data quality policy would comprise and cover but reduced resources within the Communications Team and higher priorities mean that this work hasn't been taken forward. To be transferred to 2015/16 Action Plan with revised target dates.
Governance and Risk Management				
Provide an Action Plan to address the observations detailed in the Planning Advisory Service report on the operation of the Planning Committee	Director of Planning and Resources	31 October 2014	M	Completed
Introduce annual submissions of members' declarations of interest	Head of Governance and Executive Assistant	26 September 2014	L	Completed

Action	Lead Officer(s)	Target Date	Priority	Status
Update the Risk Register to reflect specific 'Due Dates' against actions and the impacts that such actions will have on the risk (probability x severity) score	Head of Governance and Executive Assistant	23 September 2014	L	Completed
Finance				
Update the Procurement Strategy	Head of Finance	By 31 December 2014	M	Completed
Determine scope of benchmarking activities with other NPAs to evaluate value for money of service provision	Chief Executive	By 31 March 2015	M	Partially Completed. Chief Exec approached other NPAs but due to lack of interest, collective NPA decision taken not to pursue this further.
Human Resources				
Undertake an Equal Pay Audit	Head of Human Resources	By 31 July 2014	M	Due to departure of head of HR, reduced resources within the HR Team and higher priorities, this work hasn't been taken forward. To be transferred to 2015/16 Action Plan with revised target dates.

<p>Collect data about staff and volunteers, to enable an equality analysis of employment policies and practices to be carried out</p>	<p>Head of Human Resources</p>	<p>By 31 July 2014</p>	<p>M</p>	<p>Due to departure of head of HR, reduced resources within the HR Team and higher priorities, this work hasn't been taken forward. To be transferred to 2015/16 Action Plan with revised target dates.</p>
<p>Review and update the following HR policies to ensure that they are in accordance with current legislation and where appropriate incorporate the requirements of volunteers:</p> <ul style="list-style-type: none"> • Capability (Performance Improvement) • Disciplinary • Grievance • Recruitment • Whistleblowing 	<p>Head of Human Resources</p>	<p>By 31 December 2014</p>	<p>M</p>	<p>Due to departure of head of HR, reduced resources within the HR Team and higher priorities, this work hasn't been taken forward. To be transferred to 2015/16 Action Plan with revised target dates.</p>
<p>Partnerships</p>				
<p>Update the Service Level Agreement with the Whittingham Charitable Trust</p>	<p>Head of Strategy and Projects/ Head of Governance and Executive Assistant Director of Operations</p>	<p>By 31 March 2015 By 30 September 2015</p>	<p>M</p>	<p>Action was transferred to the Director of Operations upon the departure of the Head of Governance and Executive Assistant in March 2015.</p>

				At the same the deadline was extended to 30 September 2015. The updated and revised Service Level Agreement has been prepared and placed on the Whitlingham Charitable Trust Agenda for their meeting on 16 September 2015 for their approval.
Volunteer Management				
Complete the roll out of web based database to all volunteers, as far as possible	Volunteer Coordinator	By 31 March 2015	H	Partly Completed. 75% of volunteers are using the database to date. Lack of Admin support delayed completion of roll out. New Admin Officer in place and completion of roll out due to go ahead for Autumn 2015.