Annual Governance Statement 2008/09

1. Scope of responsibility

1.1 Haringey 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. Haringey 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, Haringey is also 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.

1.3 The authority has a framework of corporate governance in place which is consistent with the principles of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government'. In 2008/09, Haringey Council formally approved a local code of corporate governance which has been published on the Council's website.

2. The purpose of the governance framework

2.1 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.

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; it can provide a reasonable assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise risks to the achievement of Haringey'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 Haringey for the year ended 31st March 2009 and up to the date of the approval of the annual report and accounts.

3. The governance framework

3.1 The key elements of the systems and processes that comprise the authority's governance arrangements are:

a) Identifying and communicating the authority's vision of its purpose and intended outcomes for citizens and service users

Haringey has well established and documented aims and objectives in order to improve the quality of life for people living and working within the borough and ensure that high quality services are delivered efficiently and effectively. The Council, together with its partners, has developed the Sustainable Community Strategy 2007-2016 which sets out a joint vision and objectives. The Sustainable Community Strategy was developed after extensive consultation with residents and stakeholders through the '*Have your say Haringey – shape the future'* campaign. The Community Strategy is published and is also available on the council's website and a summary of the strategy has been translated into ten languages.

The Council Plan is linked to the Community Strategy and sets out the priorities of the Council and how these will be achieved in practice over the period 2007-10. The Council's objectives are informed by what residents and service users say and their views are captured in our annual residents' survey.

b) Reviewing the authority's vision and its implications for the authority's governance arrangements

The implementation of the Community Strategy is monitored through the delivery of the Local Area Agreement, which contains all the required national and local targets. In support of the Community Strategy, all the Council's business and financial planning documents reflect its vision and objectives. Delivery of these is through an integrated annual business and financial process, which are subject to full consultation and review by the Council's Overview and Scrutiny Committee, formal adoption by the Cabinet and approval by the Council.

Progress against the business plans is reviewed mid-year as part of the Council's formal pre-business plan review process. The Council's Medium Term Financial Strategy 2009-2012 sets out the three year budget for the Council. It supports the Council Plan and allocates resources over all the council's activities, including to the council's priorities, and is monitored on a regular basis to ensure that resources are aligned to council objectives.

c) Measuring the quality of services for users, ensuring they are delivered in accordance with the authority's objectives and that they represent the best use of resources

The Council is committed to delivering value for money. This is achieved through a variety of mechanisms including a well established business planning process, and a robust performance management system. Haringey has comprehensive performance management systems, which include Business Plans, Service Improvement Plans and National and Local Performance Indicators. Performance measurement is undertaken at various

levels and is subject to review both internally by managers and members and externally by the Council's external auditors. In addition, during 2008/09 an independent review of data quality arrangements was undertaken by external consultants.

The Cabinet receive regular reports highlighting key financial and performance management information, which include a corporate 'balanced scorecard' and allows them to effectively monitor compliance with all key policies and Council objectives. Cabinet agendas, reports and minutes are available on the Council's website. An independent survey of a representative sample of residents and service users is completed on an annual basis and reported to senior officers and members to ensure appropriate action can be taken in specific areas.

During 2008/09, the Council implemented a Quality Outcomes Board in order to look more widely at improving services and outcomes for stakeholders across the board. The Quality Outcomes Board will provide expert external advice, support and challenge over the next year and feedback is provided to senior managers and Members. The Quality Outcomes Board will look at key areas including child protection, housing and effective partnership working through the Haringey Strategic Partnership.

Following the inspection into safeguarding arrangements by OFSTED in November 2008, which highlighted a number of issues in relation to governance and controls, an agreed action plan was put in place. Regular reports against the identified actions are being made to the Secretary of State and other government officials.

d) Defining and documenting the roles and responsibilities of the executive, non-executive, scrutiny and officer functions, with clear delegation arrangements and protocols for effective communication.

The Council's Constitution sets out the policy and decision making framework of the authority and is held in hard copy and on the council's intranet and external website. The roles and responsibilities of the whole Council, the Cabinet, other committees, all councillors including Cabinet Members, and officers is clearly documented, and it also contains protocols governing the relationships between members and officers and job descriptions of the council's Statutory Officers (Head of Paid Service, Monitoring Officer and Section 151 Officer). The roles and functions of all councillors in relation to governance issues are clearly documented, including their responsibilities for ward duties and the governance of the Council.

The Constitution is reviewed on an ongoing basis and updated to reflect functional and organisational changes to the Council. The council's scheme of delegation is contained within the Constitution and is reviewed and communicated on a regular basis to all appropriate officers and members.

e) **Developing, communicating and embedding codes of conduct, defining the standards of behaviour for members and staff**

Haringey has well established codes of conduct for officers and members, which are regularly reviewed and subject to approval by members. The Council requires all members to formally acknowledge receipt of their code of conduct on an annual basis. Members are provided with regular briefings on the code of conduct as part of the established induction and training programme. The council's Member Learning and Development Strategy also incorporates specific sections relating to corporate governance issues.

The Council's officer code of conduct has been reviewed and updated on a regular basis. Following the last comprehensive review in July 2006, all staff employed by the Council were required to formally acknowledge receipt of the code of conduct. All new members of staff receive training, including the code of conduct, as part of their induction processes. Regular articles are included in corporate and staff newsletters outlining expected standards of behaviour in specific areas.

f) **Reviewing and updating standing orders, standing financial instructions, a scheme of delegation and supporting procedure notes/manuals, which clearly define how decisions are taken and the processes and controls required to manage risks**

The Constitution Working Group is an established group which meets on a regular basis to monitor, review and update the Council's Constitution and associated governance arrangements, based on a rolling work programme and taking into account any new legislative and statutory requirements. The Council's Statutory Officers meet on a quarterly basis and review key areas of governance.

Haringey has a Risk Management Strategy which is reviewed and updated on an annual basis and, through a variety of processes and procedures, ensures that risk management is embedded across the organisation and its activities, including being an integral part of the business planning process. The Council has a corporate risk register and all departments and business units have risk registers in place. The corporate risk register is reviewed on a regular basis by the Chief Executive's Management Board and the Audit Committee and updated as a result of feedback received. Regular reports are provided to both the Chief Executive's Management Board and the Audit Committee detailing progress in embedding risk management throughout the Council.

g) **Undertaking the core functions of an audit committee, as identified in CIPFA's 'Audit Committees – Practical Guidance for Local Authorities'**

Using CIPFA and the Institute of Public Finance guidance, the Council's Audit Committee has been assessed as meeting all good practice requirements. The Audit Committee has received reports on the outcome of the

assessments and monitors compliance with best practice as part of its terms of reference.

h) Ensuring compliance with relevant laws and regulations, internal policies and procedures, and that expenditure is lawful

The Council's Constitution contains the Financial and Contract Procedure Rules, which specify the governance framework for all its operational functions. Officer Employment Rules and a Monitoring Officer Protocol are also contained within the Constitution. The Constitution also includes the roles of key compliance officers, including the Council's Monitoring Officer and Section 151 Officer, as well as specific functional responsibilities for the Cabinet, committees, other bodies and officers.

Regular internal and external audit reviews check compliance with Financial and Contract Procedure Rules across the council. During 2008/09, all the Council's key financial systems received a 'substantial' assurance rating from internal audit.

Financial management is based on a framework of regular management information and review to inform managers and members of the current budget position. Key elements of the financial management system include integrated budgeting and medium term financial planning systems, regular budget monitoring reports to the Cabinet, systematic review of all key financial control processes, monitoring of key financial and other targets, and formal project management processes.

i) Whistle-blowing and for receiving and investigating complaints from the public

Haringey has a well-established and publicised anti-fraud and corruption policy and strategy, including a fraud response plan and Whistle-blowing policy which complies with relevant legislation and is monitored and managed by Internal Audit. The Council also has a free-phone telephone number and email reporting facilities which are contained on the external website to receive reports of suspected frauds, which can be done anonymously. These are monitored and managed by Internal Audit and all referrals are subject to review and investigation where sufficient details are provided. Fraud and corruption policies and procedures are contained within the Employee Handbook, the council's intranet and website and regular staff newsletter items are published which explain how and where to report suspected fraud.

The Council also has a corporate complaints policy, and agreed procedures, which are subject to regular review and updates. The Council's policy and procedures are complaint with all relevant statutory requirements and are publicised on the Council's external website and at various public sites across the borough. Reports are provided to members on a regular basis,

summarising the numbers and types of complaints, together with the outcome and resolution of these.

j) **Identifying the development needs of members and senior officers in relation to their strategic roles, supported by appropriate training**

Haringey Council has implemented a Member Learning and Development Strategy. The Council was the first in London to achieve a Member Development Charter which recognises the work carried out by the Council to provide members with the support, skills and training needed to develop and manage council services and budgets effectively.

The Working at the Political Interface Programme which was launched in late 2008 delivers a programme of learning and development and service improvement activity that will improve council officers' understanding of the role, and complexity of the modern member, including the implications of the Local Government and Public Involvement in Health Act 2007 and related legislation. The programme also focuses on the difference between executive and non executive councillors and the legal framework that Councillors operate within, together with effective communication and appreciating diversity. This programme feeds into the member learning and development programme which is overseen by a cross party member working group chaired by the Cabinet Member for Community Cohesion and Involvement.

The Council also delivers a Leadership Programme for all managers, which includes a variety of training courses, workshops and work-related projects. All staff within the Council receive an annual performance review and appraisal, which is linked to the council's competency framework, and results in individual work targets and development plan. Every year, the Council provides a programme of learning events for managers and staff based on the council's vision and values, aims and objectives, and key service delivery requirements.

k) **Establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation.**

The Council's publishes a resident's magazine, Haringey People, ten times per year containing information on council activities. Hard copies are delivered to all residential addresses and the magazine is also available via the Council's intranet and external website. Once a year this includes a summarised annual report and set of financial statements.

The Council also runs seven Area Assemblies, which are informal, and discussions take place on issues which are important to the residents of the area. The Assemblies are open to everyone; are held in local community buildings in all parts of the borough; and are attended by council officers and members. Details of meetings are published on the Council's website and Assembly Newsletters are produced after each meeting.

The Council joined with local public agencies, community groups and businesses to create the Haringey Strategic Partnership (HSP) in April 2002. The shared vision for the future of Haringey and the HSP priorities are set out in the Sustainable Community Strategy which is published and available on the Council's website. All agendas and minutes from HSP Board and Theme Board meetings are also publicly available and are accessible via the Council's website.

The Joint Area Review report into Haringey's Children Services identified the need to improve governance of children safeguarding arrangements. The Council has recognised the need to address key governance issues but in addition, the action plan in response to the Joint Area Review also includes actions to address and improve operational practices and corporate culture within the Children and Young People's Service. The meeting of the Children and Young People Strategic Partnership Board in December 2008 proposed to move towards a Children's Trust model to take ownership of Children and Young People's issues.

At a full Council meeting on December 2008, the Leader of the Council also announced the establishment of a Corporate Parenting Working Group and a Children's Safeguarding Policy and Practice Panel. Both forums are cross-party and will provide an advisory and oversight role. Periodic updates will be provided to the Cabinet and Cabinet member for Children & Young People, including any recommendations that should be considered to improve polices practice and member development activity.

l) Incorporating good governance arrangements in respect of partnerships and other group working as identified by the Audit Commission's report on the governance of partnerships, and reflecting these in the authority's overall governance arrangements.

The Council has identified its key partnerships, based on the Audit Commission's definition, and has reviewed the governance arrangements and structures within these. The Council has collated corporate governance assurances in the form of terms of reference and/or the Constitution of the partnership. Governance arrangements within the Haringey Strategic Partnership, the Council's key partnership, are clearly identified and defined. The Council's member services division provides secretariat support to the HSP to ensure that its governance arrangements are robust and in accordance with the agreed arrangements. During 2008/09, the HSP adopted a local code of corporate governance which complements the Council's own internal control and governance arrangements.

The Council has been working with Alexandra Palace and Park to provide additional support and resources were provided to Alexandra Palace during 2008/09 to ensure that improvements in governance and controls were implemented. Independent reviews of governance and control issues were completed and reported to appropriate officers and members. Agreed action

plans are in place and subject to follow up to ensure that key risks are appropriately managed.

4. Review of effectiveness

4.1 Haringey 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 senior managers within the authority who have responsibility for the development and maintenance of the governance environment, the Head of Internal Audit's annual report, and also by comments made by the external auditors and other review agencies and inspectorates. Annual performance and self-assessment processes are in place for Children and Young People's Services, Adult Social Care and Housing Benefits. From 2009/10, the Audit Committee will review reports from external assessments and actions taken by management to address any recommendations made on a six-monthly basis.

4.2 Under the Comprehensive Performance Assessment (CPA) Haringey achieved a rating of one star (out of four), as a result of weaknesses identified in Safeguarding within the Children and Young People's Service. In the CPA Use of Resources assessment, Haringey achieved a rating of 3 (out of 4) overall. During 2008/09, the Audit Commission report on the council's Housing Allocations was finalised and a zero star rating was awarded. A project team has been working towards implementing the recommendations of the housing allocations inspection during 2008/09.

4.3 As part of the Council's overall improvement programme, a new electronic performance management system was implemented during 2008/09. Information on performance indicators, risk registers, business plans and governance will be held within the system and enable data quality and governance to be managed and reviewed more effectively.

4.4 Risk management is an area which is continuously under review and the Council's Risk Management Strategy has drawn together the various elements of risk management, including risk registers, health and safety, business continuity and emergency planning and project management into a process which is aligned to the Council's business planning cycle.

4.5 During 2008/09, the council implemented a new performance management system, which will be further developed to incorporate risk management and provide improved links between risk and performance issues. All managers and officers responsible for managing risk and maintaining risk registers are aware of their roles and responsibilities and this is affirmed by Directors and Assistant Chief Executives in their annual assurance statements. The new performance management system, which has been implemented in line with the Council's data quality strategy, will enable the validation of data across the council. Internal and external audit will review data quality arrangements during 2009/10 to ensure the system is robust and information is accurate.

4.6 Directors have submitted a statement of assurance covering 2008/09 which is informed by work carried out by internal audit, external assessment and risk management processes. The statements provide assurance that any significant control issues that have been brought to their attention have been dealt with appropriately. Key governance issues which have been identified and which remain outstanding have been incorporated into the action plan.

4.7 The Head of Audit and Risk Management provided an Annual Audit Report and opinion for 2008/09, which concluded that in most areas across the council there are sound internal financial control systems and corporate governance arrangements in place. All of the council's key financial systems received a 'substantial' assurance rating and the follow up programme concluded that all high priority recommendations had been appropriately addressed. The internal audit plan also includes reviews of all the key non-financial systems, which are identified from risk registers, business plans and internal audit assessment.

4.8 The Cabinet undertakes regular monthly reviews of financial and service performance, based on a range of key performance indicators and financial and budget management information. Cabinet also review the delegated decisions and significant actions undertaken by council officers, or urgent actions taken in consultation with Cabinet members, to ensure they comply with the scheme of delegation. Minutes of sub-bodies are also reviewed by Cabinet, including procurement decisions and actions.

4.9 The Council's Audit Committee has responsibility for internal and external audit, risk management and corporate governance issues included within its terms of reference. The Committee receive regular reports throughout the year detailing progress made against the internal and external audit plans, highlights of any significant control weaknesses, together with the outcome of the follow up programme of audit reviews. The Audit Committee also specified deadlines for implementation of high priority internal audit recommendations to ensure key governance and control issues were addressed in a timely manner.

4.10 Key governance issues, including treasury management, were also reported to the Audit Committee during 2008/09 including the recommendations made by the Council's independent review of treasury management arrangements and the generic recommendations made by the Audit Commission. Additional oversight on all external inspection reports will be provided by the Audit Committee during 2009/10, including reviewing progress on implementing recommendations. The Audit Committee provides an annual report on the work it has undertaken to full Council.

4.11 The Council's Standards Committee is chaired by an independent person and received reports from the Monitoring Officer on the referrals received from the Standards Board for England. An annual report on its work is presented to full Council for information.

4.12 The Overview and Scrutiny Committee undertakes a planned programme of work. Reports on the outcome of the reviews, together with any recommendations are presented. The Cabinet respond to the recommendations presented by the Overview and Scrutiny Committee. The Overview and Scrutiny Committee also provide challenge to the Cabinet's budget proposals.

4.13 The Leader of the Council and the Chief Executive have been advised on the implications of the result of the review of the effectiveness of the governance framework by the Audit Committee, and a plan to implement enhancements and ensure continuous improvement of the system is in place.

5. Significant governance issues

5.1 In 2007/08, a number of actions were reported in the AGS to deal with outstanding governance issues. Some of these have been incorporated into the body of the AGS as actions have been completed. The summary below highlights what the council has done to address those issues for which work has been ongoing during 2008/09 and where further work will be carried forward into 2009/10:

- The Housing Improvement Board has been working towards implementing the recommendations made by the Audit Commission review and this will be continued in 2009/10; and
- Further work will be done in 2009/10 to fully embed governance arrangements in respect of the Haringey Strategic Partnerships

5.2 The Council proposes over the coming year to take steps to further improve governance arrangements in key areas and these are set out in the action plan below. The action plan will be monitored during the year to ensure all issues are appropriately addressed.

Issue	Action	Responsibility	Due date
External assessment - Joint Area Review (JAR)	Ensure that the recommendations in the JAR action plan are implemented in accordance with the agreed timetable.	Director of Children and Young People's Service	December 2009
Performance management – treasury management	Implementation of recommendations following independent review of treasury management arrangements and revised CIPFA guidance	Chief Financial Officer	July 2009
External assessment – Adult Services	Ensure that any recommendations arising out of the independent inspection of the Adult Services function are fully addressed.	Director of Adults Culture and Community Services	March 2010
External assessment – Housing Allocations	Ensure that all recommendations arising out of the independent	Director of Urban Environment	March 2010

Issue	Action	Responsibility	Due date
	inspection of the Housing Allocations Service function are fully addressed.		
Performance Management – data quality	Implementation of Information Governance Board project timetable and actions	ACE – PPP&C	March 2010
Performance Management – data quality	Ensure that the new performance management IT system is embedded across the council for performance, risk and projects to maximise its effectiveness	ACE – PPP&C	March 2010

Councillor Claire Kober Leader of the Council	**Dr. Ita O'Donovan** Chief Executive

Appendix 2

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
1a	Mechanism established to identify principal statutory obligations	Responsibilities for statutory obligations are formally established	• Council's Constitution. • Role of the Cabinet, and all other specific council committees, e.g. licensing, defined. • Committee terms of reference • Scheme of delegation in place and reviewed on regular basis. • Structure charts • Job descriptions of relevant managers (Head of Paid Service, Monitoring Officer, s151 Officer) • Scheme of Delegation reviewed in 2008/9 - revised scheme agreed by full Council on 30th March.	**Terms of reference for all committees reviewed annually before being agreed each year by full Council**
1b		Record held of statutory obligations	• Council Constitution and scheme of delegation identifies key statutory functions and is reviewed on regular basis. • Constitution available on intranet and in hard copy • Legal Services hold copies of relevant statutory requirements • Scheme of Delegation updated as part of recent review which was completed in March 2009 - revised scheme endorsed by CRWG and agreed by full Council on 30th March 2009	**In accordance with best practice scheme of delegation to be reviewed on a periodic basis to ensue fit for purpose and compliant with legislative requirements.**
1c		Effective procedures to identify, evaluate, communicate, implement, comply with and monitor	• CRWG which is a cross-party member working group has oversight on constitutional issues and meets as required • Reports to the Cabinet, CEMB and other officer	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		legislative change exist and are used	groups and member groups on the implications of new legislation - Briefings / reports for decision prepared and considered as required by relevant bodies e.g. Leader's Conference, member briefing events • Members and Officers Code of conduct in place; reviewed on a regular basis and re-issued to all staff. • Included within induction training for specific roles • MLD programme has specific strategy and programme on induction. • Standards Committee has oversight for ethical governance issues and responded to amendments to members' code required by recent legislation (most recent changes made in May 2008). • All newly elected members have induction training including training on Code of Conduct with annual refreshers. • Member attendance at ethical governance training monitored and reported to Standards Committee. • Working at the political interface programme for members and officers being developed and delivered during 2008/9 • Leadership programme for managers has a specific element on political and organisational awareness • Political and Organisational Awareness is a key competency in the appraisal process for officers	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			and part of officer induction process • Political Awareness is a key feature of members' PDPs. Outcomes will inform future development programmes for members and officers.	
1d		Effective action is taken where areas of non-compliance are found	Evidence to demonstrate that action has been taken: • Internal/external audit reports and external assessments e.g. OFSTED, BFI, CSCI. • Action plans in place to monitor achievement against recommendations. • Monitoring reports on actions plans re: implementation of identified key risk areas e.g. ethical governance • Evidence of corrective action taken in response to any upheld complaints • External audit report recommendations e.g. for final accounts; CPA Use of Resources - action plans in place and reported. Draft JAR action plan produced and submitted to OFSTED and Children's minister in mid-April 2009 for approval • Independent Safeguarding Board Chair appointed in Dec 2008 • All councillors received refresher safeguarding from Feb – April 2009 • New Children's Safeguarding Policy and Practice Panel established in April 2009. ToR agreed. Independent member to be appointed to panel in April / May 2009. Safeguarding Panel members to	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			receive additional Safeguarding training in May 2009 • Corporate Parenting Advisory Group established in April 2009 - to also have oversight for member training, briefings and communications on corporate parenting issues. The Cabinet member / Cabinet to receive periodic updates of what action has been taken / any recommendations for change. • Council Officers, Members and partners consulted in April 2009 on revised Children's Trust Governance structure. Revised structure likely to be agreed in May/June 2009 • Reviews of Alexandra Palace governance issues produced and considered by appropriate forums • Since May 2008 Standards Committee has implemented local arrangements for assessment and determination hearings councillor complaints • Independent reviews of Treasury Management arrangements have been undertaken and reported to appropriate officer and member bodies, with agreed action plans in place.	
2a	Mechanism in place to establish corporate objectives	Consultation with stakeholders on priorities and objectives	• The council, together with its partners has developed the Haringey Community Strategy 2007-2016. The objectives of the strategy have been jointly agreed and its implementation is monitored through the delivery of the Local Area	

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			Agreement. • An update of achievements of Haringey's Sustainable Community Strategy was completed in March 2009 and is being distributed to all residents in April 2009 via Haringey People • Haringey's new LAA was developed and negotiated with the HSP. The final LAA agreement was formally signed by GoL in June 2008 • The Thematic Boards are charged with performance managements of their respective targets within the LAA and report quarterly to the HSP PMG • A refresh of the LAA targets were concluded in March 2009. Awaiting final sign-off by GoL. • Consultation on draft community engagement framework underway – consultation period due to finish on 21 April 2009 • Draft Community Engagement Framework to be agreed in principle by HSP in late April 2009. • Following agreement by HSP a delivery plan will be produced to assist with oversight of implementation • During 2009/10 there will be a further stage of public communications / consultation on the framework. A plain English version of the framework will be produced • HSP Code of Governance agreed in June 2008 which includes key principle on engagement.	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			Action plan which is also corporate governance statement for HSP produced for which cross-partnership governance group has oversight of implementation. Annual statement on implementation to be presented to HSP in June 2009	
2b		The Authority's priorities and organisational objectives have been agreed (taking into account feedback from consultation)	• The Community Strategy was developed after extensive consultation with residents and stakeholders through the; *Have your say Haringey – shape the future* campaign. The Council Plan is linked to the Community Strategy objectives and sets out the priorities of the council and how these will be achieved. The council's objectives are informed by what residents say are important in our annual residents' survey.	
2c		Priorities and objectives are aligned to principal statutory obligations and relate to available funding	• The Medium Term Financial Strategy sets out the three year budget for the council. It supports the Council Plan and allocates resources, including to the council's priorities.	
2d		Objectives are reflected in departmental plans and are clearly matched with associated budgets	• The council's objectives are reflected in the business plans for the services, setting out how each business unit will achieve these, with performance measures and costs. Progress against the business plans is reviewed mid year with the pre business plan review.	
2e		The authority's objectives are clearly communicated to staff and all stakeholders, including	• Individual staff appraisals contain objectives form the service's business plans with individual targets for achievement. Our staff survey results show	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		partners	that 90% of staff have had an appraisal since April 2008. Staff survey results for understanding vision, values and priorities are excellent.	
3a	Effective corporate governance arrangements are embedded within the council	Code of Corporate Governance has been established	• Local Code of Corporate Governance formally adopted by the Council and published on Council website. • All elements of corporate governance in line with CIPFA/SOLACE guidance are in place – codes of conduct for members and officers, declarations of interest, register of gifts and hospitality etc. • Member Learning and Development Programme in place and has Corporate Governance as a specific section. • Briefings on the Member Code of Conduct have been provided. Future sessions will be scheduled based on any recommendations from the Standards Committee / monitoring officer.	• **2009/10 MLD programme to be reviewed to ensure that Corporate Governance issues are adequately covered.** • **Member attendance at events to be more closely monitored by the MLDWG as appropriate it will be recommended that certain topics are compulsory for members to attend based in role**
3b		Review and monitoring arrangements are in place	• Constitution Working Group in place and reviews of Standing Orders, Procedure Rules. Scheme of Delegation review completed in 2008/9 • 2009/10 Work programme of activities for the CRWG to be agreed on 30 April 2009 – timetable will ensure that CEMB are provided with updated on governance issues relating to the constitution on a regular basis	• **Provide updates and information on governance issues on a regular basis to CEMB** • **Other amendments brought constitution review working group as required**

Appendix 2

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			• Statutory Officers quarterly meeting reviews key areas of governance (Heads of Audit & Risk, Local Democracy and Legal Services) • Ongoing advice provided by Monitoring Officer • Corporate recording and monitoring of gifts and hospitality registers and register of interests • Members register maintained and updated – Reminder sent to Members	
3c		There is a committee charged with governance responsibilities	• Audit Committee terms of reference include responsibility for corporate governance. • TOR include all aspects of corporate governance. • Minutes from committee meetings confirm that responsibilities have been appropriately discharged.	
3d		Governance training provided to key officers and all members	• Presentation by Head of Audit to CEMB and departmental DMT's on corporate governance • Part of the Member Learning and Development programme and strategy.	• **Member Development Programme for 2009/10 to be agreed by MLDWG in July 2009. will take account of learning requirements on governance issues and will include** **- Specific training for Cabinet / Audit Committee members;** **- General training for all Members on**

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
				governance issues
3e		Officers, public and other stakeholder awareness of corporate governance issues.	• Council Constitution available on intranet and website • Whistle blowing policy on website and intranet • Anti-fraud policy, including reporting lines, available on intranet and website • Reminders given in Team Brief and Smart Talk on key governance issues • Code of Corporate Governance available on council's intranet and website	
4a	Performance management arrangements are in place	Comprehensive and effective performance management systems operate routinely	• Clearly identified performance management framework in place that identifies: ○ All sources of performance measures – including corporate balanced scorecard ○ Who is responsible for achieving each performance measure ○ Who is responsible for collating the data for each one ○ Who determines and approves the performance measures ○ Who receives reports on performance and how often ○ How data quality is assured ○ How performance data is captured and its integrity maintained ○ How poor performance is addressed ○ How performance is driven upwards over time • Reports resulting from internal or external reviews	• Ensure that the new performance management IT system is embedded across the council for performance, risk and projects by March 2010, to maximise its effectiveness

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			of performance management • Year on year comparison of achievement against performance targets (e.g. in annual reports) • Value for money/efficiency reviews, including benchmarking results are part of rolling programme covering all business units • Departmental and/or business unit benchmarking results	
4b		Key performance indicators are established and monitored	• Appropriate KPI's have been established and approved for each service element and are included in departmental and business unit plans. • A robust monitoring system has been approved and implemented. • There are monthly reports on progress on delivering KPI's. • There is an approved mechanism for reviewing the continuing suitability of KPI's and for securing continuous change by increasing the required standards	
4c		The council is aware how well it is performing against its planned outcomes	• Regular reports are presented to members on the delivery of national, council-wide and departmental performance targets, including overall balanced scorecard. • External audit reports on BVPI's and KPI's. • Monthly budget monitoring meetings and reports – capital and revenue, current year and medium term.	• Ensure that the new performance management IT system is embedded across the council for performance, risk and projects by March 2010, to maximise its effectiveness
4d		Knowledge of absolute and	• Monitoring reports are regularly presented to the	

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		relative performances achieved is used to support decisions that drive improvements in outcomes.	Cabinet and appropriate committees. • The reports include detailed performance results, highlighting where corrective action is necessary. • Committee reports include recommendations and action plans to improve performance. • Performance targets in subsequent corporate, departmental and business unit plans, improvement plans and people plans, are revised in light of actual performance. • Continuous improvement is strived for by increasing the difficulty of performance targets when they have been met over a period of time. • Performance trends are established and reported on over the medium term and are fed into the corporate, departmental and business unit planning processes.	
4e		The Council continuously improves its performance management	• The performance management systems are regularly reviewed and updated to take account of changes in organisational structure, new performance measurement frameworks. • The performance management arrangements are revised in line with external or internal review of the arrangements.	
5a	The council has robust systems and processes in place for the identification and management of strategic and operational	There is a written strategy and policy in place for managing risk which: • Has been formally approved at appropriate	• Approved risk management strategy in place and published on the intranet. • Evidence of formal approval – by CEMB and audit committee • Evidence of formal review of risk management	• **JAR action plan. Ensure that the recommendations in the JAR action plan are implemented by**

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
	risk	officer and member levels • Is reviewed on a regular basis • Has been communicated to all relevant staff	strategy on a regular basis by both CEMB and audit committee. • Strategic Risk Management Steering Group established to review council's corporate approach	December 2009.
5b		The council has implemented clear structures and processes for risk management which are successfully implemented and: • Senior management and members see risk management as a priority • Decision making considers risk • A senior manager has been appointed to 'champion' risk management • Roles and responsibilities for risk management have been defined • Risk management systems are subject to independent assessment • Risk management is considered in the annual business planning process	• Audit committee minutes. • CPA comments on improved risk management arrangements. • Annual business plans include risk management. • Committee reports include appropriate risk management information. • Corporate business and financial plan assess risks. • Head of Audit & Risk Management has overall responsibility for monitoring risk management policy • Risk Management strategy lists key officers with responsibility for risk • Internal audit complete regular testing of key business unit and departmental risk registers	
5c		The council has developed a	• Systematic procedures for risk identification and	

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		corporate approach to the identification and evaluation of risk which is understood by staff	evaluation have been agreed and consistently applied across all business units.	
5d		The council has well defined procedures for recording and reporting risk.	• Corporate, departmental and business unit risk registers in place • Key risks included in business plans • Project management arrangements require key risk issues to be identified recorded and monitored as part of each reporting cycle • Evidence of regular reporting of risk to appropriate officer and member level. • Evidence of risk based auditing in place • Key risks identified in audits are reported to senior managers, relevant Members and Audit Committee	
5e		The council has well established and clear arrangements for financing risk	• All legal requirements for insurance are met. • Self-insurance provisions are subject to regular independent actuarial valuation and contributions to the fund are adjusted accordingly. • Insurance claims are being managed in accordance with the 'Woolf' protocols. • Monitoring the incidence of successful and unsuccessful claims and reporting to departments. • Council has joined the Local Authorities Mutual (LAML) • Council has contingency arrangements in place in the event that the legal challenge to LAML is	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			successful	
5f		The authority has developed a programme of risk management training for relevant staff	• All departmental management teams have undertaken risk management training as part of the process to develop risk registers • Project managers training includes risk management • All special projects have specific risk registers and staff involved are provided with risk management training • Legal Services have Lexel accreditation which includes completing a risk form to highlight key/high risk issues to Head of Legal Services	
5g		Managers are accountable for managing their risks.	• Risk owners detailed in corporate, departmental and business unit risk registers. • Risk management responsibilities are included in risk registers, business and work plans, job descriptions where appropriate	
5h		Risk management is embedded throughout the council	• Regular reporting of key risks at CEMB and audit committee • Pre-Business Plan Reviews and Business Plan have specific sections for the inclusion of key risks • Regular review and updating of risk registers • Risk management addressed in all business planning, project management activities • Management of risk strategy provides framework to ensure all key risk activities (health and safety, business continuity planning, project management and risk registers) are reviewed and updated in	• Ensure that the new performance management IT system is embedded across the council for performance, risk and projects by March 2010, to maximise its effectiveness

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			line with business planning cycle	
5j		Risks in partnership working are fully considered	• Risk assessments undertaken before the start of major projects and reviewed during the project period. • Reports made to the appropriate officer and member level. • All key partnerships have been identified. • Risk Management framework for HSP formally agreed and in place	
5k		Risk management information systems meet users needs	• Risk management information available for business planning, project management	
5l		The corporate risk management board (or equivalent) adds value to the risk management process by: • Advising and supporting corporate mgmt team on risk strategies; • Identifying areas of overlapping risk; • Driving new risk management initiatives • Communicating risk management and sharing good practice • Providing and reviewing risk management training • Regularly reviewing the risk	• CEMB act as overall corporate body with responsibility for risk management across the council and receive regular reports on implementation of risk management • Audit Committee receives regular reports on risk management, updates on risk registers and challenge processes • Internal audit support the risk management processes and provide advice to CEMB and DMT's – evidenced by CEMB and DMT agendas and minutes • The corporate risk management strategy includes references to all key risk management activities – H&S, project management, business continuity, risk registers, performance management	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		register(s) • Co-ordinating the results for risk reporting		
5m		A corporate risk officer has been appointed with the necessary skills to analyse issues and offer options and advice and: • Support decision making and policy formulation • Provide support in the risk identification and analysis process • Provides support in prioritising risk mitigation action • Provides advice and support in determining risk treatments • Inspires confidence in managers	• Head of Audit and Risk Management acts as corporate officer – job description includes responsibilities • Resources specified in annual internal audit programme to support the risk management process • Risk management workshop guidance notes are in place to provide assistance to managers	
6a	The Council has a robust system of internal control which includes systems and procedures to mitigate principal risks	There are written financial regulations in place which have been formally approved, regularly reviewed and widely communicated to all relevant staff: • Council has adopted	• Financial regulations and instructions exist are formally approved, reviewed and updated regularly. • Dissemination via induction, briefings, intranet and website. • External and internal audit assessment of compliance with prudential code.	• **Implementation of Information Governance Board project timetable and actions** • **Implementation of key recommendations**

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		CIPFA Code on Treasury Management • Compliance with the Prudential code	• Scheme of budget delegation for all budget holders. • CIPFA Code on Treasury Management has been adopted • Compliance with Prudential Code is tested by internal audit as part of key financial systems work	following independent review of treasury management arrangements and revised CIPFA guidance
6b		There are written contract standing orders in place which have been formally approved, regularly reviewed and widely communicated to all staff.	• Standing orders exist, are reviewed regularly and updated to cover new procedures e.g. partnering, on-line tendering. • Formal approval is achieved via full Council. • Communication and dissemination via intranet, procurement bulletins	
6c		There is a whistleblowing policy in place which has been formally approved, regularly reviewed, widely communicated to all staff.	• Whistleblowing policy exists and has been reviewed and updated regularly. • Formal approval by members. • Communication and dissemination via intranet, website, staff newsletter and Team Brief.	
6d		There is a counter fraud and corruption policy in place which has been formally approved, regularly reviewed and widely communicated to all staff.	• Counter-fraud and corruption policy exists and has been regularly reviewed and updated. • Formal approval by members. • Examples of dissemination, staff newsletter, website, emails to all staff. • Policy is held in intranet and website • whistleblowing and confidential reporting policy for HSP approved and communicated.	
6e		There are codes of conduct in place which have been	• Codes of conduct in place for officers and members.	

Appendix 2

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		formally approved and widely communicated to all staff.	• Formal approval of Codes by members. • Copies provided formally to all staff when updated (July 2006) and to new starters as part of corporate induction.	
6f		A register of interests is maintained, regularly updated and reviewed.	• Register of interests exists for members. • The register is updated by individual members and reviewed by the Standards Committee	• **Confirm arrangements for officers' register of interests**
6g		A scheme of delegation has been drawn up, formally approved and disseminated to all relevant staff.	• Scheme of delegation updated in 2009 and incorporates adequate controls and sanctions. • Formal approval of scheme by members. • Available on intranet	
6h		A corporate procurement policy has been drawn up, formally approved and communicated to all relevant officers	• Procurement policy exists and has been reviewed and updated regularly to take account of new initiatives e.g. framework agreements. • Formal approval of policy by members. • Examples of dissemination via regular procurement newsletter • New Contract Management system now implemented which is used for monitoring effectiveness of procurement policies and decisions	
6i		Business/service continuity plans have been drawn up for all critical service areas and the plans: • Are subject to regular testing • Are subject to regular	• Corporate, departmental and business unit business continuity plans are in place – in compliance with Civil Contingency Act • Regular testing of major incident BCP • Risk Management strategy includes requirements to review and update on regular basis	**Need to ensure that all departmental and business unit BCP's are fully tested on a regular basis.**

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		review		
6j		The corporate, departmental and business unit risk registers includes key controls to manage identified risks	• Risk registers set out key risks and identify controls to manage them. • Key controls are monitored, reviewed and updated regularly. • Risk owners are assigned to manage key risks.	• Ensure that the new performance management IT system is embedded across the council for performance, risk and projects by March 2010, to maximise its effectiveness
6k		Key risk indicators have been drawn up to track the movement of key risks and are regularly monitored and reviewed	• Corporate, departmental and business unit risk registers which include risk indicators, have been established • Risk registers are regularly reviewed and monitored by CEMB, individual directors and business unit heads • Audit Committee reviews the corporate risk register on an annual basis	
6l		The council's internal control framework is subject to regular independent assessment.	• Internal audit plans and reports. • Annual audit report. • External audit reports. • CPA opinion and assessment reports.	
6m		A corporate health and safety policy has been drawn up, formally approved, is subject to regular review and has been communicated to all staff.	• Health and safety policy exists and has been regularly reviewed. • Formal approval of the policy by members. • Examples of dissemination e.g. website and intranet, briefings, newsletter. • Evidence of effectiveness of policy e.g. HSE referrals and reports.	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
6n		A corporate complaints policy and procedure has been drawn up, formally approved, communicated to all relevant staff, the public and other relevant stakeholders, and is regularly reviewed.	• Complaints policy and procedure exists and has been regularly reviewed and updated. • Procedure is compliant with all relevant statutory requirements. • Formal approval of policy by members. • Examples of dissemination e.g. website and intranet, induction programme, leaflets, posters. • Complaints files. • Committee reports summarising numbers, outcomes etc.	
7a	Appropriate assurance statements are received from designated internal and external assurance providers: • The authority has identified appropriate sources of assurance • Appropriate external assurances are identified and obtained	The authority has determined appropriate internal and external sources of assurance	• Internal director and ACE assurance statements are provided on an annual basis and are embedded in the business planning process • External assurance obtained from various assessment sources e.g. CPA and Use of Resources, external inspection functions e.g. OFSTED/CQC which are reported to CEMB and Members • Independent Member body established to cover Safeguarding • Quality Outcomes Board established • Annual independent residents survey undertaken and reported on • Internal audit undertake reviews of key financial systems on an annual basis • Performance management system reports on KPI's, finance and other performance on a monthly basis to CEMB and members	• **Ensure that the recommendations arising out of the independent inspections and reviews of the Housing Allocations service, Adults Service and Joint Area Review are fully addressed by March 2010**

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
7b		Appropriate key controls on which assurance is to be given have been identified and agreed	• Internal audit document the key controls in all financial systems – all held on audit files • Key controls are agreed with external auditors on an annual basis	
7c		Departmental assurances are provided	• Internal director and ACE assurance statements are provided on an annual basis	
7d		External assurance reports are collated centrally • Reports are reviewed by relevant senior management team and reported to appropriate committee • Action plans are prepared and approved as appropriate • Follow up reports on recommendations are requested and reviewed by relevant senior management team and progress is regularly reported to relevant committee	• All key assurance reports (internal and external) are reported to CEMB and Members • Audit Committee receives all relevant reports form external auditors and various inspection functions e.g. Office of Surveillance Commissioner • All action plans are monitored – Audit Committee includes follow up of audit recommendations as part of regular quarterly reporting process	
7e		Internal audit arrangements	• Council has an internal audit division which fully complies with the CIPFA Code of Practice and evidenced by report to Audit Committee and full	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
			reliance by external audit on its work. • Reports on key financial systems provided to Audit Committee	
7f		Corporate governance arrangements	• Local Code of Corporate Governance formally adopted by the Council and published on Council website. • All elements of corporate governance in line with CIPFA/SOLACE guidance are in place – codes of conduct for members and officers, declarations of interest, register of gifts and hospitality etc.	• **Review and update the Local Code of Corporate Governance to reflect current issues**
7g		Performance monitoring arrangements	• Performance monitoring system in place and provides regular reports to CEMB and Cabinet on financial and service performance	
8a	The authority has made adequate arrangements to identify, receive and evaluate reports from the defined internal and external assurance providers to identify areas of weakness in controls	Responsibilities for the evaluation of assurances are clearly defined throughout the organisation	• Responsibilities for key Committees contained within their terms of reference e.g. Audit committee includes corporate governance arrangements	
8b		Mechanism established for collecting governance assurances • Overall responsibility allocated to governance senior officer group	• Head of Audit & Risk Management, Head of Member Services, Head of Legal Services form core group to assess governance assurances • Assurances identified and recorded using AGS matrix • Details of where evidence is held (electronically or	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
		• Required assurances are agreed and recorded • Central record of al assurances (either evidence file, or showing clear link to where evidence is held) • Clear guidance as to evaluation procedure including assurance over risks, independence and objectivity of assurances • Defined evaluation mechanism • Timetable for completion by statutory deadline • Gap assessment – performed and challenged	manually) is recorded in the AGS matrix • Regular meetings in place between key officers and timetable agreed to meet statutory deadlines	
9a	There is a robust mechanism to ensure that an appropriate action plan is agreed to address identified control weaknesses and is implemented and monitored	An action plan is drawn up and approved	• AGS evidence matrix forms the basis of the action plan	
10a	An Annual Governance Statement has been	Responsibility for the compilation of the AGS has	• Head of Audit, Head of Legal Services and Head of Member Services act as core working group to	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
	drafted in accordance with the statutory requirements and timetable st out in the Accounts and Audit Regulations 2003, as revised by the A&A (amendment) (England) Regulations 2006, and is in accordance with CIPFA guidelines	been assigned	compile AGS • Draft AGS presented to CEMB on 7 April 2009.	
10b		There is an AGS production timetable that meets the statutory deadline	• Timetable in place and monitored by Head of audit & risk management	
10c		The AGS is reviewed, challenged and approved by the authority	• Review and challenge process by CEMB and Audit Committee	
11a	An annual report to the authority (or delegated committee) on the AGS is presented, in accordance with the CIPFA pro-forma	Responsibility for reporting is clearly defined	• Head of Audit & Risk Management provides draft AGS for review by CEMB, Cabinet and Audit Committee	
11b		The signatories to the AGS and SIC are defined and are appropriate in accordance with statutory requirements (i.e. most senior officer and most senior member of the organisation)	• Chief Executive and Leader of the Council are signatories of AGS	

Annual Governance Statement 2008/09 – Matrix of supporting evidence

Ref:	Key elements of the corporate governance environment:	Sources/examples of assurance:	Evidenced by:	Actions to address identified gaps in assurance or evidence
11c		The report is likely to be published in a timely fashion with the statutory accounts	• Production of AGS in line with statutory deadlines, AGS on agendas for key meetings, no reason to assume they will not be met.	