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Meeting	<b>AUDIT AND GOVERNANCE COMMITTEE</b>
Time/Day/Date	6.30 pm on Wednesday, 4 February 2026
Location	Abbey Room, Stenson House, London Road, Coalville, LE67 3FN
Officer to contact	Democratic Services (01530 454512)

### AGENDA

Item	Pages
<b>1. APOLOGIES FOR ABSENCE</b>	
<b>2. DECLARATION OF INTERESTS</b>	
Under the Code of Conduct members are reminded that in declaring interests you should make clear the nature of that interest and whether it is a disclosable pecuniary interest, registerable interest or other interest.	
<b>3. MINUTES</b>	
To confirm and sign the minutes of the meeting held on 12 November 2025	<b>3 - 8</b>
<b>4. OUTSTANDING ACTIONS UPDATE</b>	
To consider any outstanding actions from previous meetings	<b>9 - 10</b>
<b>5. COMMITTEE WORK PLAN</b>	
To note the Committee's work plan	<b>11 - 12</b>
<b>6. STATEMENT OF ACCOUNTS UPDATE</b>	
Report of the Strategic Director of Resources	<b>13 - 16</b>
<b>7. INTERNAL AUDIT PROGRESS REPORT</b>	
Report of the Audit Manager	<b>17 - 56</b>
<b>8. ANNUAL REVIEW OF THE CODE OF CONDUCT COMPLAINTS ARRANGEMENTS</b>	
Report of the Head of Legal and Support Services	<b>57 - 74</b>

**9. ANNUAL REVIEW OF THE COUNCIL'S CONSTITUTION**

Report of the Head of Legal and Support Services **75 - 180**

**10. STANDARDS AND ETHICS REPORT - QUARTER 3**

Report of the Head of Legal and Support Services **181 - 188**

**11. REVIEW OF CORPORATE GOVERNANCE POLICIES - INFORMATION GOVERNANCE FRAMEWORK**

Report of the Strategic Director of Resources **189 - 228**

**12. CORPORATE RISK UPDATE**

Report of the Strategic Director of Resources **229 - 264**

**13. EXCLUSION OF PRESS AND PUBLIC**

The officers consider that the press and public should be excluded during consideration of the following items in accordance with Section 100(a) of the Local Government Act 1972 as publicity would be likely to result in disclosure of exempt or confidential information. Members are reminded that they must have regard to the public interest test and must consider, for each item, whether the public interest in maintaining the exemption from disclosure outweighs the public interest in making the item available.

**14. ANNUAL IT HEALTH CHECK REPORT**

Report of the ICT Team Manager **265 - 352**

**Circulation:**

Councillor R Sutton (Chair)  
Councillor P Moulton (Deputy Chair)  
Councillor R Boam  
Councillor D Cooper  
Councillor D Everitt  
Councillor R Johnson  
Councillor G Rogers  
Councillor J G Simmons  
Councillor N Smith  
Councillor A Wilson  
Mrs E Hutchinson  
Mr P Montgomery

MINUTES of a meeting of the AUDIT AND GOVERNANCE COMMITTEE held in the Abbey Room, Stenson House, London Road, Coalville, LE67 3FN on WEDNESDAY, 12 NOVEMBER 2025

Present: Councillor R Sutton (Chair)

Councillors P Moulton, R Boam, D Cooper, D Everitt, R Johnson, G Rogers, J G Simmons, N Smith and A Wilson

In Attendance: Councillors

Officers: Ms K Beavis, Ms K Hiller, Mr P Stone and Mrs C Hammond

External Audit: Ms L Hinsley and Ms H Parks

#### **94. APOLOGIES FOR ABSENCE**

There were no apologies for absence.

#### **95. DECLARATION OF INTERESTS**

There were no interests declared.

#### **96. MINUTES**

Consideration was given to the minutes of the meeting held on 6 August 2025.

It was moved by Councillor G Rogers and seconded by Councillor J Simmons and

RESOLVED THAT:

The minutes of the meeting held on 6 August 2025 be confirmed as accurate records of proceedings.

#### **97. OUTSTANDING ACTIONS UPDATE**

Consideration was given to any outstanding actions on the Outstanding Actions log.

The Outstanding Actions log was noted.

#### **98. COMMITTEE WORK PLAN**

Consideration was given to the inclusion of any items on the work programme.

The work plan was noted.

#### **99. STATEMENT OF ACCOUNTS UPDATE**

By affirmation of the Committee, it was agreed that item 8 be moved to precede item 6.

The report was presented by the Strategic Director of Resources.

After the presentation, there was a discussion between Councillors and the Strategic Director of Resources. The Committee were assured that the Finance team were committed to closing the accounts, as soon as possible, with the aim of completion being in December. There were arrangements in place and the Finance Project Steering Group meeting weekly. An update was provided to the Committee regarding the Unit 4 finance

system. The system was explained to be functioning as expected, with some updates being required, particularly around reconciliation. It was explained that collaboration to improve reconciliation has not progressed and therefore Officers were considering externalising the work so it can be completed quickly. It was added that enhancements for budget monitoring and reporting have been implemented, though progress is slow as issues with the system take time to resolve.

It was further explained that budget monitoring took place quarterly and that a report for Quarter 2 was due to be presented at November's Cabinet meeting. Members of the Corporate Leadership Team and Portfolio Holders received regular briefings on their areas.

In response to a question regarding procurement, it was explained that new procurement was underway for an implementation partner to work with Unit 4. The market for partners was limited but the team had identified other partners available and had undertaken benchmarking with other local authorities that used the same partner. Although the current partner was keen to continue their work, the team needed to consider other areas due to the slow progress made managing Unit 4 queries.

Recommendation 1 was noted, and members were thanked for their comments.

Recommendation 2 was moved by Councillor P Moulton, seconded by Councillor R Johnson and

RESOLVED THAT:

The Committee recognised and endorsed the steps being taken by the Director of Resources to resolve the delays to the publication of accounts.

## **100. 2023/24 AUDIT COMPLETION REPORT**

The report was presented by Helen Parks, the Director of Public Sector External Audit at Azets.

In response to a concern raised, the Director of Public Sector External Audit at Azets explained that the red and amber ratings were due to delays in receiving information, but this was not considered to be critical or a hindrance to their auditing processes at the time. They had issued a recommendation around the finance team's capacity but assured the Committee that it was something they shouldn't be concerned about. If it became a concern, this would be flagged to the Committee in future audits.

The report was noted and members were thanked for their comments.

## **101. AUDITOR'S ANNUAL REPORT - 2023/24 AND 2024/25**

The report was presented by the Helen Parks, the Director of Public Sector External Audit at Azets.

A discussion followed.

### Local Government Reorganisation (LGR)

A member emphasised the significance of LGR for governance. It was explained to the Committee that LGR was recognised as a significant risk but was grouped under "national policies" as it already existed in the register. It was requested for LGR to be upgraded in the risk register and for it to be highlighted in the Annual Governance Statement to ensure

visibility and accountability.

#### Staffing

It was highlighted that staffing concerns had been raised repeatedly and was still a concern. In response, it was explained by the Strategic Director of Resources that recruitment had improved over the past six months. There had been better responses to job adverts, the filling of hard-to-fill posts which included a new Finance Team Manager. This was found to be reassuring. A recruitment structure chart was requested by members, detailing roles and clarifying which were permanent or temporary.

#### Procurement

Assurance was sought from Azets regarding whether the Council was functioning in 'best practice' on procurement activities. It was explained that procurement had been addressed but a specific audit had not been undertaken; but internal audit had previously undertaken such an audit, with another one forecast. This would be where the Committee could gain such assurance.

Particular attention was made to the procurement of the Unit 4 system. It was explained by the Head of Public Audit at Azets that recommendations had been made due to there being no available documentation of the decisions made to procure Unit 4.

The Strategic Director of Resources contributed that procurement processes have improved. These included the appointment of a permanent procurement officer, the publication of a procurement strategy and contract register, procurement and contract register training provision for officers, and the establishment of regular meetings, and steering groups.

A member requested a root cause analysis to be undertake in order to seek assurances and gain insight from the implementation of Unit 4. The suggestion was accepted by the Strategic Director of Resources who advised that arrangements can be made to achieve this, once the accounts had been completed.

#### Governance

A concern was raised about whether Members across the full Council were being adequately informed. It was added that previous governance arrangements failed to provide adequate oversight and timely reporting. It was suggested that management responses could be based on SMART (Specific, Measurable, Achievable, Realistic, Time-bound) objectives in order for the Committee to seek clearer, actionable plans to ensure accountability.

The Strategic Director suggested improvements such as briefings, further reports and workshops to improve transparency; particularly around Unit 4 progress. A member suggested a broader report be received by full Council to keep other Members informed of governance issues, updates and progression.

The report was noted and members were thanked for their comments.

## **102. ANNUAL GOVERNANCE STATEMENT 2024-25**

The report was presented by the Strategic Director of Resources.

A discussion followed. The chair proposed to defer the item for officers to update the document before its return to the Committee. It was explained by the Strategic Director of Resources that the Annual Governance Statement must be published, in draft or approved form, alongside the draft Statement of Accounts in December 2025. He informed the Chair that his preference was to receive the Committee's comments at the meeting and be delegated to make those changes in consultation with the Chair prior to its

publication. The Monitoring Officer supported the Strategic Director of Resources' preference, in order to prevent the risk of missing deadlines. The Chair added that it was important to include what's addressed in the External Auditor's report.

The Monitoring Officer provided the Chair with advice on how to proceed with the motions.

The recommendations as set out in the report was moved by Councillor R Boam, seconded by Councillor J Simmons and put to a vote.

The motion was LOST.

The Chair of the Committee presented a list of comments and changes to be made to the statement. This was sent to members of the Committee prior to the meeting.

It was moved by Councillor R Sutton and seconded by Councillor P Moulton and put to a vote.

The motion was CARRIED.

RESOLVED THAT:

1) The Annual Governance Statement 2024 – 2025 be approved subject to the changes requested by the Chair and to take into consideration Azet's annual report;

2) The Committee delegate the Section 151 Officer in consultation with the Chair to make those changes.

### **103. DRAFT ACCOUNTING POLICIES 2024/25**

The report was presented by the Head of Finance.

It was moved by Councillor N Smith, seconded by Councillor D Everitt and

RECOMMENDED THAT:

The Draft Accounting Policies for the 2024/25 Financial statements were considered and approved.

### **104. TREASURY MANAGEMENT UPDATE REPORT - QUARTER 2**

The report was presented by the Head of Finance.

The committee commended the Council's prudent investment approach and strong performance, particularly noting the positive position regarding bail-in exposure compared to other authorities and the Head of Finance clarified the meaning of bail-in risk, explaining it related to the order of priority for recovering funds and that the Council avoided higher-risk banks.

In response to a question, the Head of Finance confirmed that current diversification referred to investments rather than borrowing, and that higher returns would involve more risk.

A question was asked about future borrowing, especially for housing projects. The Head of Finance confirmed that while current policy favoured using reserves, borrowing could be considered in future years depending on the capital strategy and Council decisions.

The committee discussed the implications of local government reorganisation on liabilities and reserves, and the Director of Resources confirmed that financial modelling and due diligence had been done to assess the position of other councils. Concerns were raised about the potential redistribution of reserves and assets in the event of reorganisation.

The committee noted that past decisions to build homes and accumulate reserves would benefit the new authority formed after reorganisation.

The report was noted and members were thanked for their comments.

## **105. INTERNAL AUDIT PROGRESS REPORT**

The report was presented by the Audit Manager.

The committee expressed appreciation for the Audit Manager's work and the clarity of the internal audit reporting, especially regarding the progress on key financial systems and extended recommendations.

It was requested that for future reports, particularly the financial systems action plan, there was less technical language and more plain English to aid member understanding.

A member sought assurance on progress in addressing extended recommendations related to housing. The Audit Manager confirmed that there would be regular meetings with the new Head of Housing and ongoing monitoring to ensure implementation.

The committee acknowledged the significant number of recommendations in housing audits, noting past staffing issues but recognising that stability was improving and progress was being made. The recent C2 rating from the housing regulator was highlighted as evidence that issues were being addressed, and it was confirmed that an action plan is being developed to respond to the regulator's findings.

The committee supported officer's approach of continuously tailoring the audit plan to current risks and priorities, especially in housing, and welcomed the opportunity for members to contribute to future audit planning.

The report was noted and members were thanked for their comments.

## **106. CORPORATE RISK UPDATE**

The report was presented by the Strategic Director of Resources.

A discussion followed. By the request of a member, it was agreed by the Strategic Director of Resources that separate risk areas for Unit 4 and Local Government reorganisation would be included in the register. A concern was raised that the impact local government reorganisation had on recruitment may be underestimated, in response to a reduction in its risk score. It was explained that a reduction in score was reduced due to improved recruitment processes and applicant response; the Corporate Risk Group will be continue to monitor and adjust scores as needed.

A high risk in relation to Driver and Fleet compliance was also highlighted. It was explained that this risk had been discussed by the Corporate Leadership Team, with several mitigations agreed including a dedicated resource for a compliance project and the establishment of an internal project Steering Group.

The report was noted, and members were thanked for their comments.

#### **107. STANDARDS AND ETHICS REPORT - QUARTER 2**

The report was presented by the Head of Legal and Support Services.

In response to a member, the Head of Legal and Support Services did not think there was a correlation between the increase of Subject Access Requests (SAR) and Freedom of Information requests as they were very separate requests. It was suggested that an increase in SARs could be due to more members of the public being aware that they can make these requests. The increase from Quarter 2 may be isolated but it was assured that the frequency would be monitored.

The report was noted and members were thanked for their comments.

The meeting commenced at 6.30 pm

The Chair closed the meeting at 8.37 pm

## Audit and Governance Committee

### Outstanding Actions

Key: Green = completed, Amber = working towards completion,

Red = to be completed



Meeting Date	Agenda Item	Action	Comments	Responsible Officer	Target dates/ rationale for delays	Last Updated
12/11/2025	7	To provide a staffing structure chart for Finance Teams		Anna Crouch	Completed 6/1/26	
12/11/2025	7	To provide the Committee with a briefing on Unit 4	Will provide a briefing note ahead of the Audit Committee in February 2026. Note to be drafted in January 2026.	Paul Stone		8/1/2026
12/11/2025	7	To arrange discussions with Cllr P Moulton and the Chair with the intention to undertake a root cause analysis on the human processes regarding the implementation of the Unit 4 system.	<b><u>An arrangement of discussions to be made once accounts have been completed.</u></b>	Paul Stone		8/1/2026

Agenda Item 4.

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# AUDIT AND GOVERNANCE COMMITTEE – WORK PROGRAMME (as at 27/01/26)

Issue	Report Author	Meeting at which will be reported
<b>26 February 2025</b>		
2024/25 Audit Findings Report Report of the External Auditor	Anna Crouch, Head of Finance	26 February 2026
Audit Completion Report - 2023/24 and 2024/25	Anna Crouch, Head of Finance	26 February 2026
Statement of Accounts 2023/24	Anna Crouch, Head of Finance	26 February 2026
Statement of Accounts 2024/25	Anna Crouch, Head of Finance	26 February 2026
Treasury Management Update Report - Quarter 3	Anna Crouch, Head of Finance	26 February 2026
Statement of Accounts - Building Back Assurance	Anna Crouch, Head of Finance	26 February 2026
Draft Accounting Policies 2025/26	Anna Crouch, Head of Finance	26 February 2026
<b>April 2026</b>		
Statement of Accounts Update To provide the Committee with the latest position regarding the Council's progress on completion of its statutory financial reporting.	Paul Stone, Strategic Director of Resources (Section 151 Officer)	29 April 2026
2025/26 Annual Audit Plan Report of the External Auditor	Anna Crouch, Head of Finance	29 April 2026
Internal Audit Progress Report	Kerry Beavis, Audit Manager	29 April 2026
Internal Audit Annual Plan	Kerry Beavis, Audit Manager	29 April 2026
Internal Audit Charter	Kerry Beavis, Audit Manager	29 April 2026
Internal Audit Strategy	Kerry Beavis, Audit Manager	29 April 2026
Corporate Risk Update	Paul Stone, Strategic Director of Resources (Section 151 Officer)	29 April 2026
Audit and Governance Committee Annual Report	Paul Stone, Strategic Director of	29 April 2026

Issue	Details	Report Author	Meeting at which will be reported
		Resources (Section 151 Officer)	
Standards and Ethics Report - Quarter 4		Emma Lant	29 April 2026
SIRO (Senior Information Risk Officer) Annual Report		Laurent Flinders, Information Governance Officer	29 April 2026
Draft Member Code of Conduct Annual Report		Emma Lant	29 April 2026
<b>June 2026</b>			
Treasury Management Stewardship Report 2025/26 For the Committee to consider the draft Treasury Management Stewardship Report 2025/26 before it is considered by Cabinet.		Anna Crouch, Head of Finance	10 June 2026
Annual Governance Statement 2025/26		Anna Crouch, Head of Finance, Paul Stone, Strategic Director of Resources (Section 151 Officer)	10 June 2026

## NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL

AUDIT AND GOVERNANCE COMMITTEE – WEDNESDAY, 4  
FEBRUARY 2026

Title of Report	STATEMENT OF ACCOUNTS UPDATE	
<b>Presented by</b>	Paul Stone Director of Resources	
<b>Background Papers</b>	<a href="#">Statement of Accounts Update - Audit and Governance Committee 4 June 2025</a>  <a href="#">Statement of Accounts Update - Audit and Governance Committee 12 November 2025</a>	<b>Public Report:</b> Yes
<b>Financial Implications</b>	There are no financial implications arising from this report.	
	<b>Signed off by the Section 151 Officer:</b> Yes	
<b>Legal Implications</b>	The Accounts and Audit Regulations 2015, along with their subsequent amendments, set out detailed requirements for the preparation, approval, and publication of financial statements by local authorities and other relevant bodies in England.	
	<b>Signed off by the Monitoring Officer:</b> Yes	
<b>Staffing and Corporate Implications</b>	There are no staffing or corporate implications arising from this report.	
	<b>Signed off by the Head of Paid Service:</b> Yes	
<b>Purpose of Report</b>	At the request of the Committee, to provide an update in respect of the Council's Statement of Accounts.	
<b>Recommendations</b>	<b>THAT AUDIT AND GOVERNANCE COMMITTEE NOTES THE UPDATE ON THE COUNCIL'S STATEMENT OF ACCOUNTS.</b>	

**1.0 BACKGROUND**

- 1.1 Reports were considered by Council on 22 February 2024 and 5 November 2024, and Audit and Governance Committee on 5 February 2025, 4 June 2025 and 12 November 2025, which provided details of the Government's proposals for addressing the audit backlog, as well as outlining the Council's position in respect of its Statement of Accounts. Additionally, the Director of Resources provided a verbal update to this Committee on 23 April 2025. At the Audit and Governance Committee meeting on 6 August 2025, Members requested that a regular report is provided by the Director of Resources outlining the Council's progress against meeting its statutory financial reporting requirements.

## **2.0 STATEMENT OF ACCOUNTS PROGRESS**

- 2.1 Since the meeting of the Audit and Governance Committee which took place on 12 November 2025, the Council published its Statement of Accounts 2024/25 on 15 January 2026. This marked the start of a 30-day inspection period. The inspection period for local authority accounts refers to a designated timeframe during which members of the public have the opportunity to review the unaudited accounts and supporting documents of the Council. This period is set by legislation and allows individuals to raise questions or objections with the external auditor regarding the accounts or any related financial matters.
- 2.2 Publishing the Statement of Accounts 2024/25 on 15 January 2026 means that the Council can meet the backstop date for 2024/25 this being the 27 February 2026 and the Council's external auditors, Azets, can provide an opinion on the accounts.
- 2.3 Since the last Audit Committee meeting, the Director of Resources and Deputy S151 Officer have held discussions with Azets regarding the forthcoming process and timeline for re-establishing assurance. This will involve a thorough analysis of various financial ledger transactions, examination of key statements, and targeted attention to principal risk areas from previous financial years. Rebuilding assurance refers to a structured process aimed at re-establishing stakeholder confidence in the accuracy, reliability, and statutory compliance of a Council's financial statements, internal controls, and reporting frameworks.
- 2.4 Azets will report to the Audit and Governance Committee on 26 February 2026 about the rebuilding assurance work, summarising progress so far.
- 2.5 The Committee will receive reports at its meeting on 26 February 2026 with details of the Statement of Accounts 2024/25 and the external audit opinion.
- 2.6 The finance team has been focused on ensuring that the Council publishes its Statement of Accounts for 2024/25, while simultaneously supporting the budget-setting process for the 2026/27 financial year. The team has carefully balanced these tasks to fully meet statutory requirements.
- 2.7 Over the past 14 months, the Council has addressed its backlog of accounts, demonstrating a clear commitment to meeting the Government's requirements. This achievement has been made possible through close collaboration with both Mazars, the previous external auditor, and Azets, the current external auditors.
- 2.8 The overarching intention is to return to a steady state of financial reporting, ensuring the Council consistently meets all statutory reporting requirements. In support of this goal, the Council has reviewed the resourcing within its finance team, with a particular focus on ensuring adequate capacity at year-end. This consideration is reflected in the budget proposals currently under review for the 2026/27 financial year, underlining the Council's commitment to robust financial management and compliance.

<b>Policies and other considerations, as appropriate</b>	
Council Priorities:	A Well-Run Council
Policy Considerations:	None.
Safeguarding:	None.
Equalities/Diversity:	None.
Customer Impact:	None.
Economic and Social Impact:	None.
Environment, Climate Change and Zero Carbon	None.
Consultation/Community/Tenant Engagement:	The Council has responded to Government consultations in respect of backstop dates and recent consultation in respect of the Government's Local Audit Strategy.
Risks:	<ul style="list-style-type: none"> <li>- Loss of public trust and confidence in the Council's financial management and governance.</li> <li>- Reduced transparency and accountability to the Council's stakeholders, including taxpayers, service users, creditors, grant providers and regulators.</li> <li>- Increased scrutiny and intervention from external bodies, such as the Ministry of Housing, Communities and Local Government, the National Audit Office, the Local Government Association and the Public Sector Audit</li> </ul>
Officer Contact	Paul Stone Director of Resources <a href="mailto:paul.stone@nwleicestershire.gov.uk">paul.stone@nwleicestershire.gov.uk</a>

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## NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL

AUDIT AND GOVERNANCE COMMITTEE – WEDNESDAY, 4  
FEBRUARY 2026



Title of Report	INTERNAL AUDIT PROGRESS REPORT	
<b>Presented by</b>	Kerry Beavis Audit Manager	
<b>Background Papers</b>	<a href="#">Global Internal Audit Standards</a>  <a href="#">Application note: Global Internal Audit Standards in the UK Public Sector</a>  <a href="#">Internal Audit Plan 2025/26</a>	<b>Public Report:</b> Yes
<b>Financial Implications</b>	None	
	<b>Signed off by the Section 151 Officer:</b> Yes	
<b>Legal Implications</b>	None	
	<b>Signed off by the Monitoring Officer:</b> Yes	
<b>Staffing and Corporate Implications</b>	None	
	<b>Signed off by the Head of Paid Service:</b> Yes	
<b>Purpose of Report</b>	To inform the Audit and Governance Committee of progress against the Internal Audit plan for 2025/26 and to highlight any incidences of significant control failings or weaknesses that have been identified.	
<b>Recommendations</b>	<b>THAT THE AUDIT AND GOVERNANCE COMMITTEE NOTES THE INTERNAL AUDIT PROGRESS REPORT FOR QUARTER 3.</b>	

**1.0 BACKGROUND**

- 1.1 The Global Internal Audit Standards in the Public Sector require that the Council's Audit and Governance Committee approves the audit plan and monitors progress against it. The Standards require that the Audit and Governance Committee receives periodic reports on the work of internal audit.
- 1.2 The Audit and Governance Committee approved the 2025/26 Audit Plan on 23 April 2025. Quarterly progress reports are received by the Audit and Governance Committee.

## 2.0 PROGRESS REPORT

- 2.1 The Internal Audit Progress Report for the period 1 October 2025 to 31 December 2025 (Q3) is attached at appendix 1.

## 3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications with this report.

Policies and other considerations, as appropriate	
Council Priorities:	An effective audit service supports all council priorities.
Policy Considerations:	None
Safeguarding:	There are no specific safeguarding risks associated with this report.
Equalities/Diversity:	None
Customer Impact:	None
Economic and Social Impact:	None
Environment, Climate Change and Zero Carbon	None
Consultation/Community/Tenant Engagement:	The report was reviewed by the Corporate Leadership Team on 7 January 2026.
Risks:	There are no specific risks associated with this report, however, if the Audit and Governance Committee did not receive periodic reports from Internal Audit there would be a risk of not conforming with the Global Internal Audit Standards in the Public Sector.
Officer Contact	Kerry Beavis Audit Manager <a href="mailto:Kerry.beavis@nwleicestershire.gov.uk">Kerry.beavis@nwleicestershire.gov.uk</a>



## **INTERNAL AUDIT SHARED SERVICE**

**North West Leicestershire District Council**

**Internal Audit Progress Report 2025/26 Quarter 3**

## **1. Introduction**

- 1.1. Internal Audit is provided through a shared service arrangement led by North West Leicestershire District Council and delivered to Blaby District Council and Charnwood Borough Council. The assurances received through the Internal Audit programme are a key element of the assurance framework required to inform the Annual Governance Statement. The purpose of this report is to highlight progress against the 2025/26 Internal Audit Plan up to 31 December 2025.

## **2. Internal Audit Plan Update**

- 2.1 The 2025/26 audit plan is included at Appendix A for information and details the audits in progress. There have been three final audit reports issued since the last quarterly update, extracts of these are included at Appendix B.

## **3. Internal Audit Performance Indicators**

- 3.1. Progress against the agreed Internal Audit performance targets is documented in Appendix E.

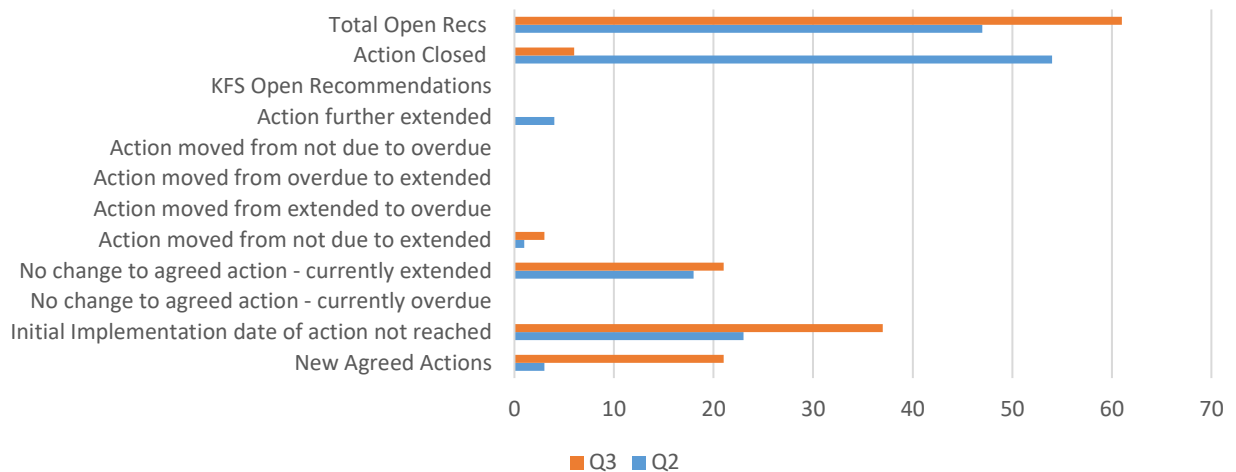
## **4. Internal Audit Recommendations**

- 4.1. Internal Audit monitors and follows up critical, high and medium priority recommendations. Further details of overdue and extended recommendations are detailed in Appendix D for information; this no longer includes the key financial systems recommendations as they are being monitored through an action plan.
- 4.2. Due to the number of outstanding audit recommendations for the key financial systems it was agreed not to carry out any audits in this area during 2024/25. A review of the recommendations made during the 2023/24 audits was carried out and those that also have an impact on 2024/25 were updated to detail this. The Director of Resources has produced an action plan to address all 26 outstanding recommendations. Updates on the progress against the action plan will be reported to Audit and Governance Committee within the quarterly progress reports. The action plan is detailed in Appendix C

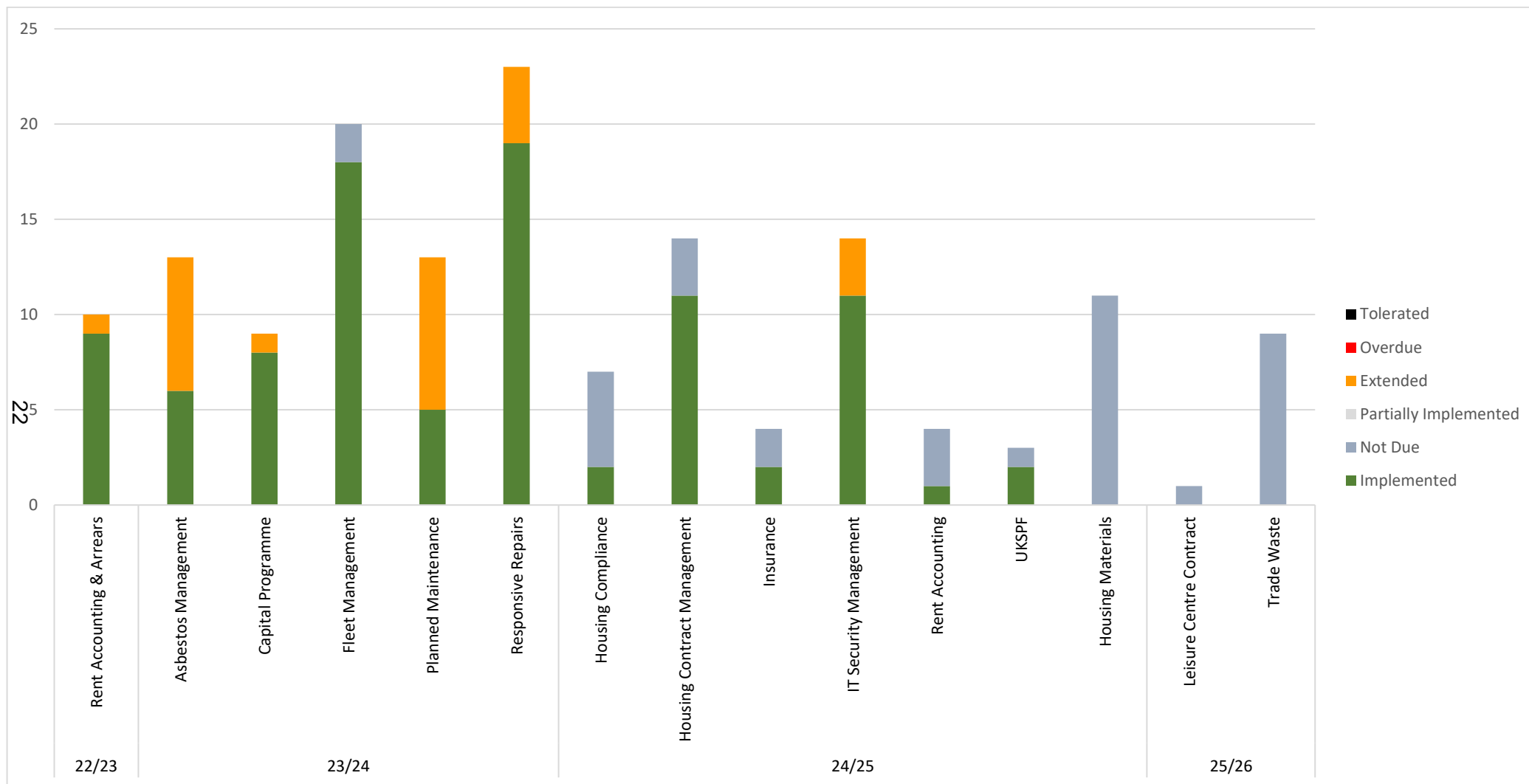
## Current Outstanding Recommendations

Year	Not Due		Extended		Overdue	
	High	Medium	High	Medium	High	Medium
22/23	-	-	1	-	-	-
23/24	2	-	15	5	-	-
24/25	16	9	1	2	-	-
25/26	6	4	-	-	-	-

### Comparison of movement of actions between 2025/26 Q2 and Q3



## Implementation of actions by Audit



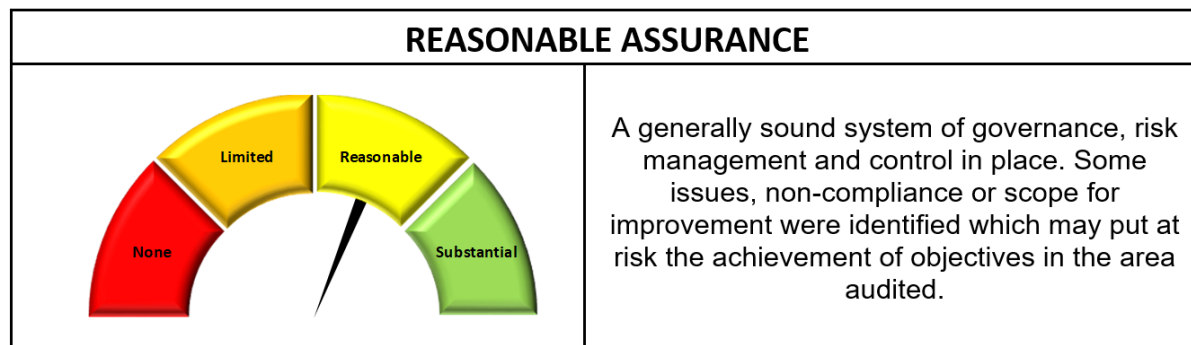
## 2025/26 AUDIT PLAN AS AT 21 OCTOBER 2025

Audit Area	Type	Planned Days	Actual Days	Status	Assurance Level	Recommendations				Comments
						C	H	M	L	
Former Tenant Arrears	Audit	5	0.5	Engagement Plan agreed						Due to start Q4
Right to Buy	Audit	10	10.5	In progress						
Damp and Mould	Audit	15	0.5	Engagement Plan agreed						Due to start Q4
Warmer Homes Grant	Grant Assurance	10	0.5	In progress						
Housing Regulator	Advisory	10		Q4						This was initially an audit that was agreed prior to the notification from the Housing Regulator. The focus of this work has now changed to advisory following the Regulator inspection
Housing Allocations	Audit	15	1	In progress						Addition to plan
Tenant Association Accounts		3	6	Complete	N/A					
Fleet Management & O' Licence	Audit/ Review	6		Q3						Moved to Q4
Leisure Centres Contracts	Audit	15	11	Complete	Reasonable	-	1	-	-	
Port Health	Audit	15	14.5	In progress						
Food Waste Project	Advisory/ Assurance	8	2	In progress						
Burial Services	Audit	10	12	In progress						
Key financial systems	Audit	55		Q4						
Committee Admin and Reporting	Audit	15		Q3						Moved to Q4

Planning Development Management	Audit	15		Q4						
Local Nutrient Mitigation Fund Grant	Grant Assurance	5		Q2						
Regeneration Projects	Audit	40		Q4						
UKSPF	Grant Assurance	4		Q3						
Regeneration Projects	Advisory	20	3	In progress						
Culture & Ethics	Audit	15		Q4						
Project Support	Advisory	10	8	As required						
Data Protection	Audit	20	15	Draft	Reasonable					
Absence Management	Audit	15	5	In progress						
Health and Safety	Audit	15	19.5	Management Response						
Business Planning and Performance	Audit	10		Q3						
Climate Change	Advisory	4		Q1,2,3,4						
Procurement & Contract Management	Audit	20	13	In progress						
Trade Waste	Audit	15	10	Complete	Limited	-	5	4	1	
IT Business Continuity	IT Audit Contractor	10		In progress						
IT Change Control	IT Audit Contractor	10		In progress						
Expenses	Audit			Addition to plan						
<b>Outstanding from 2024/25</b>										
Housing Materials	Audit	12	17	Complete	Limited	-	6	5	-	Addition to plan

## SUMMARY OF FINAL AUDIT REPORTS ISSUED DURING 2025/26 Q3

## LEISURE CENTRES CONTRACTS

**Key Findings**

Areas of positive assurance identified during the audit:

- Roles and responsibilities in relation to the management of the contract are defined and understood.
- Financial arrangements detailed within the contract are carried out and reviewed for accuracy.
- Fees and charges are set in line with the contract conditions and presented to the Head of Community Services for approval.
- Arrangements are in place to safeguard children and vulnerable adults.

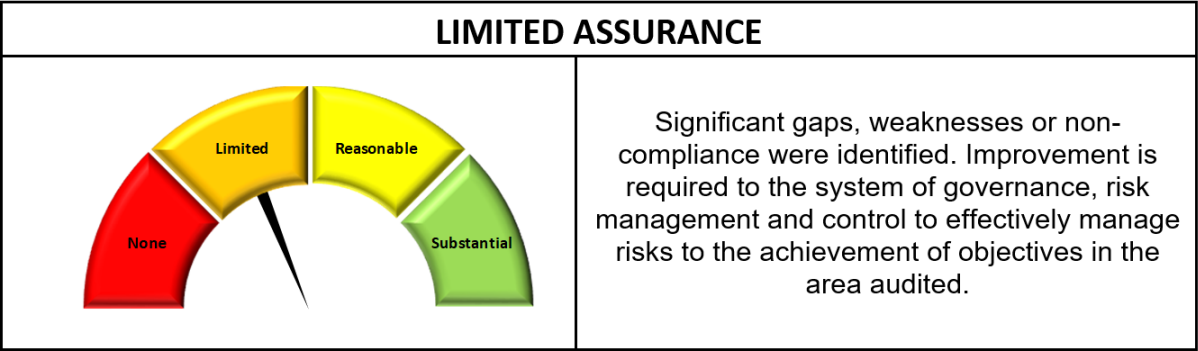
Leisure Centres meet customer expectations.

The main areas identified for improvement are:

- Updating the Contract Management Plan to reflect current requirements, including reporting and Safeguarding assurance.

Recommendation	Priority	Response/Agreed Action	Officer Responsible	Implementation Date
1.Appendix A of the Contract Management Plan should be refreshed and updated to clearly show the current reporting requirements relating to the contract.	High (SP)	<p>Appendix A of the Contract Management Plan will be updated to reflect the current reports that are required and the frequency of them.</p> <p>A spreadsheet will be developed so that there is an overview of reports received by Everyone Active.</p> <p>Everyone Active will be requested as part of their Annual Report to include a copy of their Safeguarding Policy and to give an overview of how they are ensuring adherence to this.</p>	Leisure Services Team Manager	February 2026

TRADE WASTE



Key Findings

Areas of positive assurance identified during the audit:

- 27
- Invoices are raised in advance and credit notes are only issued in valid circumstances.
  - System records are updated to record customer contact and documents issued as expected.
  - There have been no formal complaints relating to the trade waste service during 2024/25 or 2025/26 to date.

The main areas identified for improvement are:

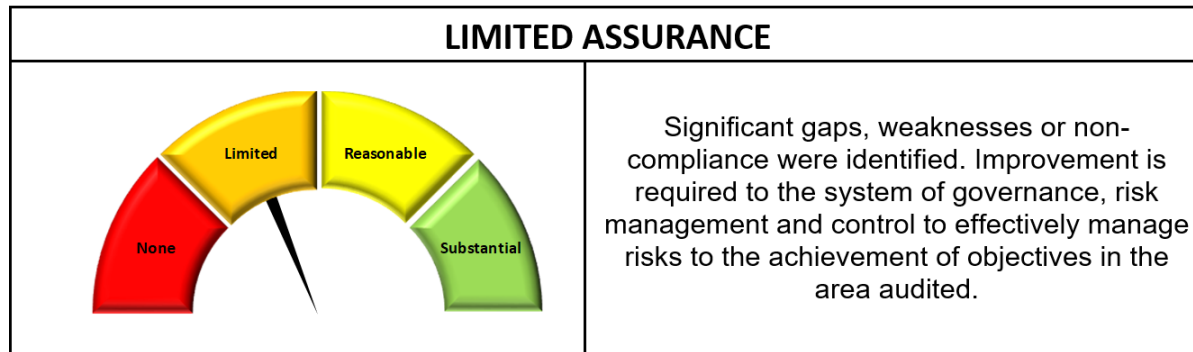
- The processes relating to customer contracts and Waste Transfer Notes
- Debt management
- Performance monitoring

Recommendation	Priority	Response/Agreed Action	Officer Responsible	Implementation Date
<p>1. The existing documented procedures are reviewed and updated to reflect current practice.</p> <p>2. Written procedures for all other key tasks are produced and circulated to relevant staff.</p>	<p>Medium (SP)</p> <p>Medium (SP)</p>	<p>The Trade Team will undertake a full review of all existing documented procedures to ensure they reflect current systems and practices, including updating reference to the new finance system, in addition new written procedures will be developed for the following key operational areas:</p> <ol style="list-style-type: none"> <li>1. Management, monitoring, and return of signed contracts for new and existing customers</li> <li>2. Management, monitoring and return of Waste Transfer note covering both annual renewals and in year-amendments</li> <li>3. Suspension or cancellation of service due to non-payment, including debt recovery actions and the process for identifying invoices suitable for write-off.</li> </ol> <p>These procedures will be documented, approved and circulated to all relevant staff to ensure consistency, accountability and improved governance.</p>	Waste Services Support Team Leader	March 2026
<p>3. The information relating to the Council's Business Waste and Recycling Collection Commitment is removed from the website.</p>	Low (SP)	<p>Web team will liaise with trade team to arrange the removal of the outdated link referring to the Councils Business waste and Recycling Commitment from relevant pages, ensuring all publicly available information reflect current service standards</p>	Waste Services Support Team Leader supported by Waste Services Development Officer	December 2025
<p>4. Processes are put in place to properly manage and monitor the contracts and Waste Transfer Notes to meet the legislative requirements going forward.</p>	High (CP)	<p>Will implement improved processes to ensure the effective management and monitoring of customer contracts and Waste Transfer Notes in line with legislative requirements and internal standards.</p> <p><b>Contract Management:</b></p> <p>A review of all existing customer contracts will be undertaken to ensure they accurately reflect current service arrangement. Revised contracts will be issued where necessary, and a system will be put in place to monitor the return of signed document. Follow up procedures will be introduced to ensure outstanding contracts are actively chased and recorded appropriately.</p> <p><b>Waste Transfer Notes</b></p> <p>A process will be established to ensure WTNs are issued, returned and recorded in accordance with the duty of care requirements. This will include:</p> <ul style="list-style-type: none"> <li>• Monitoring of the return of WTN</li> <li>• Updating system records to reflect receipt</li> <li>• Following up on outstanding WTN</li> </ul>	Waste Services Support Team Leader	March 2026 to align with billing period for new financial year and annual contract renewal.

		<ul style="list-style-type: none"> <li>Suspending service where compliance is not achieved</li> </ul>		
5. The backlog of returned documents is cleared to determine the actual number of outstanding contracts and Waste Transfer Notes so that appropriate corrective action can be taken.	High (CP)	<b>Backlog Clearance</b>  Within Whitespace the duty of care wizard is up to date for new customer. The current backlog of returned documents will be cleared and system records updated to accurately reflect the status of contracts and WTNS, this will identify actual number of outstanding documents and take appropriate corrective action.	Waste Services Support Team Leader	March 2026
6. The policy and procedure relating to the charitable discount are reviewed, updated and formally approved and the Conditions of Hire are updated accordingly.	High (SP)	It is understood that the Council Policy review of August 2005 refers to the annual review of the Fees and Charges Policy. As a service we will now include a review of discounts for charitable organisations to be included in the annual review of fees and charges. Additionally, the conditions of hire will be updated accordingly.	Waste Services Team Manager	April 2026
7. Roles and responsibilities for debt recovery within the waste service are clearly defined and documented.	High (SP)	We will be completing the following actions to confirm roles and responsibilities within the waste team by:  Developing roles and responsibilities framework which will outline all key roles involved in the debt recovery process, including specific tasks, decision-making authority and escalation routes.	Waste Services Support Team Leader	March 2026
8. Outstanding debts are properly reviewed prior to each invoice run and action is taken to suspend the collection service and prevent further invoices being raised where appropriate.	High (SP)	We will be undertaking a review to ensure all outstanding debtors are identified and accounts are correctly placed on stop before rebilling. This monthly review process will provide a more consistent and proactive approach than relying solely on checks before billing periods.  An SOP will be written to confirm the current process and improvements intended to be implemented.	Waste Services Support Team Leader	March 2026
9. Consideration is given to invoicing on a quarterly basis to reduce the levels of outstanding debt.	Medium (SP)	Building on the action outlined in the previous recommendation, the service will work with their finance business partners to review and assess the feasibility of implementing changes to the current billing cycles.	Waste Services Team Manager and Finance Partner	N/A
10. Performance measures are put in place to monitor the efficiency and effectiveness of the service.	Medium (CP)	Implementing performance and efficiency monitoring of the trade waste is essential to ensure the service remains cost-effective, responsive and aligned with customer needs.  <b>Development of Performance Measures</b>		March 2026

		<p>Key performance indicators will be developed to monitor the efficiency and effectiveness of the trade waste service this will include</p> <ul style="list-style-type: none"> <li>• Number of new customers by service type</li> <li>• Number and reasons for service cancellations</li> <li>• Total number of active contracts</li> <li>• Collection volumes and frequency</li> </ul> <p>Supporting documentation and evidence will be collected and submitted to the audit team to demonstrate effective monitoring and compliance.</p>	<p>Waste Services Support Team Leader</p> <p>Waste Services Support Team Leader</p>	<p>September 2026</p>
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## HOUSING MATERIALS



### Key Findings

Areas of positive assurance identified during the audit:

- Processes are in place to ensure materials are available and where appropriate delivered promptly.
- An inventory of plant is maintained.

The main areas identified for improvement are:

- All key procedures should be documented and made available to relevant staff.
- A training programme should be developed, rolled out and training records maintained.
- A review is undertaken of trade cards.
- Processes need to be put in place to ensure materials, van stock and tools are appropriately accounted for, managed and monitored.
- Processes for all invoices to be checked for accuracy prior to payment need to be introduced.
- Processes are put in place to ensure the materials contract is appropriately managed and reviewed.

Recommendation	Priority	Response/Agreed Action	Officer Responsible	Implementation Date
1. All key procedures are documented, made available to all relevant staff and relevant training should be made available and undertaken as appropriate and training records maintained.	Medium	<p>A comprehensive review will be undertaken to identify relevant processes associated with trade card usage, goods receipt, returns of defective items, and stock monitoring. Clear written procedures will be developed and shared with all relevant staff. Training sessions will be arranged to ensure staff understand and follow the procedures, and training records will be maintained. This action will improve consistency, accountability, and compliance across the team.</p> <ol style="list-style-type: none"> <li>1. Draft and approve written procedures for: trade card usage; goods receipt process; returning defective items; stock usage monitoring.</li> <li>2. Distribute documented procedures to all relevant staff and arrange training sessions. Maintain training records for compliance.</li> <li>3. Ensure all procedures are embedded in daily operations and conduct a compliance review to confirm adherence.</li> </ol>	Responsive Repairs, Voids and Minor Works Team Manager.	<p>June 2026</p> <p>August 2026</p> <p>October 2026</p>
2. A review of trade cards is undertaken to ensure leavers cards have been revoked, card holders do not have administration rights, limits are appropriate and all cards are assigned to an individual. Moving forward a process for revoking leavers cards is introduced and regular monitoring of trade cards is undertaken.	High	<p>A review will be undertaken of all active trade cards to ensure they are assigned to current staff only, with appropriate limits and no administrative privileges. Generic cards will be phased out in favour of individually assigned cards to improve accountability. A formal process for revoking cards when staff leave will be introduced, supported by regular monitoring and reporting. This will ensure better financial control and mitigate risks associated with unauthorised use or lack of segregation of duties.</p> <ol style="list-style-type: none"> <li>1. Review all active trade cards to ensure leavers' cards are revoked, limits are appropriate, and admin rights removed.</li> <li>2. Phase out generic cards and replace with individually assigned cards for accountability.</li> <li>3. Implement formal revocation process for leavers and introduce regular monitoring/reporting.</li> <li>4. Design and document a goods received process for QL orders.</li> <li>5. Implement the process and train staff on compliance.</li> <li>6. Introduce monitoring and compliance checks to ensure process adherence</li> </ol>	Responsive Repairs, Voids and Minor Works Team Manager.	<p>April 2026</p> <p>June 2026</p> <p>October 2026</p> <p>April 2026</p> <p>June 2026</p> <p>October 2026</p>
3. A goods received process is put in place to ensure equipment orders are completed	Medium	The lack of closure of QL orders and absence of receipt confirmation has led to inefficiencies and potential financial risk.	Responsive Repairs, Voids	March 2026

on the housing management system, upon receipt of the goods.		A new process will be developed and implemented to ensure that all equipment orders are verified upon delivery and appropriately closed down in the QL system.	and Minor Works Team Manager.	
4. In conjunction with recommendation 1, training is arranged on the contractor's portal ensuring all relevant officers have access to data and understand the checks that are expected to be completed to assist in them in the management and monitoring of materials and tools.	Medium	<p>Portal access will be reviewed and access issues resolved for all relevant officers. Training will be arranged ensuring staff understand how to access and interpret the data available.</p> <p>This process will be incorporated in Team Leader and Chargehand one to one meetings.</p> <ol style="list-style-type: none"> <li>1. Review portal access and resolve any issues for all relevant officers.</li> <li>2. Arrange and deliver training for all relevant officers on portal use and required checks. Maintain training records for evidence.</li> <li>3. Incorporate portal checks into Team Leader and Chargehand one-to-one meetings for ongoing compliance.</li> </ol>	Responsive Repairs, Voids and Minor Works Team Manager.	<p>April 2026</p> <p>June 2026</p> <p>October 2026</p>
5. Items of plant identified as missing, or plant that does not have an asset number or location are investigated and appropriate action taken.	Medium	A full review of the plant register will be undertaken to investigate missing items and ensure all equipment is assigned an asset number, location, and responsible officer.	Responsive Repairs, Voids and Minor Works Team Manager.	March 2026
6. A formally documented PAT testing programme is introduced in line with HSE guidance.	High	A formal PAT testing programme will be developed in line with HSE guidance to ensure compliance is documented and monitored.	Responsive Repairs, Voids and Minor Works Team Manager.	March 2026
7. A full review of the processes followed, in respect of ordering, collection, usage monitoring, management and payment of materials, is carried out to identify the ways in which the control weaknesses can be addressed going forward and ensuring that Financial Procedure Rules are appropriately adhered to.	High	<p>The issue with missing material records in QL is being actively investigated, and a resolution will be implemented to ensure complete visibility of materials used against jobs in QL.</p> <p>Monthly materials checks will also be extended to include HIP and Empty Homes to ensure consistency across all workstreams.</p> <p>A full review of the invoicing valuation and payment process will be undertaken ensuring goods are received, materials are charged in accordance with the schedule of rates and invoices are paid in accordance with the contract terms and conditions.</p>	Responsive Repairs, Voids and Minor Works Team Manager.	June 2026
8. Processes for recording, managing and monitoring van stock are reviewed, to ensure that they meet the requirements of Financial Procedure Rules, in particular:	High	A review of the current processes will be undertaken to ensure compliance with Financial Procedure Rules, including the accurate recording of all materials stored on vans, regular stock checks, and annual full stock takes to ensure that the housing management	Responsive Repairs, Voids and Minor Works Team Manager	March 2026

<ul style="list-style-type: none"> <li>• All material assets stored on vans are recorded, reducing the risks of stock becoming obsolete or misappropriated.</li> <li>• Regular stock checks are undertaken to confirm stock held in both vans and at the unit on Market Street. With full stock takes being carried out annually.</li> <li>• The housing management system (QL) van stock records are maintained up to date.</li> </ul>		system (QL) is updated and reconciled with core van stock lists to maintain accurate and reliable data.		
9. Regular contractor meetings are scheduled with formal agendas set and actions and outcomes recorded.	High	<p>All live in-house Repairs Team contracts, including Travis Perkins, are stored on the housing shared drive, where relevant documentation such as contract terms and current KPIs are accessible.</p> <p>However, it is unclear why there is no record of contract monitoring meetings, agendas, or performance reviews. This will be rectified by scheduling regular meetings, setting a formal agenda, minuting actions and deadlines and establishing and reviewing key performance indicators.</p> <p>Minutes of meetings and all associated documentation will be saved on the shared drive so that they can be accessed by all appropriate officers.</p>	Responsive Repairs, Voids and Minor Works Team Manager.	April 2026
10. Key performance measures, in schedule one of the contract, are reviewed, any changes agreed with the contractor and regular reporting is undertaken to ensure targets are met.	Medium	Key performance indicators will be established, reviewed and where necessary action taken to improvement performance in conjunction with recommendation 9.	Responsive Repairs, Voids and Minor Works Team Manager.	April 2026
11. An annual review on documentation and contract terms is completed, including the review and approval of price increases.	High	<p>An annual review will be undertaken by end of April yearly (which aligns with the contract start date of 1<sup>st</sup> April 2023) with the output from this recorded in line with the 'Annual Contract Review' service level procedures and stored in the I Drive</p> <p>An agenda will be set to ensure contract terms and conditions, specifications and associated documentation are reviewed and any changes to the schedule of rates agreed.</p>	Responsive Repairs, Voids and Minor Works Team Manager	March 2026

Key Financial System Action Plan

Policies and Procedures

Category	Finding	Detailed Action Plan	Responsible Officer	Implementation Date	Progress update
Creditors, Debtors, Main Accounting.	Key policies and procedures not in place for Creditors, Debtors and Main Accounting. Should include: Corporate Credit Card Policy Debt Recovery Procedure Bad Debt Write Offs Monitoring of Suspense Accounts Payment run procedures ensuring compliance with Fidelity Guarantee Insurance Review of Enhanced User Access / User Access - UNIT4 and access to Lloyds link Virements Committed Expenditure UNIT4 System guide not available.	Assign a responsible officer for each action and set individual timelines for completion, ensuring that 100% of policies and procedures are formally adopted and communicated to relevant staff by the deadline.  Complete a comprehensive review and update of user access for UNIT4 and Lloyds Link, confirming that all permissions align with current roles and responsibilities and meet best practice standards for user security.  Prioritise the implementation of automated bank reconciliation, direct debit processing, and invoice payment automation.  Measure success by establishing systems that reduce manual financial processes by at least 80% and eliminate outstanding reconciliation discrepancies.  Work closely with Embridge from March 2025 onwards to ensure each key priority is addressed according to plan, conducting fortnightly progress reviews through a project board and reporting outcomes to senior management.  Reduce risks associated with delays by completing each action within its specified timeframe, providing weekly highlight reports that demonstrate enhanced compliance, improved financial control, and strengthened operational efficiency.	Financial Services Team Manager	June 2026	Draft Standard Operating Procedures for Administration and Collection of Sundry Debt 25/05/2025. Circulated 26/05/2025  All users can access the Online U4 System Guide through the help feature within the system.  Officers have access to reports that can show who has access to Unit4. This can be monitored through Active Directory, which is a Microsoft service used to manage and store information about users, computers, and other resources within an organization's network. Active Directory allows administrators to control permissions and access rights, ensuring only authorized individuals have access to specific systems like Unit4.  Automated invoice payment system (Proactis) was implemented in October 2025 and is operating.  Automated bank reconciliation process is scoped and has been signed off. Work to commence December, with planned 'Go Live' in January 2026.  Weekly key priority meetings and fortnightly Steering Group meetings are scheduled.  A RAID log is maintained, and weekly highlight reports are provided by both Embridge and internal teams. A RAID log is a project management tool used to systematically record and track four key elements: Risks, Assumptions, Issues, and Dependencies. By documenting these components, the RAID log helps project teams proactively identify challenges, clarify expectations, address emerging problems, and monitor any factors that could impact the project's progress.  Maintaining a RAID log, alongside regular highlight reporting, is an essential part of good governance and effective project management. This process ensures transparency, enables informed decision-making, and supports accountability by giving stakeholders clear visibility into project status and potential obstacles. Through these practices, the team strengthens oversight, reduces risks, and fosters successful project delivery.
Main Accounting	Training was not provided to budget holders	Conduct a comprehensive assessment to identify the training needs of all officers involved in Main Accounting, focusing on the specific requirements for budget holders.  Based on this assessment, develop and implement a detailed training plan in collaboration with Embridge and HR, ensuring the inclusion of relevant Skillsgate courses.  Distribute updated manuals and guidance documents to all key stakeholders.  Progress will be measured by confirming that 100% of identified officers have completed the required training	Finance Team Manager	December 2025	Consideration is being given as to how to rollout training across the organisation prior to the end of the calendar year.

		modules and received supporting documentation by the specified deadlines. This targeted approach will enhance user competency, ensure consistent understanding of procedures, and support the successful adoption of new accounting systems and processes.			
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Reconciliations

Category	Finding	Detailed Action Plan	Responsible Officer	Implementation Date	Progress Update
All - Creditors, Debtors, Main Accounting, Treasury Management	Reconciliations for 2023/24 and 2024/25 have yet to be completed.	It has been formally agreed with the external auditors, Azets, that the Statement of Accounts for 2023/24 will be completed by 31 August 2025, and the Statement of Accounts for 2024/25 will be finalised by 30 November 2025.	Head of Finance	August 2025	Reconciliation work for 2023/24 has been completed, enabling the publication of the 2023/24 Statement of Accounts with support from Mazars. Reconciliation activities for 2024/25 are currently ongoing and with publication of the 2024/25 Statement of Accounts scheduled for early January 2026.
		In addition, Mazars have been engaged to complete the key reconciliations by the week ending 18 July 2025.  Completion of these tasks will be demonstrated by reconciliation sign-offs by Mazars and formal sign-off of the Statements of Accounts by Azets, according to the agreed deadlines. The overall plan, developed in agreement with the external auditors, focuses on completing all outstanding reconciliations for 2023/24 and 2024/25 and finalising the respective Statements of Accounts within the specified timeframes.			Key working papers were developed and are available for review as part of the audit work to be undertaken by Azets.

Reporting - UNIT4

Category	Finding	Detailed Action Plan	Responsible Officer	Implementation Date	Progress Update
Creditors	No standard system report available to show officer who raised a PO and officer who authorised. Report should highlight when same officer raised and authorised PO.	A detailed review of the current reporting capabilities within the UNIT4 platform to determine the most effective approach for capturing and displaying this information.  Collaboration between the finance systems team, IT department, and accounts payable staff will ensure that technical requirements are clearly defined and that the proposed report aligns with operational needs.  A new report will be developed to display, for every PO, the identity of both the creator and the authoriser.  Critical to strengthening internal controls, the report will include a specific feature to highlight instances where the same officer both raised and authorised a PO. This will enable timely identification and review of potential breaches in segregation of duties.	Financial Services Team Manager	December 2025	Dec 2025 - Parameters were shared with Embridge for creation in Oct 2025 – still outstanding with Embridge

		<p>Testing will be conducted to confirm accuracy and reliability of the report output, with adjustments made as necessary based on feedback from key stakeholders. Upon successful testing, relevant staff will be trained on how to access, interpret, and act upon the information provided by the report.</p> <p>The implementation of this report will enhance transparency, reinforce compliance with internal control policies, and support audit requirements. Progress will be monitored through regular reviews, and any issues or improvements identified during initial use will be addressed promptly to ensure the report continues to meet organisational standards and governance objectives.</p>			
37	<b>Creditors</b>	<p>No standard report which would help to identify possible duplicate payments made (expect there will have been a report used for NFI purposes).</p> <p>To address the absence of a standard report to identify potential duplicate payments made to creditors, a standardised report will be developed and implemented within the UNIT4 platform. This report will be designed to compare key payment attributes, including invoice number, amount, date, and supplier, in order to flag any transactions that appear to be duplicates or that share highly similar details.</p> <p>Where applicable, any existing report previously used for National Fraud Initiative (NFI) purposes will be integrated or adapted for this purpose.</p> <p>The successful implementation of this action will be measured by the creation of a fully operational report. Monthly reviews will be carried out to ensure that at least 98% of all payments are analysed for possible duplication. The report will also produce a summary of all flagged transactions for management review.</p> <p>Officers will design, test, and implement the report, leveraging existing expertise and available tools. Relevant staff will receive training on both the use and interpretation of the report.</p> <p>The design, testing, and implementation of the duplicate payments report will be completed within three months from the initiation of the project.</p>	Financial Services Team Manager	December 2025	<p>Embridge confirmed no standard report is available for this criteria. Additional controls and team training have been implemented, and Proactis will help reduce duplicate payments.</p> <p>Dec 25 – An exercise completed by internal audit to identify potential duplicate payments was carried out. Exchequer Services are in the process of recovering all duplicate payments.</p> <p>Furthermore, the introduction of Proactis offers significant benefits to our financial operations. By automating payment processes and introducing robust validation protocols, Proactis minimises the risk of duplicate transactions and human error. This not only improves accuracy in accounts payable but also enhances transparency and auditability. As a result, the organisation can expect greater operational efficiency, cost savings through reduced erroneous payments, and improved compliance with internal controls</p> <p>.</p>
	<b>Creditors</b>	<p>No exception report detailing new and amended suppliers.</p> <p>The finance systems team will collaborate with IT and the procurement department to define key data points required for effective monitoring of supplier records. A comprehensive report will be developed within the UNIT4 platform or similar procurement platform to capture and flag all newly created and modified supplier entries on a real-time or regular basis.</p>	Finance Services Team Manager/Procurement Officer	December 2025	<p>Progress has been made in this area. While a formal exception report is not currently available, the Amendment Logging Report can be generated to capture supplier changes within specified date ranges. An example of this report, along with explanatory notes, was shared with Audit on May 26, 2025.</p> <p>Additionally, enhanced controls have been implemented. Now, the approval of new suppliers and any amendments to existing supplier records require the uploading of supporting documentation. Updated process notes have also been provided to Audit and all relevant personnel.</p>

		<p>Testing will be conducted to ensure accuracy, with adjustments made as needed based on user feedback and audit requirements.</p> <p>Staff who are responsible for supplier management will receive targeted training on interpreting and responding to the report's findings. Ongoing monthly reviews will ensure the report remains effective and is utilised to mitigate risks associated with unauthorised or erroneous supplier changes. Progress will be tracked through regular project updates, and continuous improvement will be supported by incorporating feedback from internal audit reviews and end users.</p>			<p>These improvements offer several advantages. The Amendment Logging Report increases transparency by providing clear records of supplier changes, which helps in tracking and reviewing amendments efficiently. Requiring supporting evidence for approvals strengthens internal controls, reducing the risk of unauthorised or erroneous changes to supplier data. Sharing process notes and examples with Audit and staff ensures everyone is informed and aligned with the correct procedures, fostering greater accountability and compliance.</p> <p>Organisational training is scheduled along with notes to be added to the Council's e-learning library.</p>
<b>Debtors</b>	Raising of debtor invoices is not automated.	<p>A structured and systematic solution will be implemented to enhance both efficiency and accuracy. The process will begin with a comprehensive review of current debtor invoicing procedures, involving key stakeholders to identify business requirements and document specific needs for automation.</p> <p>An evaluation of the existing capabilities of the UNIT4 platform will be conducted to determine the feasibility of automated invoice generation. This will include identifying any required configurations or integrations necessary to ensure a seamless implementation.</p> <p>Based on this assessment, a detailed design for the automated invoicing process will be developed, incorporating controls to maintain accuracy and compliance with organisational standards.</p> <p>Following approval, the UNIT4 platform or associated systems will be configured according to the agreed specifications. Rigorous testing, including user acceptance testing, will be carried out to ensure that all functionalities operate as intended and data integrity is maintained. Any issues identified during the testing phase will be addressed prior to full implementation.</p> <p>Staff involved in debtor invoice management will receive targeted training to ensure they are fully competent with the new automated process. Updated process documentation will be distributed, and ongoing support will be made available as required.</p> <p>To ensure the continued effectiveness of the solution, regular review mechanisms will be established. Feedback from users and internal audit will be incorporated to support continuous improvement of the process.</p>	Finance Services Team Manager	March 2026	No progress to date. Awaiting completion of current improvements.
<b>Debtors</b>	Automated debt recovery function in UNIT4 not utilised.	Review current debtor invoicing and debt recovery workflows in UNIT4, consulting stakeholders to define automation requirements. Evaluate existing system capabilities and determine necessary configurations or	Finance Services	March 2026	<p>Configuration has been completed and went live in November 2025.</p> <p>Implementing automated debt recovery and write-off within the UNIT4 platform offers several key advantages. Automation streamlines the process of tracking overdue accounts and initiating</p>

		integrations. Develop and document updated procedures for automated invoice generation and debt recovery, assigning responsibilities and deadlines for each task. Monitor progress throughout implementation and adjust actions as required to ensure effective adoption.	Team Manager		recovery actions, reducing manual workload and minimising the risk of human error. It enables faster and more consistent responses to outstanding debts, improving cash flow and operational efficiency.  Automated write-off functionality ensures that uncollectible debts are promptly identified and processed according to policy, maintaining accurate financial records and providing clearer oversight for audits.
Main Accounting	No standard report to show virement postings to GL - also service do not maintain record of virements.	<p>To address the absence of a standard report for virement postings to the General Ledger and the lack of record maintenance, a standardised process will be implemented. The current procedures related to virement postings in the accounting system will be reviewed, and stakeholders will be consulted to determine specific reporting requirements and necessary data fields. A standard report template for virement transactions will be designed and developed within the system.</p> <p>A mandatory procedure for documenting all virements at the point of entry will be established. Responsible officers will be appointed to oversee report generation and ongoing record maintenance. An implementation timeline will be set, and all relevant staff will be informed of the process changes. Compliance will be monitored, and adjustments will be made as necessary to ensure the effectiveness and sustainability of the new process.</p>	Finance Team Manager	June 2026	<p>Work has taken place to determine the requirements for creating an upload template for virement transactions in Unit4, as well as a corresponding download report to support this process.</p> <p>Advantages of having an Upload Template and Download Report for Virements in Unit4:</p> <ul style="list-style-type: none"><li>Enhanced Accuracy:</li><li>Increased Efficiency: Automating both the upload and download processes streamlines the management of virement records.</li><li>Improved Oversight:</li><li>Better Decision-Making: Having accessible and accurate records allows for more informed financial analysis and decision-making, ultimately supporting more effective budget management.</li></ul> <p>Dec 25 – final testing to be completed in new year prior to go live.</p>
Main Accounting 39	No standard report showing annual budget upload to UNIT4	To address the absence of a standard report for annual budget uploads to UNIT4, a review of current reporting practices will be conducted in consultation with key stakeholders. A standard report template will be designed and implemented within UNIT4 to ensure consistency and accuracy. A responsible officer will be assigned to oversee the development, with a defined timeline for completion. Relevant staff will receive training on the new process, and compliance will be monitored on an ongoing basis.	Finance Team Manager	June 2026	As above.
Main Accounting	No standard report to confirm opening / closing balances / trial balance	A dedicated review of existing reporting procedures will be initiated to identify gaps in confirming opening and closing balances as well as the trial balance. A standardised report format will be developed and integrated into current systems to ensure accuracy and transparency. A responsible officer will be appointed to oversee the design, implementation, and periodic review of the report. Training will be provided to relevant staff to ensure consistent application, and compliance will be regularly monitored to support ongoing improvements.	Finance Team Manager	June 2026	A significant enhancement to accelerate the account closing process is the integration of into the Year End checklist, utilizing the period 0 Trial Balance report. By formalising this step, the finance team can quickly verify opening balances and ensure all entries are complete and accurate at the start of the new fiscal year. This streamlines reconciliation, reduces the risk of errors, and enables a more efficient and timely close of the accounts.

Performance - KPI's

Category	Finding	Detailed Action Plan	Responsible Officer	Implementation Date	Progress Update
Creditors / Debtors	No KPI's for supplier payments and income collection. No	A comprehensive review of current payment and income collection processes will be conducted to identify relevant performance metrics.	Financial Services Team Manager	December 2025	Currently, performance monitoring and reporting for debtors is conducted only on a quarterly basis. With the implementation of Proactis, the organisation will gain the ability to report on supplier KPIs in a more timely and comprehensive manner, enhancing visibility and enabling more

40	performance monitoring /reporting.	<p>Following this, a set of KPIs will be developed to effectively measure the efficiency and timeliness of supplier payments and the effectiveness of income collection. These KPIs will include, but not be limited to, average payment processing time, percentage of payments made within agreed terms, and collection rates for outstanding income within defined timeframes.</p> <p>A responsible officer will be appointed to oversee the development and implementation of these KPIs. The officer will also be tasked with establishing a structured process for ongoing collection, analysis, and reporting of performance data.</p> <p>Staff involved in payment processing and income collection will receive targeted training to ensure understanding and compliance with the newly established performance measures.</p> <p>Performance data will be monitored on a monthly basis, and regular reports will be generated and reviewed by management to identify trends, address issues promptly, and support continuous process improvement.</p> <p>The objective is to ensure transparency, accountability, and enhanced financial management through systematic measurement and regular performance review.</p>			effective performance management. Monthly information is sent to Service Managers and quarterly information to CLT.
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**Miscellaneous**

Category	Finding	Detailed Action Plan	Responsible Officer	Implementation Date	Progress Update
<b>Creditors</b>	Uncertain if action has been taken to recover duplicate payments.	To address the uncertainty regarding the recovery of duplicate payments, a comprehensive review of all recent supplier transactions will be conducted to identify any instances of duplication. Clear procedures for the identification and recovery of duplicate payments will be documented and communicated to relevant staff. Responsibilities will be assigned to designated officers to oversee the process, and deadlines will be established to ensure timely resolution. Progress will be monitored regularly, and findings will be reported to management for further action as necessary.	Financial Services Team Manager	September 2025	<p>The process of recovering duplicate payments is an ongoing effort and has been integrated into standard operating procedures. As duplicate payments are identified, they are promptly addressed and recovered, making this task a routine aspect of regular financial operations.</p> <p>Dec 25 – Following an exercise carried out by internal audit to identify potential duplicate payments Exchequer Services are in the process of recovering these.</p>
<b>Creditors</b>	Supplier payments over £250 are published on the council website in excel and PDF. The PDF version of the report is not user friendly. Also suggest report those payments	Furthermore, the accessibility and compliance of supplier payment reports will be enhanced. The current PDF version of the published report is not user-friendly, and improvements will be made to ensure greater clarity and public accessibility. Additionally, reporting practices will be updated to ensure that all payments over £500 are clearly identified and reported in accordance with the Transparency Code. The objective is to achieve a user satisfaction rate of at least 80 percent regarding	Financial Services Team Manager/Procurement Officer	September 2025	Agreed to amend the amount to £500 and information is now published on a monthly basis.

	£500 as Transparency Code.	<p>the usability of the new report format and to ensure that all payments over £500 are accurately and consistently included in the published documentation.</p> <p>Monitoring measures will include the collection and review of user feedback as well as quarterly audits to verify full compliance.</p> <p>A lead from the finance department, in conjunction will be responsible for overseeing the development, implementation, and ongoing monitoring of these improvements.</p>			
Debtors	External debt recovery services are not used.	<p>To address the current lack of external debt recovery services, the Council will initiate a structured review and implementation process designed to improve the recovery of overdue accounts and support robust financial management.</p> <p>The first step will involve a comprehensive assessment of existing internal debt recovery methods, identifying any inefficiencies or barriers that may be contributing to the accumulation of aged receivables.</p> <p>Following this evaluation, the Council will research reputable external debt recovery agencies, ensuring they display a consistent record of ethical practices, regulatory compliance, and proven success in similar sectors.</p> <p>A set of criteria will be established for selecting an appropriate agency, taking into account cost-effectiveness, transparency of process, and alignment with the Council's values.</p> <p>If this is the approach the Council wishes to take, once a suitable partner is chosen, clear procedures and escalation protocols will be drafted to govern when and how external debt recovery services will be utilised.</p> <p>Staff involved in financial operations will undergo training to familiarise themselves with these new procedures and ensure compliance. Communication will be maintained with debtors to inform them of the updated policy and encourage early resolution of outstanding balances prior to escalation.</p> <p>To evaluate the effectiveness of this initiative, key performance indicators such as reductions in overdue accounts, recovery rates, and feedback from internal stakeholders will be monitored and reported at regular intervals.</p>	Financial Services Team Manager	September 2026	<p>As part of our enhanced automated debt recovery process, we are implementing HMCTS online court action and actively investigating the use of external debt recovery services. Leveraging these solutions offers several advantages: it streamlines the recovery of overdue accounts, increases efficiency by automating legal proceedings, and gives access to professional expertise for handling persistent debts. This approach is expected to improve recovery rates, reduce administrative burden on staff, and support stronger financial management for the Council.</p> <p>Dec 25 – Draft Administration and Collection of Sundry Debt policy is now in place.</p> <p>Work has begun on revisiting MoneyClaim Online (HMCTS) and the use of Recovery Agents. This is integral to the automated recovery process, therefore is a priority and will need to be in place by the end of January 2026.</p>

## EXTENDED RECOMMENDATIONS

Audit Year	Audit	Recommendation	Priority	Response/ Agreed Action	Responsible Officer	CLT Lead	Due Date	1st Follow up comments	Ext Date	Second Follow up comments	Ext Date	Further Management update	Further extension date
2023/24	Asbestos Management	13.The Council should ensure that all relevant staff have received / undertaken the level of training in Asbestos Management as required by either their job role or their assigned role within the Asbestos Management Policy.	Medium	Whilst all operational staff have the minimum Asbestos Awareness training others at team leader, supervisor and management have received Duty to Manage training. Whilst this is recognised as a minimum requirement, it has been identified that team managers should receive P405 training to mitigate risk at a higher level and to cover duty holder requirements in the absence of other Responsible Persons. HR, in conjunction with managers/ Heads of Service, will be requested to carry out a review of which officers require which level of training across the authority. Following this, training will be arranged.	Health and Safety Officer	Head of HR & OD	September 2024	Oct 24 – Head of OD & HR to discuss with H&S Manager and to arrange relevant corporate training. Extended to Mar-25 in CLT.  Training dates will be advised following the review.	Mar-25	Mar-25 - All relevant officers have been identified with the levels of training required for each officer. A training plan is now being developed, and all training will have been completed by March 2026. The action was previously assigned to the Asset Manager and Strategic Director of Communities but as the training is being managed by the Health and Safety Officer responsibility has now been moved.	Mar-26		
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2023/24	Capital Programme Management	9. A full review of the capital expenditure to date for all capital projects is completed and reported to the Capital Strategy Group as soon as accurate information is available.	High	Agreed. Focus is on updating Unit 4 which focuses on revenue monitoring. Capital monitoring functionality is available and will be considered at a later date to support improved monitoring.	Head of Finance	Director of Resources	Sep-24	Sept 24 - Report is planned to be presented to Capital Strategy Group at end of September.	Oct-24	Oct-2024 No Response on evidence requested		Nov 24 - Work has been carried out in identifying the expenditure on capital projects but further work is required to ensure that all expenditure is captured within Unit 4. This will be completed as part of the close down process.  Dec 25 – Extended to align with the signing off of the accounts for 2023/24 and 2024/25.	<del>Mar-25</del> <del>Dec-25</del> Feb 26
2024/25	IT Security Management	1. Steps should be taken to resolve the ownership of the Information Security Policy.	Medium	The ownership of the policy will sit with the ICT Team Manager but support in updating will be provided by the Data Protection Officer.	ICT Team Manager	Director of Resources	Nov-25	Nov-25 - due to redrafting of the Information Security Policy and other governance documents these will not now be signed off until the February Audit & Governance Committee meeting.	Feb-26				

2024/25	IT Security Management	2. Steps should be taken to fully review the content of the Information Security Policy for adequacy and completeness.	High	A review of the policy will be carried out by the ICT Team Manager with input from the Data Protection Officer and updated, where necessary, to include any additional points they deem appropriate.	ICT Team Manager	Director of Resources	Nov-25	Nov-25 - due to redrafting of the Information Security Policy and other governance documents these will not now be signed off until the February Audit & Governance Committee meeting.	Feb-26				
2024/25	IT Security Management	3. Further reviews of the core policy should include the sign off of all core stakeholders.	Medium	Any relevant officers/ services will be consulted, as needed, during the review process.	ICT Team Manager	Director of Resources	Nov-25	Nov-25 - due to redrafting of the Information Security Policy and other governance documents these will not now be signed off until the February Audit & Governance Committee meeting.	Feb-26				
2022/23	Rent Accounting and Arrears	10. With the introduction of Unit 4 (new Finance System) the rent debit should be uploaded automatically from the Housing System to the General Ledger each week. This should enable weekly reconciliations between the two systems to be carried out.	High	Agreed	Housing Strategy and Systems Team Manager/ Head of Finance	Head of Housing	Aug-23	Aug 23 – No response	Sep-23	Sept 23 - Issues regarding UNIT4 - meeting with Finance planned for w/c 11.9.23. Will require an extension to the implementation date.	<del>Oct-23</del> Mar-24	Nov-23 Further extension requested. Aug-24: Due to the issues with Unit 4 it has not yet been possible to implement this recommendation. Apr-25: Due to issues with Unit 4 and the change in staff it has not yet been possible to implement this recommendation. An extension has therefore been requested to September 2025. Sept-25: There has been no further progress due to the issues with Unit4, and therefore a further extension is required. Dec-25: The process has been built in the test system and is currently being tested. Awaiting feedback from Finance. Extension required for full implementation.	<del>Sept-24</del> <del>Mar-25</del> <del>Sept-25</del> <del>Dec-25</del> Mar-26
2023/24	Planned maintenance	2. Management considers the use of a single source to manage, record and monitor progress against the annual programme to remove duplication in work and avoid error.	Medium	Agreed in principle, this will be reviewed once a full complement of Senior Management Team is in place.	Asset Manager	Head of Housing	Sep-25	Oct-25 Extended due to staff absence. Additionally, the service is currently reviewing the CAFM system as a single source of documentation.	Mar-26				

2023/24	Planned maintenance	4. The procedures and system parameters are reviewed to ensure orders and variations are appropriately costed and authorised.	High	An action plan will be put in place to address issues, but these actions will not be able to be addressed until a full complement of Senior Management Team is in place.	Asset Manager	Head of Housing	Apr-25	Mar 25 - Due to there not being a full complement of managers in post this will be extended to March 2026. This will provide the team the opportunity to review and embed new and updated processes.	Mar-26				
2023/24	Planned maintenance	6. Procedures and processes are put in place to ensure relevant inspections are completed, documentation is retained, and completion is evidenced on the housing management system (QL).	High	Post inspections are now being carried out by the asset team.  Asbestos information is currently being addressed with the contractor to enable relevant users to access the information. This will be reviewed once a full complement of Senior Management Team is in place.	Asset Manager	Head of Housing	Apr-25	Mar 25 - Due to there not being a full complement of managers in post this will be extended to March 2026. This will provide the team the opportunity to review and embed new and updated processes. Sept-25 A review of digital sign off forms has begun.	Mar-26				
2023/24  44	Planned maintenance	7. Processes are put in place to ensure certificates are obtained upon completion and are filed appropriately for future reference.	High	The reconciliation will, going forward, be carried out by the financial Asset Management Support Officer (AMSO). The process has been confirmed as – the in-house team complete compliance via a tablet. Contractors send through compliance certificates which are uploaded to the MRI software system with relevant reference number. Audit to review in three months to ensure process is now working.	Support Services Manager	Head of Housing	Oct-24	Oct-24 No response on evidence requested.		Dec-24 - Audit testing highlighted controls are not in place for all types of certification, this has been due to resource issue. To ensure that the process is followed for all certificates an extension is required.	Mar-25	Mar-25 Due to current manual intervention required this still is not being fully completed. A review of the CAFM system will be done to confirm if this is an appropriate compliance system for housing and consideration will be given to using this in the future. The extension date reflects the time needed to review the system, go live if agreed, and upload all relevant documentation. Oct-25 File structure has been built to store records and a direct upload to the MRI software from file transfer sites is completed by contractors.	Mar-26

2023/24	Planned maintenance	8. Processes are put in place to ensure snagging works are identified, recorded and monitored to ensure remedial works are completed.	High	Agreed in principle, this will be reviewed once a full complement of Senior Management Team is in place.	Asset Manager	Head of Housing	Apr-25	Mar-25 Due to current manual intervention required this still isn't being fully completed. A review of the CAFM system will be done to confirm if this is an appropriate compliance system for housing and consideration will be given to using this in the future. The extension date reflects the time needed to review the system, go live if agreed, and upload all relevant documentation.	Mar-26				
2023/24	Planned maintenance	9. A review of the process is undertaken and documented to ensure that there is a clear and transparent audit trail in place and the process is relatively managed and monitored, and all officers are aware of the responsibilities in relation to authorisation and payment processes.	High	Agreed in principle, this will be reviewed once a full complement of Senior Management Team is in place and the financial architecture is in place to support this.	Asset Manager	Head of Housing	Apr-25	Mar-25 Due to current manual intervention required this still isn't being fully completed. A review of the CAFM system will be done to confirm if this is an appropriate compliance system for housing and consideration will be given to using this in the future. The extension date reflects the time needed to review the system, go live if agreed, and upload all relevant documentation.	Mar-26				
2023/24	Planned maintenance	10. The complexity of the spreadsheets being used are reviewed and the process is documented to for business continuity purposes. Additionally, any duplication of work should be removed.	High	Agreed in principle, this will be reviewed once a full complement of Senior Management Team is in place.	Asset Manager	Head of Housing	Apr-25	Mar-25 Due to current manual intervention required this still isn't being fully completed. A review of the CAFM system will be done to confirm if this is an appropriate compliance system for housing and consideration will be given to using this in the future. The extension date reflects the time needed to review the system, go live if agreed, and upload all relevant documentation.	Mar-26				

2023/24	Planned maintenance	13. Performance data is obtained and reviewed to ensure managers can monitor contractors' performance against targets and contract terms and conditions. Where targets are not being met the contractor should submit proposals for improving performance. Additionally, officers should be aware of any financial implications of contractors not meeting their contractual agreements, to ensure that these can be enforced if required.	High	The planned structure for the service includes provision to enable this process. New contracts also support this approach. The audit plan for 2024/25 includes a housing contract management audit, to be carried out later in the year which will test and validate this approach.	Asset Manager	Head of Housing	Q4 2024/25	Mar-25 Due to resourcing issues this has still not been implemented. When resources are in place contract supervisors will be assigned to each relevant contract.	Mar-26				
2023/24 46	Responsive Repairs	12. The signing off of the work completed by the QS is documented on the order within the housing management system (QL).	Medium	These processes will be put in place once a substantive management and operational team is in place within the service, and contractors are embedded.	Building Safety and Tenant Involvement Team Manager	Head of Housing	Apr-25	Mar-25 The process will be reviewed when a QS is in post.	Dec-25				
2023/24	Responsive Repairs	14. A payment mechanism is agreed with contractors and is put in place for the processing of consolidated invoices, ensuring a timely, consistent approach.	Medium	The service is re-contracting all major suppliers. During this process the management of batch payments and invoicing has been addressed. The audit plan for 2024/25 includes a housing contract management audit, to be carried out later in the year which will test and validate this approach.	Building Safety and Tenant Involvement Team Manager	Head of Housing	Q4 2024/25	Feb-25 - Extension requested due to staff absences and team changes. This will be fully discussed with the Asset Management Team to ensure that there is a consistent process across the teams.	Apr-25	May-25 - Audit are in the process of undertaking testing. Jun-25 - Extension agreed to enable Quantity Surveyor posts to be filled and allowing time for the processes to be fully embedded	Dec-25		
2023/24	Responsive Repairs	15. Payment Certificates are signed by the Contract Administrator before payment is made.	High	The planned structure for the service includes provision to enable this process. New contracts also support this approach. The audit plan for 2024/25 includes a housing contract management audit, to be carried out later in the year which will test and validate this approach.	Building Safety and Tenant Involvement Team Manager	Head of Housing	Q4 2024/25	Feb-25 - Extension requested due to staff absences and team changes. Payment certificates were not used consistently within the Housing teams but are now being implemented. Audit to test June 2025.	Jun-25	Jun-25 - Extension agreed to enable Quantity Surveyor posts to be filled and allowing time for the processes to be fully embedded	Dec-25		

2023/24	Responsive Repairs	19. Performance monitoring data is obtained from the contactors for review to ensure contract conditions are being met.	Medium	<p>The planned structure for the service includes provision to enable this process. New contracts also support this approach.</p> <p>The audit plan for 2024/25 includes a housing contract management audit, to be carried out later in the year which will test and validate this approach.</p>	Responsive Repairs, Voids and Minor Works Team Manager.	Head of Housing	Q4 2024/25	Feb-25 - Extension requested due to staff absences and team changes.	May-25	Mar-25 - Due to current staff vacancies it has not been possible to implement this recommendation. Following the appointment of relevant staff this will be fully implemented. The extension reflects the time taken to have officers in post and implement the new processes.	Mar-26		
2023/24	Asbestos Management	3.The Council should conduct an assessment to identify all areas of non-compliance of statutory duties in relation to Asbestos Management. Following this an action plan should be put in place to ensure that the non-compliance is addressed. Assessments should then be scheduled at regular intervals to ensure ongoing compliance.	High	<p>The Asset Management team holds reports to cover compliance of over 95% of the domestic stock and 100% of communal to comply with CAR2012. The Asset Management team has assessed where non-compliance is occurring and, in the majority, falls down to lack of resources that are managed or influenced by the following –</p> <ul style="list-style-type: none"> <li>• Two managers absent on long term sick leave.</li> <li>• Failing to recruit to three team crucial posts.</li> <li>• One post being carried out by an unqualified member of staff.</li> </ul> <p>Due to the lack of resources, the data received day to day, operational admin and data management is not being completed to a sufficient standard. Minimal admin is undertaken, and other staff resources are being utilised to pick up the short fall. Quality assurance is at risk due to insufficient administration of the asbestos data and as a consequence puts operatives, contractors, staff and other end users at risk. Failure to manage properly exposes NWLDC to prosecution from the Regulator, HSE and leading to unlimited fines. The service is continually trying to actively recruit, however, to reduce/ remove the risks associated with the control</p>	Asset Manager	Head of Housing	Nov-24	Nov-24 No response		Dec- 24 No response		<p>Jan-25 - Due to multiple unsuccessful recruitment attempts this will need to be extended.</p> <p>Mar-25 - All asbestos recommendations have been reviewed, and it has been agreed that the asbestos contractor will carry out all new surveys to provide a baseline of information and the use of their portal will provide the Council with an asbestos register. In addition to this a new asbestos management plan will be written, circulated and appropriately approved.</p>	<del>Apr-25</del> Mar-26

				issues identified, the Housing Asset Management team is currently reviewing options available to them which include outsourcing the control and quality assurance of the asbestos data that is relied on.									
2023/24	Asbestos Management	5.Asbestos surveys should be uploaded to QL / MRI within a reasonable period of time following receipt of the survey.	High	This is a known issue that can only be resolved by adequate resourcing and addressing the issues detailed in the response to recommendation 3 above. The Tersus portal will be used initially to reduce the risks.	Compliance Team Leader – when appointed	Head of Housing	Nov-24	Nov-24 No response		Dec- 24 No response		Jan-25 - Resources and staffing has prevented full implementation. Mar-25 Following the completion of new surveys these will be uploaded to the appropriate software and, linked to QL.	<del>Apr-25</del> Mar-26
2023/24	Asbestos Management	6.There should be a central record containing details of asbestos surveys, the results of the surveys and any action to be taken. The record should be used to enable effective monitoring of actions required. Responsibility for ensuring the record is maintained and actions completed should be assigned.	High	Whilst there are various locations for data held, Asset Management have been working on reducing data depositories to MRI, QL or the contractor portal. A central record is being developed to stream line how these are maintained so there is adequate visibility to all users of the data held. It is to be noted again that this is only feasible with the resourcing issues identified in the response section in recommendation 3. being addressed.	Compliance Team Leader – when appointed	Head of Housing	Mar-25	Mar-25 Following the completion of new surveys these will be uploaded to the appropriate software and, linked to QL.	Mar-26				
2023/24	Asbestos Management	8. All contracts should have a named contract manager and formal contract management arrangements should be put in place.	High	This is a known process within Asset Management. Actioning this process and formally following through with normal contract administration is not possible with the current lack of resources to manage individual contracts. The planned structure for the service includes provision to enable this process. New contracts also support this approach. The audit plan for 2024/25 includes a housing contract management audit, to be carried out later in the year which will test and validate this approach.	Asset Manager	Head of Housing	Q4 2024/25	Mar-25 Due to resource issues it has not been possible to complete this recommendation. An extension is required to provide the time to recruit to the positions and then embed all new processes.	Mar-26				

2023/24	Asbestos Management	9.Key performance indicators (KPI's) and the frequency to which they should be reported to management should be agreed with asbestos contractors. Service Plan KPI's should be a standard agenda item in any contract management meetings.	High	This is a known process within Asset Management and when administrating contracts. The delays in executing and mobilising the contract have set back formalising these arrangements. Adequate resourcing is also essential in capturing this data set. The new suite of KPI's will be discussed at contract management meetings now the new contract is nearly in place.	Asset Manager	Head of Housing	Q4 2024/25	Mar-25 The current contract is due to expire in June 2025. The new contract will have relevant KPI's in place and these will be monitored appropriately.	Dec-25	Dec-25 Due to staff absence a further extension has been requested.	Mar-26		
2023/24	Asbestos Management	12.For each of the asbestos contracts financial information should be produced and presented to management for both monitoring and discussion at contract management meetings.	High	This is a known process within Asset Management and when administrating contracts. The delays in executing and mobilising the contract have set back formalising these arrangements. Adequate resourcing is also essential in capturing this data set. Agree in principal but, until Unit 4 is fully operational this will not be possible to implement.	Asset Manager	Head of Housing	Mar-25	Mar-25 This is currently reliant on Unit 4 information which is not readily available.	Sept-25	Sep-25 The recommendation needs to be extended to allow the contract management processes to be embedded with the new contracts.	Mar-26		

# RECOMMENDATIONS YET TO REACH DUE DATE

Audit Year	Audit	Recommendation	Priority	Response/ Agreed Action	Responsible Officer	CLT Lead	Due Date	Update
2024/25	Rent Accounting	1.Process and procedure notes for Rent Accounting should be reviewed and updated to reflect current working practice	Medium	Agreed – The work has already commenced.	Housing Strategy and Systems Team Manager	Director of Communities	Dec-25	Jan-26 expecting to complete procedures and send through to audit by 16/01/2026
2024/25	Housing Contract Management	6. Processes are put in place to ensure effective day to day management and monitoring can be undertaken on the completion of works and financial accuracy of all work issued to the contractor.	High	A full review of the process will be carried out, with the team, the process will then be documented and monitored going forward. Regular tracking of live jobs is undertaken already.	Responsive repairs, Voids and Minor Works Team Manager and Asset and Compliance Team Manager	Director of Communities	Dec-25	Dec-25 – queries raised by audit – to fully address the control issues identified an extension to December 2026 is required. It has been agreed that a schedule of procedure implementation will be developed and reported to audit to ensure that progress is being made throughout the year.
2024/25	Housing Contract Management	7. Processes are put in place to ensure all invoices are checked for accuracy and work completion prior to payment, payments are made in accordance with contract terms and documentation is retained to provide an audit trail.	High	This will be implemented in conjunction with recommendation 6.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Dec-25	Dec-25 – queries raised by audit – to fully address the control issues identified an extension to December 2026 is required. It has been agreed that a schedule of procedure implementation will be developed and reported to audit to ensure that progress is being made throughout the year.
2024/25	Housing Contract Management	11. Processes are introduced to document and approve variations, retain all documentation, and accurately record the information within QL orders to ensure that payment applications are correct and can be verified.	High	All variations over £500 are approved in writing. A process will be put in place to document the authorisation of variations and records kept.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Dec-25	Dec-25 – queries raised by audit – to fully address the control issues identified an extension to December 2026 is required. It has been agreed that a schedule of procedure implementation will be developed and reported to audit to ensure that progress is being made throughout the year.
2024/25	Insurance	1.A full review of the insurance process documentation is carried out, updated as necessary, and made available to staff. This should include how to submit insurance claims and timescales for providing information to insurers. Staff should be notified of the updated processes and procedures. This will ensure that officers across the authority are fully aware of their responsibilities in relation to insurance and insurance claims.	High	The insurance process documentation review will be initiated immediately as now there is a new process to log claims with new insurers. Updates will include detailed steps for submitting claims, required documentation, and response times. Once completed, relevant staff will receive training on the revised procedures.	Insurance Officer and Finance Assistant	Director of Resources	Mar-26	
2024/25	Insurance	4.A timetabled process for reviewing all insurances is put in place, this should include revaluations. Evidence of the annual review should be retained.	High	A formal, timetabled process will be established for the annual review of all insurance policies. Responsibilities for asset verification, revaluations, and ensuring the required frequency of revaluations will be clearly assigned and documented. Evidence of each review will be retained for audit purposes.	Head of Finance / Insurance Officer	Director of Resources	Mar-26	

2024/25	UKSPF 22-25	2.Finance should complete a full reconciliation of UKSPF for 2022/25 which confirms that all income and expenditure relating to the funding has been appropriately accounted for and posted to the finance system.	Medium	This reconciliation is already in progress and will be finalised as part of the 2024/25 Statement of Accounts	Finance Team Manager (Strategic)	Head of Finance	Feb-26	
2023/24	Fleet Management	13.A review of the systems in place to record daily vehicle checks should be undertaken. The benefits of using one system corporately should be considered.	High	A wider review of the defect reporting system will be completed with the support of Housing, Parks, IT, HR to move to one electronic system.	Transport Manager	Head of Community Services	Apr-26	
2023/24	Fleet Management	15.Where defects have been reported to the Workshop acknowledgement of receipt of the defect should be provided by the Workshop with details of when the work is scheduled to take place.	High	1. Parks to be added and managed through the same process as housing.  2. Further review of this will be carried out in conjunction with recommendation 12.	Transport Manager	Head of Community Services	Implemented  Apr-26	
2024/25	Housing Compliance	1. A review of all policies and procedures relating to Housing Services gas servicing, electrical testing, fire safety management, lift safety and legionella and water systems. Where policies and procedures are not in place measures should be taken to produce and approve the documents. The policies and procedures should reflect current practices, include roles and responsibilities of staff, contractors and other partners, and should be subject to regular review. Policies and procedures should be sufficient to satisfy the requirements of the Regulator of Social Housing 'FLAGEL' policies (fire safety, legionella, asbestos, gas safety, electrical safety, lift safety).	High	Policies and procedures exist, although not stored in a central location they are accessible to key staff involved in the process. All are compliant with RSH policies. Policies have now been placed on the corporate policy tracker to assist with management of review timelines and will be reviewed in line with recommendation.	Assets and Compliance Team Manager	Head of Housing	December 2025 • Lift Safety • Legionella and water March 2026 • Gas Servicing • Electrical Testing • Fire Safety Management systems	Dec-25 Due to staff absence further extension required until March 2026
2024/25  51	Housing Compliance	2. The process for gas safety inspections, including where no access can be gained, must be documented and include the timeliness of when reminders and legal action should be taken. Additionally, to ensure that the Council is legislatively compliant, a sound process to manage and monitor gas safety inspections must be implemented. As Legal Services also have responsibility for an element of the process, officers must ensure that input and agreement from them is also obtained.	High	Work is ongoing to further manage the process of escalation of no access properties. This is joint across Assets, Housing Management and Legal teams. A trial process with a legal case is ongoing to ensure approach is valid and best approach. Once the new process is agreed it will be documented fully.	Assets and Compliance Team Manager and Business Safety and Tenant Engagement Team Manager	Head of Housing	Dec-25	Dec-25 Due to staff absence further extension required until March 2026
2024/25	Housing Compliance	4. Evidence to support completion of actions should be retained centrally to ensure that it can be easily located if required.	High	A review will be undertaken to minimise the locations that completion data is held. This will be developed in conjunction with recommendation 3 above.	Assets and Compliance Team Manager	Head of Housing	Dec-25	Dec-25 Due to staff absence further extension required until March 2026
2024/25	Housing Compliance	5. A review of the processes for the completion of remedial actions identified during compliance inspections is carried out and documented to ensure that the process is streamlined, efficient and all relevant officers receive information to confirm actions have been taken as needed and in a timely manner.	High	A review of the process will be carried out and will put in place an action plan to ensure that completion of jobs raised have been completed within the given timescales and recorded in the appropriate locations for officers.	Building Safety and Tenant Involvement Team Manager	Head of Housing	Dec-25	Dec-25 Due to staff absence further extension required until March 2026
2024/25	Housing Compliance	7. Contract management arrangements, for those contractors procured to carry out Compliance Inspections, should be reviewed to ensure that contracts are being managed in line with the contract. All contract meetings should be minuted and clearly detail any discussions / actions/ performance/ issues.	High	Agreed – to be implemented as set out in response to the Housing Contract Management audit. Policy documentation (recommendation 1) will set out the frequency of collection.	Assets and Compliance Team Manager	Head of Housing	Dec-25  Mar-26	Dec-25 Due to staff absence further extension required until March 2026
2024/25	Rent Accounting	2.Former tenant rent arrears should be actioned appropriately and in line with the Housing Income Management policy.	Medium	Agreed	Housing Strategy and Systems Team Manager	Director of Communities	Mar-26	
2024/25	Rent Accounting	3.Agreements that are made with former tenants in regard to rent arrears should be fully documented within the housing management system (QL)	Medium	Agreed	Housing Strategy and Systems Team Manager	Director of Communities	Mar-26	

2025/26	Leisure Centres Contract	1. Appendix A of the Contract Management Plan should be refreshed and updated to clearly show the current reporting requirements relating to the contract.	High	Appendix A of the Contract Management Plan will be updated to reflect the current reports that are required and the frequency of them. A spreadsheet will be developed so that there is an overview of reports received by Everyone Active. Everyone Active will be requested as part of their Annual Report to include a copy of their Safeguarding Policy and to give an overview of how they are ensuring adherence to this.	Leisure Services Team Manager	Director of Communities	Feb-26	
2025/26	Trade Waste	1. The existing documented procedures are reviewed and updated to reflect current practice.	Medium	The Trade Team will undertake a full review of all existing documented procedures to ensure they reflect current systems and practices, including updating reference to the new finance system, in addition new written procedures will be developed for the following key operational areas: 1. Management, monitoring, and return of signed contracts for new and existing customers 2. Management, monitoring and return of Waste Transfer note covering both annual renewals and in year-amendments 3. Suspension or cancellation of service due to non-payment, including debt recovery actions and the process for identifying invoices suitable for write-off.	Waste Services Support Team Leader	Director of Communities	Mar-26	
2025/26	Trade Waste	2. Written procedures for all other key tasks are produced and circulated to relevant staff.	Medium	These procedures will be documented, approved and circulated to all relevant staff to ensure consistency, accountability and improved governance.	Waste Services Support Team Leader	Director of Communities	Mar-26	
2025/26	Trade Waste	4. Processes are put in place to properly manage and monitor the contracts and Waste Transfer Notes to meet the legislative requirements going forward.	High	Will implement improved processes to ensure the effective management and monitoring of customer contracts and Waste Transfer Notes in line with legislative requirements and internal standards. Contract Management: A review of all existing customer contracts will be undertaken to ensure they accurately reflect current service arrangement. Revised contracts will be issued where necessary, and a system will be put in place to monitor the return of signed document. Follow up procedures will be introduced to ensure outstanding contracts are actively chased and recorded appropriately. Waste Transfer Notes A process will be established to ensure WTNs are issued, returned and recorded in accordance with the duty of care requirements. This will include: • Monitoring of the return of WTN • Updating system records to reflect receipt • Following up on outstanding WTN • Suspending service where compliance is not achieved	Waste Services Support Team Leader	Director of Communities	Mar-26	
2025/26	Trade Waste	5. The backlog of returned documents is cleared to determine the actual number of outstanding contracts and Waste Transfer Notes so that appropriate corrective action can be taken.	High	Backlog Clearance Within Whitespace the duty of care wizard is up to date for new customer. The current backlog of returned documents will be cleared and system records updated to accurately reflect the status of contracts and WTNS, this will identify actual number of outstanding documents and take appropriate corrective action.	Waste Services Support Team Leader	Director of Communities	Mar-26	
2025/26	Trade Waste	6. The policy and procedure relating to the charitable discount are reviewed, updated and formally approved and the Conditions of Hire are updated accordingly.	High	It is understood that the Council Policy review of August 2005 refers to the annual review of the Fees and Charges Policy. As a service we will now include a review of discounts for charitable organisations to be included in the annual review of fees and charges.	Waste Services Team Manager	Director of Communities	Apr-26	

				Additionally, the conditions of hire will be updated accordingly.				
2025/26	Trade Waste	7. Roles and responsibilities for debt recovery within the waste service are clearly defined and documented.	High	We will be completing the following actions to confirm roles and responsibilities within the waste team by: Developing roles and responsibilities framework which will outline all key roles involved in the debt recovery process, including specific tasks, decision-making authority and escalation routes.	Waste Services Support Team Leader	Director of Communities	Mar-26	
2025/26	Trade Waste	8. Outstanding debts are properly reviewed prior to each invoice run and action is taken to suspend the collection service and prevent further invoices being raised where appropriate.	High	We will be undertaking a review to ensure all outstanding debtors are identified and accounts are correctly placed on stop before rebilling. This monthly review process will provide a more consistent and proactive approach than relying solely on checks before billing periods. An SOP will be written to confirm the current process and improvements intended to be implemented.	Waste Services Support Team Leader	Director of Communities	Mar-26	
2025/26	Trade Waste	9. Consideration is given to invoicing on a quarterly basis to reduce the levels of outstanding debt.	Medium	Building on the action outlined in the previous recommendation, the service will work with their finance business partners to review and assess the feasibility of implementing changes to the current billing cycles.	Waste Services Team Manager and Finance Partner	Director of Communities	N/A	
2025/26	Trade Waste	10. Performance measures are put in place to monitor the efficiency and effectiveness of the service.	Medium	Implementing performance and efficiency monitoring of the trade waste is essential to ensure the service remains cost-effective, responsive and aligned with customer needs. Development of Performance Measures Key performance indicators will be developed to monitor the efficiency and effectiveness of the trade waste service this will include • Number of new customers by service type • Number and reasons for service cancellations • Total number of active contracts • Collection volumes and frequency Supporting documentation and evidence will be collected and submitted to the audit team to demonstrate effective monitoring and compliance.	Waste Services Support Team Leader  Waste Services Support Team Leader	Director of Communities	Mar-26  Sep-26	
2024/25	Housing Materials Management	1. All key procedures are documented, made available to all relevant staff and relevant training should be made available and undertaken as appropriate and training records maintained.	Medium	A comprehensive review will be undertaken to identify relevant processes associated with trade card usage, goods receipt, returns of defective items, and stock monitoring. Clear written procedures will be developed and shared with all relevant staff. Training sessions will be arranged to ensure staff understand and follow the procedures, and training records will be maintained. This action will improve consistency, accountability, and compliance across the team. 1. Draft and approve written procedures for: trade card usage; goods receipt process; returning defective items; stock usage monitoring. 2. Distribute documented procedures to all relevant staff and arrange training sessions. Maintain training records for compliance. 3. Ensure all procedures are embedded in daily operations and conduct a compliance review to confirm adherence.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	June 2026  August 2026  October 2026	

2024/25	Housing Materials Management	2. A review of trade cards is undertaken to ensure leavers cards have been revoked, card holders do not have administration rights, limits are appropriate and all cards are assigned to an individual. Moving forward a process for revoking leavers cards is introduced and regular monitoring of trade cards is undertaken.	High	<p>A review will be undertaken of all active trade cards to ensure they are assigned to current staff only, with appropriate limits and no administrative privileges. Generic cards will be phased out in favour of individually assigned cards to improve accountability. A formal process for revoking cards when staff leave will be introduced, supported by regular monitoring and reporting. This will ensure better financial control and mitigate risks associated with unauthorised use or lack of segregation of duties.</p> <p>1. Review all active trade cards to ensure leavers' cards are revoked, limits are appropriate, and admin rights removed.</p> <p>2. Phase out generic cards and replace with individually assigned cards for accountability.</p> <p>3. Implement formal revocation process for leavers and introduce regular monitoring/reporting.</p> <p>4. Design and document a goods received process for QL orders.</p> <p>5. Implement the process and train staff on compliance.</p> <p>6. Introduce monitoring and compliance checks to ensure process adherence</p>	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	<p>April 2026</p> <p>June 2026</p> <p>October 2026</p> <p>April 2026 June 2026 October 2026</p>	
2024/25	Housing Materials Management	3. A goods received process is put in place to ensure equipment orders are completed on the housing management system, upon receipt of the goods.	Medium	<p>The lack of closure of QL orders and absence of receipt confirmation has led to inefficiencies and potential financial risk.</p> <p>A new process will be developed and implemented to ensure that all equipment orders are verified upon delivery and appropriately closed down in the QL system.</p>	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Mar-26	
2024/25 54	Housing Materials Management	4. In conjunction with recommendation 1, training is arranged on the contractor's portal ensuring all relevant officers have access to data and understand the checks that are expected to be completed to assist in them in the management and monitoring of materials and tools.	Medium	<p>Portal access will be reviewed and access issues resolved for all relevant officers. Training will be arranged ensuring staff understand how to access and interpret the data available.</p> <p>This process will be incorporated in Team Leader and Chargehand one to one meetings.</p> <p>1. Review portal access and resolve any issues for all relevant officers.</p> <p>2. Arrange and deliver training for all relevant officers on portal use and required checks. Maintain training records for evidence.</p> <p>3. Incorporate portal checks into Team Leader and Chargehand one-to-one meetings for ongoing compliance</p>	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	<p>Apr-26</p> <p>Jun-26</p> <p>Oct-26</p>	
2024/25	Housing Materials Management	5. Items of plant identified as missing, or plant that does not have an asset number or location are investigated and appropriate action taken	Medium	A full review of the plant register will be undertaken to investigate missing items and ensure all equipment is assigned an asset number, location, and responsible officer.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Mar-26	
2024/25	Housing Materials Management	6. A formally documented PAT testing programme is introduced in line with HSE guidance.	High	A formal PAT testing programme will be developed in line with HSE guidance to ensure compliance is documented and monitored.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Mar-26	
2024/25	Housing Materials Management	7. A full review of the processes followed, in respect of ordering, collection, usage monitoring, management and payment of materials, is carried out to identify the ways in which the control weaknesses can be addressed going forward and ensuring that Financial Procedure Rules are appropriately adhered to.	High	The issue with missing material records in QL is being actively investigated, and a resolution will be implemented to ensure complete visibility of materials used against jobs in QL.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Jun-26	

2024/25	Housing Materials Management	8. Processes for recording, managing and monitoring van stock are reviewed, to ensure that they meet the requirements of Financial Procedure Rules, in particular: • All material assets stored on vans are recorded, reducing the risks of stock becoming obsolete or misappropriated. • Regular stock checks are undertaken to confirm stock held in both vans and at the unit on Market Street. With full stock takes being carried out annually. • The housing management system (QL) van stock records are maintained up to date.	High	Monthly materials checks will also be extended to include HIP and Empty Homes to ensure consistency across all workstreams.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Mar-26	
2024/25	Housing Materials Management	9. Regular contractor meetings are scheduled with formal agendas set and actions and outcomes recorded.	High	A full review of the invoicing valuation and payment process will be undertaken ensuring goods are received, materials are charged in accordance with the schedule of rates and invoices are paid in accordance with the contract terms and conditions.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Apr-26	
2024/25	Housing Materials Management	10. Key performance measures, in schedule one of the contract are reviewed, any changes agreed with the contractor and regular reporting is undertaken to ensure targets are met.	Medium	Key performance indicators will be established, reviewed and where necessary action taken to improvement performance in conjunction with recommendation 9.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Apr-26	
2024/25	Housing Materials Management	11. An annual review on documentation and contract terms is completed, including the review and approval of price increases.	High	An annual review will be undertaken by end of April yearly (which aligns with the contract start date of 1st April 2023) with the output from this recorded in line with the 'Annual Contract Review' service level procedures and stored in the I Drive An agenda will be set to ensure contract terms and conditions, specifications and associated documentation are reviewed and any changes to the schedule of rates agreed.	Responsive Repairs, Voids and Minor Works Team Manager.	Director of Communities	Mar-26	

## 2025/26 INTERNAL AUDIT PERFORMANCE

Performance Measure	Position as at 31/12/2025	Comments
Quarterly Progress Reports to Management Team and Audit and Governance Committee	On track	
Follow up testing completed in month agreed in final report	On track	
To ensure audit coverage is sufficient to enable the Audit Manager to provide a year-end opinion on the governance, risk and control environment - Annual Opinion Report	Completed	Annual opinion report for 2024/25 reported at Audit and Governance Committee in August 2025
95% Customer Satisfaction with the Internal Audit Service	100%	2025/26 – 1 response received. 2024/25 – 2 responses received.
Compliance with Global Internal Audit Standards in the Public Sector		For 2025/26, measurement will be achieved via internal processes (see separate indicator).
To provide an efficient and compliant audit service -		
<ul style="list-style-type: none"> <li>• *Fieldwork is completed within two months of the start date.</li> </ul>	100%	
<ul style="list-style-type: none"> <li>• Management Debriefs are scheduled within 2 weeks of field work being completed and signed off.</li> </ul>	33%	This is due to delays in approving the new ways of reporting.
<ul style="list-style-type: none"> <li>• *Management Responses are received within 2 weeks of the debrief meeting.</li> </ul>	50%	
<ul style="list-style-type: none"> <li>• *Draft audit reports are issued within 1 week of receipt of full management responses.</li> </ul>	100%	
<ul style="list-style-type: none"> <li>• *Final audit reports are issued within 1 week of draft audit reports.</li> </ul>	100%	
<ul style="list-style-type: none"> <li>• *, **75% of agreed actions are subsequently signed off as implemented within the agreed time scale.</li> </ul> <p>This will increase to 85% in 2026/27 and 100% in 2027/28.</p>		

*\*This measure is not exclusively a reflection on the Internal Audit Service's performance.*

*\*\*Whilst Internal Audit will track the implementation of agreed actions, management is responsible for completing the actions and ensuring that desired outcomes are achieved.*

## NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL

AUDIT AND GOVERNANCE COMMITTEE – WEDNESDAY 4  
FEBRUARY 2026



<b>Title of Report</b>	<b>ANNUAL REVIEW OF THE CODE OF CONDUCT COMPLAINTS ARRANGEMENTS</b>	
<b>Presented by</b>	Kate Hiller  Head of Legal and Support Services and Monitoring Officer	
<b>Background Papers</b>	Current Arrangements for Dealing with Complaints About Councillors  Current Flowchart of Complaints Process	<b>Public Report:</b> Yes
<b>Financial Implications</b>	There are no direct financial implications arising.	
	<b>Signed off by the Section 151 Officer:</b> yes	
<b>Legal Implications</b>	The Localism Act 2011 requires the Council to adopt Arrangements for dealing with complaints about Members' conduct. The Council already has these Arrangements in place, based on LGA Guidance, however, it is prudent to keep these Arrangements under review to ensure they still reflect best practice since their adoption in 2022.	
	<b>Signed off by the Deputy Monitoring Officer:</b> yes	
<b>Staffing and Corporate Implications</b>	There are no direct staffing or corporate implications arising.	
	<b>Signed off by the Head of Paid Service:</b> yes	
<b>Purpose of Report</b>	To ask the Committee to consider the work of the Governance Working Group on the review of the Arrangements for Dealing with Complaints About Councillors, and to recommend their adoption to Council	
<b>Recommendations</b>	<b>THAT AUDIT AND GOVERNANCE COMMITTEE:</b>  1. <b>NOTES THE WORK OF THE CROSS-PARTY WORKING GROUP IN CONDUCTING THE REVIEW OF THE ARRANGEMENTS FOR DEALING WITH COMPLAINTS ABOUT COUNCILLORS;</b>  2. <b>CONSIDERS THE PROPOSED AMENDMENTS TO THE ARRANGEMENTS, SUMMARISED IN THE REPORT AND AT APPENDIX A AND ILLUSTRATED AT APPENDIX B;</b>	

	<p><b>3. RECOMMENDS THE AMENDMENTS TO THE ARRANGEMENTS TO COUNCIL AT ITS MEETING ON 19 FEBRUARY 2026 FOR ADOPTION WITH EFFECT FROM 20 FEBRUARY 2026</b></p>
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## **1.0 BACKGROUND**

- 1.1 s27(2) of the Localism Act 2011 requires each local authority to adopt a councillor code of conduct and s28(6) also requires there to be arrangements under which allegations against councillors can be investigated, and decisions can be made. The Council adopted its Councillor Code of Conduct and Arrangements for Dealing with Complaints about Councillors (the “Arrangements”) on 24 February 2022. The Arrangements were reviewed in 2024 and it is intended that they continue to be reviewed on an annual basis to ensure they remain fit for purpose.
- 1.2 Subject to the recommendations in this report being agreed, Full Council will consider the report on the review of the Arrangements at their meeting on 19 February 2026.

## **2.0 METHOD OF REVIEW**

- 2.1 The review of the Arrangements was carried out by the Governance Working Group. The Governance Working Group is a cross-party working group comprised of Councillors Cooper, Johnson, Moulton, Simmons and Smith.
- 2.2 The Working Group met on 23 July 2025 and agreed its terms of reference, along with the timetable for the review of the Arrangements. In addition, the Working Group considered and agreed a number of proposed changes.
- 2.3 Members have provided invaluable insight and constructive challenge to the review process and are thanked for their time and work on this review.

## **3.0 SUMMARY OF MAIN CHANGES PROPOSED**

- 3.1 Appendix A shows the proposed changes summarised in a schedule of changes. Appendix B contains a copy of the Arrangements with the revisions having been made, and shows the proposed changes as tracked changes. This enables Members to see the proposed changes in one place and in the context of the Arrangements as a whole. There are no consequential amendments to the Council's Constitution arising from the review of the Arrangements.
- 3.2 The proposed changes cover the following:
  1. An additional stage being added to allow the Monitoring Officer to filter out complaints made a long time ago.
  2. Making it clear in the Arrangements that complainants should fill in the requisite form and providing a link to the form (but also making it clear what to do if a complainant does not wish to use the form).
  3. Acknowledgement that reasonable adjustments can be sought, but ensuring these are requested in advance.
- 3.3 It is proposed that the changes are adopted from 20 February 2026.

<b>Policies and other considerations, as appropriate</b>	
Council Priorities:	A Well-Run Council
Policy Considerations:	It is a legal requirement to have a Members' Code of Conduct and Arrangements for dealing with complaints.
Safeguarding:	N/A
Equalities/Diversity:	N/A
Customer Impact:	A clear yet comprehensive set of Arrangements will enable customers to understand the process if they wish to complain about the conduct of a Councillor, to provide assurance that all legitimate complaints will be investigated thoroughly and fairly. The revised Arrangements (and existing Flowchart) will be available for members of the public to access online, or at the Council offices as per the address within the Arrangements.
Economic and Social Impact:	N/A
Environment, Climate Change and Zero Carbon	N/A
Consultation/Community/Tenant Engagement:	N/A
Risks:	The Arrangements are a legal requirement. Having compliant Arrangements which set out the process for dealing with complaints may reduce the risk of any challenge to NWL processes.
Officer Contact	Zoheb Fazil Legal Team Manager and Deputy Monitoring Officer <a href="mailto:ZOHEB.FAZIL@nwleicestershire.gov.uk">ZOHEB.FAZIL@nwleicestershire.gov.uk</a>

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## Appendix A

### Review of Arrangements For Dealing with Complaints About Councillors - Schedule of Changes

#### Amendments to Current Arrangements

Current Arrangements Reference	Amended/Moved/Removed	Reason
Clause 2 - Making a Complaint	<p>Adding wording to make it clear that we have a standard form to be used when making a complaint, and providing a hyperlink to this.</p> <p>Also adding wording to make it clear that if a complainant does not wish to use the form, they can send an email or letter.</p> <p>Adding wording to expand on the list of information which will need to be provided when a complaint is being made.</p>	<p>LGA Guidance acknowledges that Local Authorities may produce a complaint form which sets out all the information they expect to receive from a complainant, but that LAs cannot compel complainants to use a form.</p> <p>Having the form within the Arrangements should make the process clearer for complainants. Members of the Working Group acknowledged that some people may dislike form-filling and therefore the Arrangements should offer the option of writing in with information about the complaint.</p> <p>Expanding the list of information to be included adds clarity and will hopefully save time as the Monitoring Officer should not have to go back to request</p>

		additional information from the complainant.
Clause 4 – What happens to my complaint?	Addition of a fourth stage within the ‘Initial Tests’ to establish whether the events/behaviour complained of happened more than three months ago.	This ensures that complaints are raised promptly after the alleged incident has occurred, as it can be unfair if matters are raised long after the event, as memories can fade and witnesses may be unavailable. The Working Group reached the consensus that a three month time limit for complaint submission would be reasonable and fair.

### **Additions to Updated Arrangements**

<b>Paragraph Reference</b>	<b>Addition</b>	<b>Reason</b>
New clause 15	<p>Addition of new paragraph: “If a complainant or Subject Member requires any reasonable adjustments to enable them to participate fully at any stage of the complaints process, this should be notified to the Monitoring Officer as soon as possible.</p> <p>Where reasonable adjustments are required in relation to any hearing, the complainant or Subject Member must notify the Monitoring Officer not later than 10 working days prior to the relevant hearing, to allow adequate time for the</p>	This paragraph acknowledges there may be times when people require additional support, so ensures they are aware that reasonable adjustments are available. The time frame also ensures any requests are made in advance so that they can be properly considered and actioned in time.

	request to be considered and appropriate arrangements to be made.”	
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## APPENDIX B – Proposed Amendments in Tracked Changes

### ARRANGEMENTS FOR DEALING WITH COMPLAINTS ABOUT COUNCILLORS

#### 1. Context

These “Arrangements” set out how a person may make a complaint that an elected or co-opted member of this authority or of a Town or Parish Council has failed to comply with the Councillors’ [Code of Conduct](#), and sets out how the authority will deal with allegations of a failure to comply with that Code.

Under Section 28(6) and (7) of the Localism Act 2011, the Council must have in place “Arrangements” under which allegations that a member or co-opted member of the authority or Town or Parish Council, or of a Committee or Sub-Committee of the authority (hereafter to be known as the “Subject Member”) has failed to comply with the Code of Conduct can be investigated and decisions made on such allegations.

These Arrangements also provide for the authority to appoint at least one Independent Person, whose views must be sought before a decision on an allegation is made and which it has decided shall be investigated, and whose views can be sought by the authority at any other stage, or by a member against whom an allegation has been made.

#### 2. The Code of Conduct

The Council has adopted a [Code of Conduct](#) for members, which is available for inspection on the authority’s website and on request from Reception at the Council Offices at Whitwick Business Centre, Whitwick Business Park, Stenson Road, Coalville, LE67 4JP.

#### 3. Making a complaint

We would encourage the use of our electronic form when making a complaint, which can be accessed here: [Complaint Form](#)

Please email the completed form to: [kate.hiller@nwleicestershire.gov.uk](mailto:kate.hiller@nwleicestershire.gov.uk)

If do not wish to use the form, please send an email to the above address, or write to:

“The Monitoring Officer  
North West Leicestershire District Council  
PO Box 11051  
Coalville  
Leicestershire  
LE67 0FW”

## APPENDIX B – Proposed Amendments in Tracked Changes

If you have a disability that prevents you from submitting a complaint in writing, you can call the Customer Services team on 01530 454545 and arrangements will be made to transcribe your complaint for you.

The Monitoring Officer is a senior officer of the authority who has statutory responsibility for maintaining the register of members' interests and who is responsible for administering the system in respect of complaints of member misconduct.

In order to ensure that all the information required is available with the complaint, the complainant will be asked to provide their name and a contact address or email address together with any relevant documents in support of their complaint. The information which will be required includes:

- Dates and times of alleged misconduct;
- The name of the Subject Member involved;
- The name of the relevant authority (i.e. North West Leicestershire District Council, or a Parish Council in the North West Leicestershire area);
- A brief description of events;
- The relevant section of the Code of Conduct which is alleged to have been breached;
- Details of any witnesses to the alleged misconduct;
- Any other authorities that the Subject Member belongs to.

The Monitoring Officer will acknowledge receipt of the complaint within 5 working days of receiving it.

### *Anonymous and Confidential Complaints*

An anonymous complaint is one where the complainant is not known. The Council will not normally allow anonymous complaints as that would be against the principles of transparency and fairness and make matters much more difficult to investigate. However, there may be exceptional compelling reasons why an anonymous complaint could be accepted without detriment to the process and where the allegation can be evidenced without reference to the complainant. Where an anonymous complaint is received, the Monitoring Officer will make a decision on whether to proceed with the complaints process, depending on the nature of the alleged misconduct and the public interest.

A confidential complaint is one where the complainant makes themselves known but does not wish for their identity to be revealed during the complaints process. Where the complainant wishes for their identity to remain confidential it will be at the Monitoring Officer's discretion as to whether the complaint proceeds. Consideration will be given to the public interest and whether the complaint can be justified or determined without the complainant's participation.

## **4. What happens to my complaint?**

## APPENDIX B – Proposed Amendments in Tracked Changes

When a complaint is received, it will be acknowledged and the complainant may be asked for further information in order for the Monitoring Officer to carry out an initial assessment of the complaint.

The Monitoring Officer will review each complaint and will determine whether the initial tests have been met:

1. Does the complaint relate to a Subject Member within the NWLDC area, in office at the time of the conduct complained of?
2. Was the Subject Member acting in their capacity as a councillor at the time of the conduct complained of?
3. The complaint, if proven, would be a breach of the Code under which the Subject Member operates?
4. Did the events or behaviour to which the complaint relates take place more than 3 months ago? Allegations beyond this timeframe are only likely to be considered in exceptional circumstances, such as where the conduct relates to a pattern of repeated behaviour.

When considering the initial tests, the Monitoring Officer may need to inform the Subject Member of the complaint and seek further information from them. The Monitoring Officer may also consult with and seek advice from the Independent Person during this time.

If the initial tests are not met, then the complaint cannot progress and the complainant will be informed.

If the initial tests are met then the Monitoring Officer will decide if the complaint is suitable for informal resolution, having regard to the jurisdictional test. The Monitoring Officer will not make a determination about whether the Code of Conduct has been breached but will work with both parties to see whether the issue is one which can be resolved informally to the satisfaction of the complainant and the Subject Member.

Informal resolution can be a proportionate way of dealing with relatively minor allegations, one-off incidents or underlying disagreements between individuals. For the avoidance of doubt, dealing with a matter by informal resolution at the initial assessment stage is making no finding of fact as there has been no formal investigation and therefore the Monitoring Officer will balance the interest in resolving a matter quickly and satisfactorily against the interest in the complainant having their complaint upheld or the Subject Member's desire to clear their name.

In the event that the Monitoring Officer considers informal resolution appropriate, it may, for example involve the Subject Member accepting that his/her conduct was unacceptable and offer an apology, or other remedial action / steps which are acceptable to both parties such as the Subject Member

## **APPENDIX B – Proposed Amendments in Tracked Changes**

undertaking training. The Monitoring Officer may consult with or seek advice from the Independent Person when considering informal resolution.

### **5. What if Informal Resolution is not appropriate/successful?**

In cases where Informal Resolution is not appropriate or successful the Monitoring Officer will prepare a report to the Assessment Sub-Committee.

The Assessment Sub-Committee will determine the further steps to be taken in relation to the complaint or whether no further action is to be taken based on a consideration of the public interest test. The Assessment Sub-Committee will consist of members from the Council's Audit and Governance Committee (a politically proportionate committee). The report will detail all steps taken by the Monitoring Officer and the Independent Person prior to the Sub Committee. The Independent Person will be invited to attend the meeting of the Assessment Sub-committee and can offer guidance to members in reaching their decision on whether to take any further action on the complaint or not.

The Assessment Sub-Committee is subject to the normal Access to Information Procedures and Committee rules in relation to public meetings as set out in the [Constitution](#) and as per [Schedule 12A](#) of the Local Government Act 1972 and it will take a decision at the start of the meeting to determine whether it is appropriate to hold the meeting in closed session. There will be a presumption that the committee is in closed session unless the committee determines that there is good reason for it to be made public.

The complainant and the Subject Member will not participate in the meeting but their views will have been sought prior to the meeting to enable their opinions to be presented.

If, on assessment of the facts, the Sub-Committee determines that no further action is required or there is no case to answer, this will be reported back to the complainant and the Subject Member.

There may be instances where the Sub-Committee consider the action of the Subject Member should be referred to the police (e.g. failure to disclose a Disclosable Pecuniary Interest). In such circumstances, the Sub-Committee will instruct the Monitoring Officer to refer the matter to the appropriate body for investigation.

Should the Committee determine that the matter warrants a detailed investigation, the Monitoring Officer will appoint an Investigating Officer who may be an officer of another authority (e.g. a Monitoring Officer from another council) or an external investigator. The Investigating Officer will draft an initial plan for the investigation, and will have overall responsibility for the conduct and outcome of the investigation. The investigation will be carried out in

## APPENDIX B – Proposed Amendments in Tracked Changes

accordance with the Investigations Guidance document, a copy of which the parties will be provided with at the time.

In exceptional circumstances where it is appropriate to keep identities confidential, or disclosure of details of the complaint to the Subject Member might prejudice the investigation, the authority will need to decide whether or not to give the Subject Member a copy of the full complaint and whether the complainant should remain confidential. In such circumstances, the Monitoring Officer can delete names and addresses from the papers given to the Subject Member, or delay notifying the Subject Member until the investigation has progressed sufficiently. Any decision to withhold information should be kept under review as circumstances change. [See further above re: Anonymous and Confidential Complaints.](#)

At the end of his/her investigation, the Investigating Officer will produce a draft report and will send copies of that draft report, in confidence, to the complainant and to the Subject Member concerned, to give them both an opportunity to identify any matter in that draft report with which they disagree or consider requires more consideration.

Having received and taken account of any comments, the Investigating Officer will send his/her final report to the Monitoring Officer.

### *Complaints in relation to Subject Members that sit on multiple authorities*

There may be times when the same complaint is made against a member of more than one authority. For example, an allegation may allege that a councillor has failed to register an interest at both district and county level.

In such a case the Council will agree with the other authority who would carry out the initial assessment (if necessary, under an agreed delegation) and any subsequent action. This avoids the risk of two different actions or conclusions being reached.

For the avoidance of doubt, this would not arise where the councillor is on a town or parish council and as well as this Council because this Council is responsible for handling both complaints. It could however arise if the parish or town councillor were also on the county council in a two-tier area.

## **6. What happens if the Investigating Officer concludes that there is no evidence of a failure to comply with the Code of Conduct?**

On completing their investigation the Investigating Officer will present their report to the Determination Sub-Committee who will take into account the facts and evidence produced.

The Determination Sub-Committee is subject to the normal Access to Information and Committee rules in relation to public meetings and it will take a

## **APPENDIX B – Proposed Amendments in Tracked Changes**

decision at the start of the meeting to determine whether it is appropriate to hold the meeting in closed session. There will be a presumption that the committee is open to the public unless there is good reason for it to be dealt with confidentially.

If satisfied that the Investigating Officer's report is sufficient, the Determination Sub Committee will accept the findings of the report and request the Monitoring Officer to write to the complainant and to the Subject Member concerned notifying them that they are satisfied that no further action is required, and provide a copy of the Investigating Officer's final report. If the Monitoring Officer is not satisfied that the investigation has been conducted properly, they may ask the Investigating Officer to reconsider his/her report.

There may be instances where the Determination Sub Committee wishes to ask questions of the complainant and the Subject Member in order to fully understand the circumstances of the complaint. Where this is requested by the Sub Committee, the meeting will be adjourned to enable the attendance of all parties. In such a situation, the Sub Committee will be conducted in a manner similar to other regulatory committees where each party may present their arguments.

At the end of the Committee the Chair will ask the Subject Member whether they are happy for the outcome of the matter to be published through public notice/press statement. It will be at the discretion of the Subject Member whether such action is taken.

### **7. What happens if the Investigating Officer concludes that there is evidence of a failure to comply with the Code of Conduct?**

Where the Investigating Officer has determined that there is a breach of the Code of Conduct they will present their report to the Determination Sub Committee in accordance with the relevant timescales in section 14 below.

The Monitoring Officer may conduct a "pre-hearing process", requiring the Subject Member to give his/her response to the Investigating Officer's report, in order to identify what is likely to be agreed and what is likely to be in contention at the hearing. The Chair of the Hearings Panel may issue directions as to the manner in which the hearing will be conducted.

At the Sub Committee, the Investigating Officer will present his/her report, call such witnesses as he/she considers necessary and make representations to substantiate his/her conclusion that the Subject Member has failed to comply with the Code of Conduct. For this purpose, the Investigating Officer may ask the complainant to attend and give evidence to the Sub Committee. The Subject Member will then have an opportunity to give his/her evidence, to call witnesses and to make representations to the Sub Committee as to why he/she considers that he/she did not fail to comply with the Code of Conduct.

## **APPENDIX B – Proposed Amendments in Tracked Changes**

The Sub Committee, with the benefit of any advice from the Monitoring Officer and an Independent Person, may conclude, in disagreement with the Investigating Officer that the Subject Member did not fail to comply with the Code of Conduct, and so dismiss the complaint. If the Sub Committee concludes that the Subject Member did fail to comply with the Code of Conduct, the Chair will inform the meeting of this finding and the Sub Committee will then consider what action, if any, should be taken as a result of the Subject Member's failure to comply with the Code of Conduct. In doing this, the Sub Committee will give the Subject Member an opportunity to make representations to the Panel and will consult the Independent Person (and if appropriate the Parish Council), but will then decide what action, if any, to take in respect of the matter.

### **8. What action can the Determination Sub-Committee take where a Subject Member has failed to comply with the Code of Conduct?**

The Council has delegated to the Audit and Governance Committee and its sub-committees such of its powers to take action in respect of individual members as may be necessary to promote and maintain high standards of conduct. Both the Assessment Sub-Committee and Determination Sub-Committee will each have their own procedures and the procedures for the Determination Sub-Committee will set out the factors that will be taken into account when determining a sanction. In such circumstances, the Committee may:

- Issue a formal letter to the Subject Member found to have breached the Code.
- Impose Formal censure.
- Make recommendations to Full Council to remove the Subject Member from committee(s) and other appointments subject to political balance requirements (where there are political groups, the decision could only be to recommend them to change their nominated appointees).
- A press release and other appropriate publicity.
- Recommend Training.
- Recommendation to Group Leader to remove the Subject Member from committee(s) and other appointments.

The Committee has no power to suspend or disqualify the Subject Member or to withdraw members' or special responsibility allowances.

*[In relation to Parish Members, the Monitoring Officer can only make recommendations for sanctions against those Members. The responsibility for enforcing those sanctions will fall to the Parish Council as a whole with the assistance and guidance from the Monitoring Officer.]*

### **9. What happens at the end of the hearing?**

## **APPENDIX B – Proposed Amendments in Tracked Changes**

At the end of the hearing, the Chair will state the decision of the Committee as to whether the Subject Member failed to comply with the Code of Conduct and as to any actions which the Committee resolves to take.

As soon as reasonably practicable thereafter, the Monitoring Officer shall prepare a formal decision notice in consultation with the Chair of the Committee, and send a copy to the complainant, to the Subject Member *[and to the Parish Council]*. The Council will publish the minutes of the Determination Sub-Committee on its website.

For any meeting dealing with exempt or confidential information, an appropriate summary of the outcome would need to be published setting out the main points considered, i.e. conclusions on the complaint and reasons for the conclusion.

### **10. Who are the Committees?**

The Assessment and Determination Sub Committees are Sub-Committees of the Council's Audit and Governance Committee.

As provided for in the Council's Constitution, the Sub Committees may co-opt at least one parish councillor when decisions are taken concerning a parish matter.

The Independent Person is invited to attend all meetings of the sub-committees and their views are sought and taken into consideration before any decision is taken on whether the Subject Member's conduct constitutes a failure to comply with the Code of Conduct and as to any action to be taken following a finding of failure to comply with the Code of Conduct. There may be more than one Independent Person involved throughout the complaint depending on whether they have been conflicted out of sitting on the Committee/Sub Committee due to being approached by the complainant or Subject Member for assistance throughout the process.

### **11. Who is the Independent Person?**

The Independent Person is a person who has applied for the post following advertisement of a vacancy for the post, and is appointed by a positive vote from a majority of all the members of Council.

A person cannot be "independent" if he/she:

- 11.1 is, or has been within the past 5 years, a member, co-opted member or officer of the authority;
- 11.2 *[is or has been within the past 5 years, a member, co-opted member or officer of a parish council within the authority's area];* or
- 11.3 is a relative, or close friend, of a person within paragraph 11.1 or 11.2 above. For this purpose, "relative" means:
  - 11.3.1 spouse or civil partner;

## **APPENDIX B – Proposed Amendments in Tracked Changes**

- 11.3.2 living with the other person as husband and wife or as if they were civil partners;
- 11.3.3 grandparent of the other person;
- 11.3.4 a lineal descendent of a grandparent of the other person;
- 11.3.5 a parent, sibling or child of a person within paragraphs 11.3.1 or 11.3.2;
- 11.3.6 a spouse or civil partner of a person within paragraphs 11.3.3, 11.3.4 or 11.3.5; or
- 11.3.7 living with a person within paragraphs 11.3.3, 11.3.4 or 11.3.5 as husband and wife or as if they were civil partners.

The Council is part of the pool arrangements which have been established with the other Leicestershire District and Borough Councils. This arrangement provides for a pool of 5 IPs which can be called upon by any Council.

Views may be sought from the Independent Person at the initial tests stage and in which case those views will not be made public. The Independent Person may also provide views at the Assessment Sub-Committee and/or the Determination Sub-Committee.

In addition to the above, it is open to the complainant and/or the Subject Member to speak with the Independent Person also. If you wish to do this, you should arrange this through the Monitoring Officer.

### **12. Revision of these Arrangements**

The Council may by resolution agree to amend these Arrangements, and has delegated to the Monitoring Officer in consultation with the Independent Person the right to depart from these Arrangements where he/she considers that it is expedient to do so in order to secure the effective and fair consideration of any matter.

### **13. Appeals**

There is no right of appeal for the complainant or for the Subject Member.

If you feel that the authority has failed to deal with your complaint properly, you may make a complaint to the Local Government and Social Care Ombudsman. Details can be found here: <https://www.lgo.org.uk/make-a-complaint/fact-sheets/other-topics/complaints-about-standards-and-member-conduct>

### **14. Timescales**

The complaints process will proceed in line with the following timescales (unless otherwise agreed with the relevant parties):

Subject Member to make comments on complaint – 10 working days from being notified

## **APPENDIX B – Proposed Amendments in Tracked Changes**

Initial assessment outcome – 15 working days from date complaint received

Investigations – completed within 6 months (where possible)

Notice of Determination Sub-Committee hearing – at least 2 weeks prior to hearing

Determination Sub-Committee hearing – within 3 months of report (but not within first 14 days)

Panel's written decision – within one week of the Determination Sub-Committee hearing

### **15. Reasonable Adjustments**

If a complainant or Subject Member requires any reasonable adjustments to enable them to participate fully at any stage of the complaints process, this should be notified to the Monitoring Officer as soon as possible.

Where reasonable adjustments are required in relation to any hearing, the complainant or Subject Member must notify the Monitoring Officer not later than 10 working days prior to the relevant hearing, to allow adequate time for the request to be considered and appropriate arrangements to be made.

## **Appendix**

Flowchart of procedure

## NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL

AUDIT AND GOVERNANCE COMMITTEE – WEDNESDAY, 4  
FEBRUARY 2026



<b>Title of Report</b>	<b>ANNUAL REVIEW OF THE COUNCIL'S CONSTITUTION</b>	
<b>Presented by</b>	Emma Lant Legal Team Leader - Governance	
<b>Background Papers</b>	Current Constitution  Working Group Minutes 18 September 2025  Working Group Minutes 16 December 2025  Working Group Minutes 22 January 2026	<b>Public Report:</b> Yes
<b>Financial Implications</b>	There are no direct financial implications arising.	
	<b>Signed off by the Section 151 Officer:</b> yes	
<b>Legal Implications</b>	The Monitoring Officer has reviewed the Constitution to ensure that members and officers can make robust effective decisions. The proposed changes are based on legal advice and best practice.	
	<b>Signed off by the Deputy Monitoring Officer:</b> yes	
<b>Staffing and Corporate Implications</b>	There are no direct staffing or corporate implications arising.	
	<b>Signed off by the Head of Paid Service:</b> yes	
<b>Purpose of Report</b>	To ask the Committee to consider the work of the Governance Working Group on the 25/26 review of the Constitution and to recommend its adoption to Council.	
<b>Recommendations</b>	<b>THAT AUDIT AND GOVERNANCE COMMITTEE:</b>  <b>1. NOTES THE WORK OF THE CROSS-PARTY WORKING GROUP IN CONDUCTING THE ANNUAL REVIEW OF THE CONSTITUTION;</b>  <b>2. CONSIDERS THE PROPOSED CHANGES TO THE CONSTITUTION, SUMMARISED IN THE REPORT AND AT APPENDIX A, ILLUSTRATED AT APPENDIX B, AND THE CHANGES SET OUT IN APPENDICES C, D, E, F AND G;</b>	

	<p><b>3. RECOMMENDS THE CHANGES TO THE CONSTITUTION TO COUNCIL AT ITS MEETING ON 19 FEBRUARY 2026 FOR ADOPTION WITH EFFECT FROM 1 MARCH 2026 (EXCEPT FOR THE AMENDMENTS TO THE APPOINTMENTS COMMITTEE WHICH WILL COME INTO FORCE IN MAY 2026).</b></p>
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## **1.0 BACKGROUND**

- 1.1 The Local Government Act 2000 requires each local authority to prepare, keep up to date and publicise the document known as the Constitution.
- 1.2 The Constitution should be logical, integrated and accessible to members, officers, the public and anyone else interested in the way a local authority makes its decisions. There is also a statutory requirement on the Council's Monitoring Officer to keep the Constitution up to date, and accordingly the updating of the Constitution is an on-going process.
- 1.3 Full Council considers reports on the annual review of the Constitution. The updates are generally required due to legislative and organisational changes or to clarify and improve processes within the Council to reflect best practice. The proposed changes are considered by Audit and Governance Committee before Council.

## **2.0 METHOD OF REVIEW**

- 2.1 The review of the Constitution was led by Legal Services and involved consultation with officers on areas of the document which needed to be updated/amended for the purposes of clarity, to reflect any changes in the law and incorporating any feedback raised by Members.
- 2.2 As with the previous reviews and the interest expressed by Members in this area of work, a cross-party Member working group was established to feed into the work on the Constitution. The Governance Working Group comprised of Councillors Cooper, Moulton, Simmons (Chair), Smith and Johnson, and met on the following dates:
 

18 September 2025 (also attended by the Strategic Director of Resources)

16 December 2025

22 January 2026 (also attended by the Strategic Director of Resources and Head of HR)
- 2.3 The Working Group had agreed its terms of reference at an earlier meeting which was convened to review the Arrangements for Dealing with Complaints against Councillors. At the meeting of the Group held in September 2025, the Group agreed the timetable for the review of the Constitution and the way that it wished to see information presented to it. The appendices to this report reflect the approach agreed by the Working Group. Appendix A shows the proposed changes in a summary schedule of changes. Appendix B takes extracts from each relevant section of the Constitution and shows the proposed changes as tracked changes. This enables Members to see the proposed changes in one place and in the context of the Constitution document. Further appendices show larger scale amendments to standalone parts of the Constitution.

### 3.0 SUMMARY OF MAIN CHANGES PROPOSED

- 3.1 A schedule summarising the proposed changes to the Constitution and their rationale is provided at Appendix A. An extract from the Constitution showing the changes in tracked changes is provided at Appendix B. A hyperlink on the first page helps navigate to the relevant sections.
- 3.2 Proposed changes to the Budget Framework Policy are set out in Appendix C.
- 3.3 Proposed revisions to the current Petition Scheme are set out in Appendix D.
- 3.4 Suggested amendments to the Financial Procedure Rules are set out in Appendix E.
- 3.5 Proposed changes to the Staffing Committee and Officer Employment Procedure Rules are set out in Appendices F and G respectively.

<b>Policies and other considerations, as appropriate</b>	
Council Priorities:	A well-run Council which is trusted by customers to provide its services.
Policy Considerations:	The Constitution sets out how the Council makes decisions and its governance arrangements.
Safeguarding:	N/A.
Equalities/Diversity:	N/A.
Customer Impact:	A clear yet comprehensive Constitution will enable customers to understand the functions and responsibilities of the Council and hold the Council to account.
Economic and Social Impact:	N/A.
Environment, Climate Change and Zero Carbon	N/A.
Consultation/Community/Tenant Engagement:	N/A.
Risks:	An up-to-date Constitution is a legal requirement.
Officer Contact	Kate Hiller Head of Legal and Support Services <a href="mailto:kate.hiller@nwleicestershire.gov.uk">kate.hiller@nwleicestershire.gov.uk</a>

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## **Appendix A – Table of Proposed Constitution Amendments**

<b>Issue</b>	<b>Current Provision in Constitution</b>	<b>Proposed Change</b>	<b>Rationale for Change</b>
Budget and Policy Framework	See Appendix C for extract of Budget and Policy Framework Rules.	See Appendix C.	The proposed changes would clarify the Budget and Policy Framework Rules and development of the Framework. The s151 Officer would prepare draft budget proposals, which would be presented to Cabinet, prior to then being published for consultation. The draft proposals would also be presented to Scrutiny, prior to final budget proposals being approved by Council.
Reports being taken to Full Council on Treasury Management and Investment Strategies	No express provision for this.	Adding a new clause to the responsibilities of Full Council, to acknowledge that they receive reports on the operation of the Treasury Management Strategy and Investment Strategy.	This will ensure clarity as to the functions of Full Council.
Amending the definition of 'Independent Persons' to refer instead to 'Independent Members' in the context of the A&G Committee.	There are some instances where reference is made to 'Independent Persons', meaning those people co-opted to the A&G Committee to provide technical expertise. This definition is also used to refer to the Independent Person appointed out of the pool of IPs to assist with Code of Conduct matters.	Where necessary, amending the definition of Independent Persons to instead refer to Independent Members.	This ensures clarity as the Independent Members and the Independent Person are different people with different roles; the Constitution sometimes refers to them interchangeably, so the amendment would be required to ensure they are being referred to correctly.
Employee related policies being approved by the Head of Paid Service.	The Cabinet is responsible for:  "the development of policy/strategy for the Council, the monitoring	Adding wording to clause 10.3.3 that Cabinet will be responsible for the approval of policies, except where the	There could be some ambiguity as the Head of Paid Service being delegated authority to deal with all Human Resources functions contradicts Cabinets responsibility for the development and review of

	<p>of the effectiveness of policy/strategy and the review of policy/strategy (leading to revision and further development)”</p> <p>The Constitution delegates authority to the Head of Paid Service:</p> <p>“to carry out all activities in connection with the Council’s Human Resources function”</p>	<p>Constitution delegates such approval to an Officer.</p> <p>Specifically adding this function as a delegation to the Head of Paid Service.</p>	<p>policies. The revised wording therefore makes it clear that Cabinet would not be responsible for policies where this has been delegated to a relevant officer.</p>
Employee Code of Conduct	The Employee Code of Conduct currently sits within the Constitution	To remove the Code from the Constitution, and delegate authority for the Head of Paid Service to approve the Code.	The Employee Code of Conduct requires an in-depth review and refreshing to ensure it is still fit for purpose and up to date. Removing the Code from the Constitution would allow the Head of HR to carry out this review, and to keep the Code up to date without having to amend the Constitution, which would make the Code more adaptable i.e. if any changes are required more quickly, or if changes are required in respect of legal or guidance requirements. As per point 2 above, the Head of Paid Service would be delegated authority to approve the Code, as it would form part of the Council’s Human Resources function.
Local Plan and Special Expenses - Council functions	Approval of the Local Plan (a Development Plan Document), and approval of the Special Expenses are functions of Full Council, but the Constitution does not currently refer to Full Council being responsible for their approval.	Adding wording to make it clear that Full Council will approve the Local Plan (DPDs) and Special Expenses	By law, these are Council functions, Council does currently make these decisions. This will ensure clarity as to the functions of Full Council.
Street Trading Consent Policy	Designating streets for street trading is a function of Full Council, but the Constitution does not currently refer	Adding wording to make it clear that Full Council will approve the Street Trading Consent Policy.	This will ensure clarity as to the functions of Full Council.

	to Full Council being responsible for the approval of the Street Trading Consent Policy.		
Corporate Scrutiny – Additional function	No current reference to the 'Zero Carbon Roadmap' within the areas of responsibility for Corporate Scrutiny, however this is a non-exhaustive list.	Adding Zero Carbon Roadmap to the list of areas of responsibility for the Corporate Scrutiny Committee.	It has been requested by the Corporate Scrutiny committee for this to be considered as part of the review of the Constitution. Although the list of areas of responsibility is non-exhaustive, the committee reviews the Zero Carbon Roadmap annual update and felt it would be of benefit to specifically refer to this in the list.
Awarding Grants	Although Cabinet has given officers delegated authority to award grants, the Constitution currently does not provide for the award of grants by officers.	Amending the general delegations to designated officers to include being able to give grants.	Providing designated officers with the authority to give grants, as long as these do not amount to a key decision, and still being subject to the Financial Procedure Rules.
Committee Procedure Rule 15 no longer being applicable to Committees and Sub-Committees	Currently, Rule 15 controls how a debate is to be dealt with, and applies to all types of Committee.	Adding a provision to confirm that Rule 15 (save for 15.23 and 15.24) does not apply to Committees or Sub-Committees.	The only meetings where recommendations are moved and seconded before the debate starts are Council and Cabinet, all the other committees debate and then move recommendations. It is not practical to have a time limit on questions or other limitations to how the debate can proceed.
Quorum of Committees	<p>At Full Council, Councillor Bigby raised a concern regarding the quorum of committees; notably that certain committees only had a quorum of 3, which was quite small.</p> <p>Currently:</p> <p>Licensing – 5 A&amp;G – 3 Planning – 3 Cabinet – 3 Scrutiny - 3</p>	<p>The proposal would be to take a consistent approach across all committees, with the suggestion of a quorum of 60% of the amount of councillors on the committee.</p> <p>Proposed:</p> <p>Licensing – 9 A&amp;G – 6 Planning – 7 Cabinet – 4 Scrutiny - 6</p>	<p>The quorum of committees has not been reviewed for some time, and it is felt that it would be prudent to update these. Research into the quorum figures for other councils was not especially helpful as they have different numbers of councillors and different ways to calculate the quorum, but it did show that NWL's quorum figures were low in comparison.</p> <p>Councillor Bigby had mentioned the Sub-Committees only having a quorum of 3, but these have not been included here, as the way those committees are set up is</p>

			different – the number on committee and number for quorum is the same, as members put themselves forward from the Licensing or A&G Committees.
Consultations	There is currently not an express provision in the Constitution to acknowledge that Cabinet may approve the content of Consultations.	Addition of a new paragraph within 'Matters Reserved for the Executive' that Cabinet will approve the scope and content of Consultations if deemed necessary by the Head of Paid Service.	This is what happens in practice currently, as if a matter is consulted on that Cabinet will ultimately approve, Cabinet would want to make sure they are consulted on the draft. The proposed amendment is therefore to formalise the position.
Approval of the Sexual Entertainment Venue Policy being a function of Full Council	There is currently not an express provision for Council approving the Policy within the list of Council functions.	Addition of a new function for Full Council to approve the Policy.	Schedule 1 of the Local Authorities (Functions and Responsibilities) England Regulations 2000 states that any function of a licensing authority shall not be a function of an Authority's Executive. This will therefore require approval by Full Council, and the amendment makes it clear that this is a function of Full Council.
Contract Procedure Rules: Formal Responses to Invitations to Quote  Requirements for contracts	Currently, an invitation to quote should be advertised on the Source Leicestershire Contracts Finder website where the contract is worth £30,000 or more.  The Contract Procedure Rules contain specific requirements which are to be included in Above Threshold contracts.	The proposed amendment lowers the threshold, for contracts worth £25,000 or more to be advertised on the Source Leicestershire website.  Removal of the prescriptive list and replacing this with a general requirement for a contract above £5 million to contain at least three Key Performance Indicators.	This ensures all relevant contracts are being captured by this requirement.  Contracts at this level are required to have input from the legal team, therefore the drafting should be left to legal's input, rather than a prescriptive list.  Below and above – Legislation sets out reasons to exempt Above Threshold contracts, therefore the amendment allows this to be acknowledged without all the reasons being listed.

			<p>Below Threshold exemptions therefore are those listed in the Constitution, Above Threshold exemptions are in legislation.</p> <p>A contract valued at more than £5m must include at least 3 KPIs. The amendment ensures officers are made aware of this requirement. It will also assist if it is acknowledged when the legal team review the contract, whether it is an industry standard or framework.</p>
Petitions Scheme	The Petition Scheme is referred to but not set out in the Constitution.	The revised Petition Scheme is set out in Appendix D, with a comparison version to show the changes.	<p>The current Petition Scheme was introduced to comply with the Local Democracy, Economic Development and Construction Act 2009. The parts of the Act relating to petitions have now been repealed by the Localism Act 2011.</p> <p>A few petitions have been dealt with recently, and it was not clear in the Scheme how these were to be handled, and which were to go to Full Council.</p> <p>The proposed revisions to the Scheme will make the process easier to follow.</p>
Updates to the Financial Procedure Rules		Please see Appendix E	<p>The rules reinforce the importance of sound financial management, value for money, and legal compliance for all officers and councillors.</p> <p>There is an emphasis on the need for secure and reliable records and systems. The consequences of failing to observe these rules include potential disciplinary action.</p> <p>The virement scheme is more clearly described, including the requirement for S151 Officer approval and the reporting of virements over £50,000.</p>

			<p>Supplementary estimates are now subject to stricter controls, with a new approval table specifying thresholds for Head of Service, Cabinet, and Full Council sign-off. There is also a new stipulation that all other options, such as virements or savings, must be considered before requesting supplementary estimates.</p> <p>The amendments introduce more regular and structured monitoring of both revenue and capital expenditure, with quarterly reporting to Cabinet.</p> <p>The amendments include updated tables for authorisation levels for both revenue and capital expenditure, specifying which officers can approve spending at various thresholds.</p> <p>There are clearer requirements for contract management, including the handling of variations, final payments, and reporting of cost overruns.</p> <p>The rules for entering into partnerships, joint ventures, and external funding arrangements are more robust, with explicit requirements for consultation with the S151 Officer and Monitoring Officer.</p> <p>Tracked comments highlight areas where paragraph numbering was incorrect, where changes are intended to prevent unnecessary supplementary estimate requests, and where clarification was sought regarding current constitutional arrangements.</p> <p>The revisions aim to modernise the Council's financial governance,</p>
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			improve clarity, and ensure compliance with current legislation and best practice.
New Staffing Committee and Updated Officer Employment Procedure Rules		Please see Appendices F and G.	<p>There is a Model Disciplinary Procedure and Guidance from the Joint Negotiating Committee for local authority Chief Executives, and there were previously some anomalies with how “chief officers” were captured. The Model Disciplinary Policy only applies to the Head of Paid Service and Statutory Officers.</p> <p>The Procedure Rules have been updated to refer to statutory officers and also includes strategic directors.</p> <p>The Appointments Committee will be called the Staffing Committee, which will look at the appointments of statutory officers and strategic directors but also making sure disciplinary action is properly covered in the constitution.</p>
Planning Amendments	Section D4 - Planning Committee	Various amendments to this section to reflect necessary additions and alterations for the smooth operation of the planning committee	<p><b>PLEASE NOTE - comments were made by the working party on this section, and officers are seeking a response on these from the service. Any updated wording will be circulated separately.</b></p> <p>Para 1.3 - Additional matters delegated responsibility. These are matters with short timescales which if not decided are automatically allowed. The delegation seeks to ensure they can be dealt with more quickly.</p> <p>Para 2.2 - Amendment reflects the wording in para 2.5</p> <p>Para 2.3 - Reference to ‘minor non-contentious’ applications is ambiguous. Removal of this ensures clarity. If there were any applications that needed to go to</p>

			<p>committee that were subject to a legal agreement and that was the only reason they needed to go to committee, then they could be taken under para 2.6.</p> <p>Para 2.5 - clarifying that it must be a 'material planning' objection otherwise this would be construed too widely.</p> <p>Para 2.7 - it is proposed to remove the wording as the planning team did not know what this related to.</p> <p>Para 3 – updates to the Call-in procedure</p>
Addition of Procurement Strategy to Corporate Governance Policies	This is not currently included as part of the suite of Corporate Governance Policies.	Amendment to the definition of Corporate Governance Policies, to include the Procurement Strategy.	The policies making up the suite of Corporate Governance Policies are set out in the Glossary of the Constitution. It is intended that the newly approved Procurement Strategy would be reviewed on an annual basis along with the other Corporate Governance Policies, so the definition would need updating to include this.
Amendment to the Audit and Governance Committee section	<p>The Audit and Governance's scope refers at paragraph 1.1 to providing "independent assurance to those charged with governance" of the adequacy of the risk management framework and the internal control environment;"</p> <p>And at paragraph 6.1 states the committee is "To report to those charged with governance on the Committee's findings, conclusions and recommendations..."</p>	<p>Removal of reference to "those charged with governance" at paragraph 1.1 and 6.1.</p> <p>In the case of paragraph 6.1, this will instead be amended to refer to the S151 Officer and Monitoring Officer.</p>	<p>There is not a definition in the Constitution of 'those charged with governance', and there is no clear answer as to what this means.</p> <p>To avoid any ambiguity in the constitution, it is proposed to remove references to this phrase in the terms of reference (apart from where it refers to the audit report as auditors do use that phrase in their reports). In the second reference to it in terms of reporting on recommendations, this has been replaced with reporting to the MO and S151 - this is because the constitution already states under the functions for those officers that they receive reports from A&amp;G so this ties it up for consistency.</p>



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## **Appendix B - Extracts of the Constitution showing proposed amendments**

1	<a href="#"><u>Treasury Management and Investment Strategies</u></a>
2	<a href="#"><u>Independent Persons/Independent Members</u></a>
3	<a href="#"><u>Employee Related Policies being approved by the Head of Paid Service</u></a>
4	<a href="#"><u>Employee Code of Conduct</u></a>
5	<a href="#"><u>Local Plan and Special Expenses as a Council function</u></a>
6	<a href="#"><u>Street Trading Consent Policy</u></a>
7	<a href="#"><u>Corporate Scrutiny – Additional Function</u></a>
8	<a href="#"><u>Awarding Grants</u></a>
9	<a href="#"><u>Committee Procedure Rule 15 no longer being applicable to Committees and Sub-Committees</u></a>
10	<a href="#"><u>Quorum of Committees</u></a>
11	<a href="#"><u>Consultations</u></a>
12	<a href="#"><u>Sexual Entertainment Venue Policy</u></a>
13	<a href="#"><u>Contract Procedure Rules – formal responses to invitation to quote</u></a>
14	<a href="#"><u>Contract Procedure Rules – requirements of contracts</u></a>
15	<a href="#"><u>Petitions Scheme</u></a>
16	<a href="#"><u>Planning amendments</u></a>
17	<a href="#"><u>Corporate Governance Policies</u></a>
18	<a href="#"><u>Audit and Governance Committee</u></a>

1. Treasury Management Reports

## **SECTION C - FULL COUNCIL**

**ONLY THE FULL COUNCIL SHALL HAVE RESPONSIBILITY:**

New clause 16 - 16. To receive reports on the operation of the Treasury Management Strategy and Investment Strategy, no less than twice per year.

## 2. Independent Persons/Independent Members

### SECTION D7 - AUDIT AND GOVERNANCE COMMITTEE

1.7 Two Independent ~~Persons~~Members may be co-opted to the Audit and Governance Committee to provide appropriate technical expertise but will not be entitled to vote at meetings. It shall be a function of the Audit and Governance Committee to appoint any Independent ~~Person~~Member for this purpose.

### SECTION A - NWLDC COUNCILLORS' ALLOWANCES SCHEME

#### 8. Co-optees Allowance

An annual allowance of £800 per annum is available to those ~~independent~~  
~~Independent persons~~Members co-opted to the Audit and Governance Committee and an annual co-optees allowance of £200 per annum is available to those individuals serving as members of the Independent Remuneration Panel

3. Employee related policies being approved by the Head of Paid Service; and
4. Employee Code of Conduct

## **SECTION E - THE CABINET (EXECUTIVE FUNCTIONS)**

10.3 The Cabinet is responsible for:

10.3.3 the development of policy/strategy for the Council, the monitoring of the effectiveness of policy/strategy and the review of policy/strategy (leading to revision and further development), except where this Constitution delegates such approval to an Officer.

## **SECTION G3 - DELEGATIONS TO THE HEAD OF PAID SERVICE AND STATUTORY OFFICERS**

1.16 To carry out all activities in connection with the Council's Human Resources function including:

1.16.1 To determine all staffing matters in accordance with the Officer Employment Procedure Rules in Part 3. This includes determining matters relating to structure (additions, reductions and other changes to the establishment) as he/she considers appropriate following consultation with the Leader and Deputy Leader.

1.16.2 The appointment, dismissal or discipline of staff, except in relation to those posts listed in paragraph 1.2 of the said Rules.

1.16.3 Where the decision of the Head of Paid Service taken under (a) above requires consideration of the financial/budgetary implications and a decision in that respect only, then the matter will be referred to the Cabinet, provided that the remit of the Cabinet shall be limited to decisions on financial matters only.

1.16.4 To approve any severance payment to any Officer between £20,000 and £100,000 with the agreement of the Leader and in consultation with the S151 Officer and Monitoring Officer, provided that any proposed severance payment to the Head of Paid Service will be dealt with either by the Investigatory Committee or Full Council (dependent on the value of the proposed severance payment).

1.16.5 The development and review of Human Resources and employee policies.

1.16.6 The review and approval of the Employee Code of Conduct.

1.16.5-7 The Head of Paid Service may delegate the discharge of this function to another Officer.

## 5. Local Plan and Special Expenses

### SECTION C - FULL COUNCIL

#### ONLY THE FULL COUNCIL SHALL HAVE RESPONSIBILITY:

38. Adopting Development Plan Documents (DPDs) and revisions of them following examination by the Local Plan Committee;

39. Approval of the Special Expenses Policy;

## Part 6

### Glossary of Terms

**Special Expenses Policy** – Special expenses are applied when the council provides a service in a parish (or unparished area) which is provided in other parishes by a town or parish council. This policy governs the process for dealing with those expenses.

6. Street Trading Consent Policy

## **SECTION C - FULL COUNCIL**

### **ONLY THE FULL COUNCIL SHALL HAVE RESPONSIBILITY:**

7. 25. to designate streets for street trading under the Local Government Miscellaneous Provisions) Act 1982 and to approve the Street Trading Consent Policy.

## 7. Corporate Scrutiny – Additional Function

<b>Corporate Scrutiny Committee</b>	<b>Community Scrutiny Committee</b>
Asset Management	Business/Economy
Estates and property	Planning and Building Control
Audit	Tourism
Communications	Partnerships
Customer Services	Community Safety
Finance	Leisure
Human Resources	Health and Wellbeing
ICT	Stronger Safer Communities
Legal Services	Environmental Health
Revenue and Benefits	Licensing
Shared Services	Environmental Protection
<a href="#"><u>Zero Carbon Roadmap</u></a>	Statutory Crime and Disorder Committee
	Strategic Housing - Housing Strategy
	Housing Management
	Economic Development
	Regeneration
	Waste Services

## 8. Awarding Grants

### SECTION G2 - GENERAL DELEGATIONS TO DESIGNATED OFFICERS

New clause 12 (subsequent numbering to be updated)

12.1 to award grants to third parties, provided that the award of the grant would not constitute a Key Decision and that any awards are at all times made in accordance with the Financial Procedure Rules.

9. Committee Procedure Rule 15 no longer being applicable to Committees and Sub-Committees

## **Part 3 - Rules of Procedure**

### **SECTION A2 - PROCEDURE RULES**

1. The procedure rules in section A2 apply to meetings of the Full Council and to meetings of Committees and Sub-Committees except that:

1.1 Rules 1, 2, 3, 5, 10, 11, 12, 13.1.2, 13.1.6, 13.1.18, 15.1 - 15.22, 16.5 and 16.7 do not apply to meetings of Committees and Sub-Committees;

1.2 Rule 9 (Duration of Meetings) does not apply to meetings of any board, group, Committee, or panel at which the appointment of staff is being considered or a meeting of a quasi-judicial nature; and

1.3 Rule 15.1 shall not apply to meetings of the Planning Committee meaning that a Debate can proceed without a motion being moved and seconded.

## 10. Quorum of Committees

This would require an amendment to each paragraph where the Quorum of the Committee is set out, changing it from the number currently specified, to the increased figure as set out in Appendix A.

## 11. Consultations

### **SECTION E - THE CABINET (EXECUTIVE FUNCTIONS)**

#### **10 Matters reserved for the Executive**

10.3 The Cabinet is responsible for:

10.3.25 approving the content and scope of public Consultations, where deemed necessary by the Head of Paid Service.

12. Sexual Entertainment Venue Policy

**SECTION C - FULL COUNCIL**

**ONLY THE FULL COUNCIL SHALL HAVE RESPONSIBILITY:**

27. to approve the Sexual Entertainment Venue Policy.

### 13. Contract Procedure Rules – formal responses to an invitation to quote

#### **SECTION G – CONTRACT PROCEDURE RULES**

##### *Band B Contracts – Contracts valued at between £10,000 and £49,999*

5.5 For any single contract, not related to or part of any larger procurement, of a value that is between £10,000 and £49,999 (inclusive of VAT), three written quotations shall be obtained using an invitation to quote.

5.6 The approval of any contract that is valued between £10,000 and £49,999 shall be in accordance with the authorisations in the Financial Procedure Rules.

5.7 Any contract valued at between £10,000 and £49,999 can be signed by the officer that approved it under rule 5.3.

5.8 Where Officers are seeking formal responses to an invitation to quote:

5.8.1 the opportunity shall be advertised on the Source Leicestershire website, Contracts Finder (only for contracts worth ~~£30,000~~£25,000 or more) and the Council's website;

## 14. Contract Procedure Rules – requirements of contracts

### SECTION G – CONTRACT PROCEDURE RULES

9.5 Acceptable reasons for an exemption for a Below Threshold Contract under these rules are limited to the following and subject to any legislative requirements:

- Quantifiable and significant cost and efficiency savings can be achieved through seeking an alternative route, which outweigh the legal risk of the exemption;
- Extreme urgency exists for unforeseen reasons which are not attributable to the Council and the various time limits cannot be met. Inadequate forward planning would not constitute special circumstances;
- The Council would otherwise be exposed to immediate and significant financial, legal, or reputational risk that has been identified in the relevant risk register and is considered to outweigh the risk of the exemption;
- Only one supplier is objectively able to provide the works, services or supplies in question including, but not limited to:
  - where the provision is specialist,
  - where the supplier has exclusive intellectual property rights, artistic or other rights,
  - where the supplier has a monopoly; or
  - where the supplies bought are for re-sale;
- Additional or new works, services or supplies are required which, through unforeseen circumstances, were not included in an existing Council contract and are necessary for the completion of the contract and / or cannot be carried out separately.
- Supplies are required as a partial replacement for, or addition to, existing supplies or installations and obtaining them from another source would result in incompatibility or disproportional technical difficulties in operation or 15 maintenance of existing equipment.
- Where an exemption is to allow the continuation of Council services or operations whilst a compliant procurement process is completed.

9.6 Acceptable reasons for an exemption for an Above Threshold contract, are set out in legislation.

9.7 The Procurement Officer will maintain a full record of all exemptions granted.

## 11 Contracts

11.1 All contracts shall, as a minimum:

- be in writing;
- specify what is to be supplied (that is, the works, materials, services, matters or things to be furnished, had, or done);
- specify the payment provisions (that is, the price to be paid and when);
- specify the timescale within which the contract is to be performed; and
- specify the termination provisions under which the Council shall and may terminate the contract.

11.2 In addition, every contract with a value of more than £5 million must include at least three key performance indicators in respect of the contract. Above Threshold must also clearly state as a minimum:

- ~~• the performance standards to be met, associated performance reporting and performance management;~~
- ~~• the insurance requirements;~~
- ~~• health and safety requirements;~~
- ~~• equality and diversity requirements;~~
- ~~• (Where relevant) that the contractor may not assign the contract or subcontract any part of the contract without prior written consent from the Council;~~
- ~~• information governance, Freedom of Information and Data Protection requirements;~~
- ~~• (Where relevant) supply of anonymised TUPE data by the contractor to the Council and an organisation structure freeze within the contractor at a point designated by the Council prior to the of contract~~
- ~~• contract management requirements;~~
- ~~• a right, given to the Council, of access to documents and records which relate to the subject matter of the contract for monitoring and audit purposes;~~
- ~~• an obligation on the Council to pay undisputed invoices within 30 days;~~
- ~~• an obligation on the principal contractor to pay any subcontractor invoices within 30 days;~~
- ~~• a clause for the prevention of corruption and bribery;~~
- ~~• contract enforcement mechanisms;~~
- ~~• a requirement to provide electronic invoicing compliant with BS EN 16931-1:2017 and PD CEN/TS 16931-2:2017; and~~
- ~~• rights of termination~~

11.3 Formal advice from Legal Services must be sought on contract terms and conditions for the following contracts:

- where the estimated total contract value of the opportunity is above £50,000;
- those involving leasing arrangements;
- where it is proposed to use the external supplier's own terms, an industry standard contract or a framework call-off agreement;
- those that are considered to be high risk in terms of service failure or the Council's reputation; or
- those that are complex in any other way.

11.4 Contract terms and conditions must be published and made available to bidders as part of the tender pack.

11.5 Bidders may seek to clarify or amend terms as part of the clarification period of a tender. Should the Council amend terms during a procurement they must be amended for all bidders equally and released in reasonable time. Legal advice should be sought in advance of agreeing to vary any legal terms in the contract.

11.6 The Council may not negotiate or otherwise amend the contract terms and conditions with the successful bidder following award of contract

## 15. Petitions Scheme

### SECTION B – CABINET (EXECUTIVE) PROCEDURE RULES

#### 11. Petitions

11.1 Petitions may be brought by people who live, work or study in the District, on any matter on which the Council has power to act, in accordance with the Council's ~~rules on~~ Petitions Petition Scheme in Part 6.

~~11.2 The Council has formally adopted a Petition scheme.~~

~~11.3 The scheme sets out the process, the signature threshold for receipt of ordinary Petitions, a Petition to hold an Officer to account and a Petition for Debate. It also sets out how the Petition will be dealt with at the Scrutiny Committees or Council.~~

~~11.4 A copy of the Petition scheme is available from the Monitoring Officer. It is also available on the Council's website~~

- *See Appendix C for the amendments to the Scheme itself.*

## 16. Planning Amendments

PLEASE NOTE - comments were made by the working party on this section, and officers are seeking a response on these from the service. Any updated wording will be circulated separately.

### SECTION D4 - PLANNING COMMITTEE

#### 1 COMMITTEE FORM AND STRUCTURE

##### Committee scope

- 1.1 The majority of planning applications are dealt with by Officers under Delegated Powers from the Planning Committee, as they are relatively straightforward. Consequently, the determination of all non-executive decisions under the Planning Acts is delegated to the Strategic Directors, apart from those matters reserved to the Planning Committee under this Section D4.
- 1.2 Where development control functions are discharged by the Planning Committee, the meeting will consider applications and related planning matters which are being determined or considered by the Council as the Local Planning Authority.
- 1.3 Without prejudice to the generality of paragraph 1.1 above, the Planning Committee has delegated responsibility for determining the following to the Strategic Directors:
  - Agricultural Prior Approval
  - East Midlands Airport Informal Notification
  - Certificate of Alternative Appropriate Development
  - Certificate of Lawful Development – Existing
  - Certificate of Lawful Development – Proposed
  - County Council Consultation
  - Demolition Prior Approval
  - Discharge of Conditions
  - Habitat Regulations Assessment
  - Hedgerow Removal Notice
  - Neighbouring Authority Consultation
  - Non-Material Amendment
  - Overhead Lines Notification
  - Pre-Application Advice
  - Pre-Application Advice - Major
  - Applications querying whether Planning Permission is required
  - Prior Approval for Householder development

- Works to trees in a conservation area
- 28 Day Telecommunications Development Notifications
- Notifications of intention to operate a campsite under class BC Part 4 GPDO
- Notification of a change of use of an agricultural building to a flexible commercial use under Class R, part 3 of the GPDO

## **Composition**

1.4 The Planning Committee will comprise 11 Councillors in Political Balance.

1.5 The Chair will be appointed by Full Council annually.

## **Quorum**

1.6 The Planning Committee Quorum will be three Councillors.

## **Convening Meetings**

1.7 The Chief Executive is responsible for convening all Committee meetings in accordance with the programme set by Full Council, and any meetings which have been convened at Chair's discretion in addition to those in the programme.

## **Substitutes**

1.8 Each group may appoint substitutes in accordance with the Councillors' Substitute Scheme Procedure Rules in Part 3.

## **17. MATTERS RESERVED FOR THE PLANNING COMMITTEE**

2.1 The determination of an application that is contrary to the provisions of an approved or draft Development Plan policy and is recommended for permission, which in the opinion of the relevant Strategic Director the application is likely to:

- (a) be potentially controversial; or
- (b) be of significant public interest; or
- (c) have a significant adverse impact on the environment; or
- (d) raise matters which should be referred to the Planning Committee.

2.2 The determination of an application that is submitted by or on behalf of the Council for its own development, except for the approval of development which in the opinion of the relevant Strategic Director (or a nominated officer) is unlikely to have any major impacts and to which no material planning

objections ~~(in the opinion of the relevant Strategic Director)~~ have been received.

~~2.3 The determination of an application where a legal agreement (s106 or similar) is required, except in the case of minor non-contentious agreements or minor amendments to existing legal agreements.~~

~~2.42.3~~ Excluding those types of applications detailed at paragraph 1.3 above, the determination of an application where the effective use of the Call- in procedure has been executed in accordance with paragraph 3.

~~2.52.4~~ The determination of an application that is recommended for approval by officers and is submitted by:  
(a) a serving member or officer of the Council; or  
(b) the close relative of a serving member or officer of the Council

except for the approval of an application which in the opinion of the relevant Strategic Director (or a nominated officer) is unlikely to have any major impacts and to which no material planning objections have been received.

~~2.62.5~~ The determination of any application or matter that the relevant Strategic Director refers to the Planning Committee, including (but not limited to) any consultation on an executive function, provided that where the matter referred to the Committee relates to an executive function, the Committee's view shall be subject to being agreed with the relevant Portfolio Holder or agreed by Cabinet.

~~2.72.6~~ The making of orders to revoke or modify planning permissions, ~~to impose conditions to remove buildings or repair listed buildings.~~

~~2.82.7~~ To consider objections or other ~~R~~representations in relation to making tree preservation orders.

~~2.92.8~~ Serving Building Preservation Notices or Listed Building Repair Notices, except where it is necessary to serve a notice in an emergency.

~~2.102.9~~ To determine matters referred to it following the receipt of objections or other Representations in relation to:  
(a) Public Footpath Orders under the Town and Country Planning Act 1990;  
(b) Footpath Diversion Orders under the Highways Act 1980.

## **18. CALL-IN PROCEDURE**

3.1 Call -in for the purpose of Para 2.~~34~~ is when the Chair of Planning Committee, in consultation with the Strategic Director (or his nominated officer), is satisfied that the following requirements are met:

- 3.1.1 the notification is supported by one or more material planning grounds; and
- 3.1.2 the item relates to a matter of local concern; and
- 3.1.3 is submitted to the Strategic Director (or his nominated officer) in writing via the online form specifically relating to call-ins of planning application within 28 days of the serving member being sent an email notification (signed by the Planning & Development Team Manager) of the application

3.2 If a decision is made that the application does not satisfy 3.~~13~~.1, and/or 3.~~13~~.2 and/or 3.1.3 written reasons shall be given to the ward member who has submitted the call-in by the Strategic Director (or his nominated officer).

3.3 The Chair of Planning Committee shall have cause to consider a request for Call-in if:

- 3.3.1 a ward member of the ward to which the application relates or the ward member of an adjoining ward (if that adjoining ward is materially impacted by the application) has notified the relevant Strategic Director (or his nominated officer) in accordance with paragraph 3.1 ~~(in writing or by email within 28 days of being notified of the application)~~ that the application should be determined by the Planning Committee; or
- 3.3.2 a ward member of the ward to which the application relates or the ward member of an adjoining ward (if that adjoining ward is materially impacted by the application) has not notified the relevant Strategic Director (or nominated officer) in accordance with paragraph 3.1 but has a conflict of interest (provided that where the interest falls under para 2.~~45~~, the requirements of 2.~~45~~ are engaged) then any other member shall be entitled to notify the relevant Strategic Director (or his nominated officer) in accordance with paragraph 3.1 ~~then the duty to consider the request for Call-in shall pass to the Deputy Chair.~~

3.4 If the Chair of Planning Committee is the ward member at 3.3.1 or 3.3.2 above, or the Chair has some other conflict of interest (provided that where the interest falls under para 2.~~45~~, the requirements of 2.~~45~~ are

engaged) then the duty to consider the request for Call-in shall pass to the Deputy Chair.

3.5 If both the Chair and Deputy Chair have a conflict of interest (provided that where the interest falls under para 2.45, the requirements of 2.45 are engaged) then the duty to consider the request for Call-in shall pass to the Planning Portfolio Holder.

3.6 The decision made by the Chair or Deputy Chair in respect of whether an application subject to the call in procedure set out under paragraph 3 will be determined by the Planning Committee, shall be given in writing to the ward member by the Strategic Director (or his nominated officer).

3.7 For the purpose of this clause 3 a conflict of interest is where a member has any interest which would prevent them from making a decision in accordance with the Councillors Code of Conduct.

## 17. Corporate Governance Policies

### Part 6

### Glossary of Terms

Corporate Governance Policies	<p>The Corporate Governance Policies are the following policies:</p> <ul style="list-style-type: none"><li>Anti-Fraud and Corruption Policy</li><li>Anti-Money Laundering Policy</li><li>Confidential Reporting (Whistleblowing Policy)</li><li>Risk Management Policy</li><li>RIPA policy</li><li>Information Management Policy</li><li>Data Protection Policy</li><li>ICT &amp; Cyber Security Policy</li><li>Local Code or Corporate Governance</li><li><u>Procurement Strategy</u></li></ul>
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## SECTION D7 - AUDIT AND GOVERNANCE COMMITTEE

### 1 COMMITTEE FORM AND STRUCTURE

#### Committee scope

- 1.1 The **Audit and Governance Committee** has specific responsibility for governance issues, including audit functions.
- 1.2 The Committee's scope is to:
  - 1.2.1 provide independent assurance ~~to those charged with governance~~ of the adequacy of the risk management framework and the internal control environment;
  - 1.2.2 provide independent review of the **Council's** governance, risk management and control frameworks and oversee the financial reporting and annual governance process;
  - 1.2.3 oversee internal audit and external audit arrangements, helping to ensure efficient and effective assurance mechanisms are in place.
- 1.3 The success of the **Audit and Governance Committee** in exercising its audit functions depends upon its ability to remain apolitical. It must adopt a non-political approach to its meetings and discussions at all times. Remaining apolitical also places a duty on **Councillors** not to make inappropriate use of information provided to the Committee for other purposes.

#### Composition

- 1.4 The **Audit and Governance Committee** will comprise 10 Councillors in **Political Balance**.
- 1.5 Members of the **Committee** should not be members of **Cabinet** or **Scrutiny**.
- 1.6 The **Chair** will be appointed by **Full Council** annually.
- 1.7 Two **Independent Persons** may be co-opted to the **Audit and Governance Committee** to provide appropriate technical expertise but will not be entitled to vote at meetings. It shall be a function of the Audit and Governance Committee to appoint any Independent Person for this purpose.
- 1.8 An Independent Person may be co-opted as required to a Sub-Committee of the **Audit and Governance Committee** in relation to **Councillors Code of Conduct** matters. Full Council appoint a pool of Independent Persons which can be drawn on for this purpose.

- 1.9 At least one parish councillor may be present when matters relating to parish councils or their Councillors are being considered. Parish councillors are co-opted to the **Audit and Governance Committee** as required and will not be entitled to vote at meetings.

### **Quorum**

- 1.10 The **Audit and Governance Committee Quorum** will be three **Councillors**.

## **2 MATTERS RESERVED FOR THE AUDIT AND GOVERNANCE COMMITTEE**

### **Governance, Risk and Controls**

- 2.1 The Committee has the right to access all the information it considers necessary to undertake the work of the Committee and may receive reports and refer matters to internal and external auditors.
- 2.2 To review the Council's corporate governance arrangements against the good governance framework, including the ethical framework and consider the local code of governance.
- 2.3 To review and approve the **Annual Governance Statement** and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the **Council's** framework of governance, risk management and control.
- 2.4 To consider the **Council's** arrangements to secure value for money and to review and scrutinise assurances and assessments on the effectiveness of these arrangements.
- 2.5 To consider the **Council's** framework of assurance and ensure that it adequately addresses the risks and priorities of the Council.
- 2.6 To monitor the effective development and operation of risk management in the **Council**.
- 2.7 To monitor progress in addressing risk related issues reported to the **Committee** such as the [Corporate Risk Register](#).
- 2.8 To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.
- 2.9 To review the assessment of fraud risks and potential harm to the **Council** from fraud and corruption.
- 2.10 To monitor the [Anti-Fraud and Corruption Strategy](#), actions and resources.
- 2.11 To review the governance and assurance arrangements for significant

partnerships or collaborations.

- 2.12 To review and monitor the **Council's** compliance with public sector financial and audit standards and guidance, in accordance with the **CIPFA** Codes and Accounts and Audit Regulations.
- 2.13 To review and monitor the Council's **Treasury Management** arrangements in accordance with the **CIPFA** Treasury Management Code of Practice.

### 3 **INTERNAL AUDIT**

- 3.1 To approve the internal audit charter.
- 3.2 To approve (but not direct) the risk-based internal audit plan, including internal audit's resource requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources.
- 3.3 To approve significant interim changes to the risk-based internal audit plan and resource requirements.
- 3.4 To make appropriate enquiries of both management and the Head of Internal Audit (currently the Audit Manager) to determine if there are any inappropriate scope or resource limitations.
- 3.5 To consider any impairments to independence or objectivity arising from additional roles or responsibilities outside of internal auditing of the Head of Internal Audit. To approve and periodically review safeguards to limit such impairments.
- 3.6 To consider reports from the Head of Internal Audit on internal audit's performance during the year.
- 3.7 To consider internal audit's annual report:
  - 3.7.1 The statement of the level of conformance with the **Public Sector Internal Audit Standards** and the results of the Quality Assurance and Improvement Programme that supports the statement – these will indicate the reliability of the conclusions of internal audit;
  - 3.7.2 The opinion on the overall adequacy and effectiveness of the **Council's** framework of governance, risk management and control together with the summary of the work supporting the opinion – these will assist the Committee in reviewing the **Annual Governance Statement**.
- 3.8 To consider summaries of specific internal audit reports in accordance with agreed **Protocols**.
- 3.9 To receive reports outlining the action taken where the Head of Internal Audit has concluded that management has accepted a level of risk that may be

unacceptable to the Council or there are concerns about progress with the implementation of agreed actions.

- 3.10 To contribute to the Quality Assurance and Improvement Programme and in particular, to the external quality assessment of internal audit that takes place at least once every five years.
- 3.11 To provide free and unfettered access to the **Audit and Governance Committee Chair** for internal audit, including the opportunity for a **Private Meeting** with the Committee.

#### 4 **EXTERNAL AUDIT**

- 4.1 To support the independence of external audit through consideration of the external auditor's annual assessment of its independence and review of any issues raised.
- 4.2 To consider the external auditor's annual audit letter, relevant reports and the report to those charged with governance.
- 4.3 To consider specific reports as agreed with the external auditor.
- 4.4 To comment on the scope and depth of external audit work and to ensure it gives value for money.
- 4.5 To advise and recommend on the effectiveness of relationships between external and internal audit and other inspection agencies or relevant bodies.

#### 5 **FINANCIAL REPORTING**

- 5.1 To review and approve the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the **Full Council**.
- 5.2 To consider the external auditor's report to those charged with governance on issues arising from the audit of the accounts.
- 5.3 To seek assurances that the **Council** has complied with the **Treasury Management Strategy** and Practices by demonstrating effective control of the associated risks and pursuing optimum performance consistent with those risks.

#### 6 **ACCOUNTABILITY ARRANGEMENTS**

- 6.1 To report to ~~those charged with governance~~ the S151 Officer and Monitoring Officer on the Committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks, financial reporting arrangements and internal and external audit functions.

- 6.2 To report to **Full Council**, as required, on the Committee's performance in relation to the **Terms of Reference** and the effectiveness of the Committee in meeting its purpose.

- 6.3 To publish an annual report on the work of the Committee.

## 7 RELATED FUNCTIONS

- 7.1 Subject to the requirements set out below, to consider all findings of the Local Government and Social Care Ombudsman, including reports resulting in a finding of maladministration against the **Council**, and to make recommendations as to actions that may be necessary in connection with the Ombudsman's findings.

There are statutory obligations which will, in some circumstances, require reports to be taken to **Cabinet** or **Full Council**.

The Ombudsman operates **Protocols** in relation to the timing of the publication of findings. The Council would have to give consideration to those Protocols when determining how to manage the **Audit and Governance Committee's Agenda**.

- 7.2 To review any issue referred to it by the **Chief Executive**, **S151 Officer**, **Monitoring Officer** or any **Council** body.

## 8 STANDARDS FUNCTIONS

- 8.1 To assist the Council in fulfilling its duty under the Localism Act 2011 to promote and maintain high standards of conduct by **Councillors** and **co-opted Councillors** of **District** and parish councils.
- 8.2 To advise the Council on the adoption or revision of its **Councillors' Code of Conduct** in **Part 4**.
- 8.3 To monitor and advise the Council about the operation of its **Councillors' Code of Conduct** in **Part 4** in light of best practice and any changes in the law.
- 8.4 Advising, training or arranging to train councillors and co-opted members on matters relating to the **Councillors' Code of Conduct** in **Part 4**.
- 8.5 Dealing with any report from the **Monitoring Officer** on any matter concerning governance.
- 8.6 To establish **Sub-Committees** for the assessment or determination of matters concerning allegations in relation to Councillor conduct.
- 8.7 To grant **Dispensations** to **Councillors** who require such Dispensations for more than one meeting or on more than one occasion from requirements relating to interests set out in the **Councillors' Code of Conduct** in **Part 4** as

appropriate.

- 8.8 To advise the Council on, and review as necessary, the arrangements for dealing with complaints or any local **Protocols** regulating the conduct of **Councillors** and to deal with allegations of breach of any such protocol.
- 8.9 To consider and make recommendations to **Full Council** on any other matter that may be referred to the **Audit and Governance Committee** relating to the conduct and training of Councillors.
- 8.10 To consider amendments to the **Constitution** and recommend proposals to **Full Council** for approval, except where specifically delegated to the **Monitoring Officer**.
- 8.11 To undertake an annual review of the **Corporate Governance Policies** and make recommendations to **Cabinet**.

#### **Local Assessment of Complaints About Councillor Conduct**

- 8.12 **Sub-Committees** of the **Audit and Governance Committee** are formed on an ad hoc basis to deal with local assessment of **Councillor** conduct complaints.
- 8.13 All **Audit and Governance Committee** members will form a pool from which members will be drawn based on their availability and the requirements of the particular **Sub-Committee** as and when required.
- 8.14 The **Sub-Committee** may co-opt at least one parish councillor when decisions are taken concerning a parish matter.
- 8.15 The **Sub-Committee** may co-opt at least one **Independent Person** as appropriate.
- 8.16 No member who considered a complaint at the initial **Assessment/ Determination Sub-Committee** may consider the same complaint at the **Review Sub-Committee**.
- 8.17 The **Quorum** of the **Sub-Committees** is three **Councillors**.
- 8.18 The **Chair** of each **Sub-Committee** will be a **Councillor**.
- 8.19 The **Sub-Committees** and their functions are set out below:

#### Assessment Sub-Committee

Assessment of complaints in accordance with the **Council's Arrangements for Dealing with Code of Conduct Complaints** and to either:

- Decide that there is not enough information to make a decision;
- Decide that no action should be taken in respect of the complaint;
- Refer the matter for full investigation; or
- Refer the matter for other action.

#### Review Sub-Committee

Consideration of requests for a review in accordance with the **Council's Arrangements for Dealing with Code of Conduct Complaints**.

#### Determinations Sub-Committee

To receive reports from the **Monitoring Officer** or his/her appointed investigating officer and to decide either:

- to determine finding of no failure to comply with the **Councillors' Code of Conduct** in **Part 4**;
- to determine finding of failure to comply with the **Councillors' Code of Conduct** in **Part 4** and impose relevant sanctions; or
- Refer the matter for other action;

in accordance with the **Council's Arrangements for Dealing with Code of Conduct Complaints**.

## **Appendix C**

### **SECTION E – BUDGET AND POLICY FRAMEWORK PROCEDURE RULES**

#### **2. Budget Process Constitution Wording**

##### Suggested Revised Wording

##### **2. Process for Developing the Framework**

2.1 The process by which the Budget and Policy Framework shall be developed is:

2.1.1 The Council's Section 151 Officer will be responsible for preparing draft budget proposals, following consultation with relevant Officers and Cabinet Members.

2.1.2 Draft budget proposals will be presented to the Cabinet for its consideration prior to the draft proposals being published for consultation.

2.1.3 Consultation with the general public, business ratepayers and trade unions will be carried out in accordance with the process approved by Cabinet under paragraph 2.1.2 above.

2.1.4 The draft budget proposals will be presented to the relevant Scrutiny Committee prior to Cabinet agreeing final budget proposals for approval by Council.

2.1.5 In agreeing final budget proposals for approval by Council, Cabinet will take account of any consultation responses received, any recommendations from the relevant Scrutiny Committee and any other information that has materialised since the preparation of the initial draft budget proposals, including but not limited to, information provided by the Government in relation to the Local Government Finance Settlement.

[The wording will then follow as per the current Rules, save that consequential numbering changes will be required. Current paragraph 2.1.9 will become 2.1.6, and follow on from there.]

##### Current Wording

##### **2. Process for Developing the Framework**

2.1 The process by which the Budget and Policy Framework shall be developed is:

2.1.1 Two months before a plan/strategy/Budget needs to be adopted, the Cabinet will publish initial proposals for inclusion in the Budget and Policy Framework.

2.1.2 Details of the Cabinet's consultation process shall be included in the Executive Decision Notice, published at the Council's main offices and made available on the Council's web site.

2.1.3 Any Representations made to the Cabinet shall be taken into account in formulating the initial proposals and shall be reflected in any report dealing with them. If the matter is

one where a Scrutiny Committee has carried out a review of policy, then the outcome of that review will be reported to the Cabinet and considered in the preparation of initial proposals.

2.1.4 The Cabinet's initial proposals shall be referred to the relevant Scrutiny Committee for advice and consideration.

2.1.5 The proposals will be referred by sending a copy to the Monitoring Officer who will forward them to the Chair of the relevant Scrutiny Committee. If there is no such Chair, a copy must be sent to every member of that Committee.

2.1.6 The relevant Scrutiny Committee shall canvass the views of local Stakeholders if it considers it appropriate in accordance with the matter under consideration, having particular regard not to duplicate any consultation carried out by the Cabinet.

2.1.7 The relevant Scrutiny Committee shall report to the Cabinet on the outcome of its deliberations. The relevant Scrutiny Committee shall have four weeks to respond to the initial proposals of the Cabinet unless the Cabinet considers that there are special factors that make this timescale inappropriate. If it does, it will inform the relevant Scrutiny Committee of the time for response when the proposals are referred to it.

2.1.8 Having considered the report of the relevant Scrutiny Committee, the Cabinet, if it considers it appropriate, may amend its proposals before submitting them to the Council meeting for consideration. It will also report to Council on how it has taken into account any recommendations from the relevant Scrutiny Committee.

2.1.9 [proposed to become 2.1.6, subsequent numbering to be updated accordingly] Council will consider the proposals of the Cabinet and may adopt them, amend them, refer them back to the Cabinet for further consideration or substitute its own proposals in their place. However, if, having considered a draft plan or strategy, it has any objections to it, Council must take the action set out in 2.1.10 below.

2.1.10 Before Council:

(a) amends the draft plan or strategy;

(b) approves, for the purpose of its submission to the Secretary of State or any Minister of the Crown for his approval, any plan or strategy (whether or not in the form of a draft) of which any part is required to be so submitted; or

(c) adopts (with or without modification) the plan or strategy it must inform the Leader of any objections which it has to the draft plan or strategy and must give to him/her instructions requiring the Cabinet to reconsider, in the light of those objections, the draft plan or strategy submitted to it.

2.1.11 Where Council gives instructions in accordance with 2.1.10, it must specify a period of at least five working days beginning on the day after the date on which the Leader receives the instructions on behalf of the Cabinet within which the Leader may:

(a) submit a revision of the draft plan or strategy as amended by the Cabinet (the "revised draft plan or strategy") with the Cabinet's reasons for any amendments made to the draft plan or strategy to Council for Council's consideration; or

(b) inform Council of any disagreement that the Cabinet has with any of Council's objections and the Cabinet's reasons for any such disagreement.

2.1.12 When the period specified by Council, referred to in Rule 2.1.11, has expired Council must, when:

- (a) amending the draft plan or strategy or, if there is one, the revised plan or strategy;
- (b) approving for the purpose of its submission to the Secretary of State or any Minister of the Crown for his approval, any plan or strategy (whether or not in the form of a draft or a revised draft) of which any part is required to be so submitted; or
- (c) adopting (with or without modification) the plan or strategy; take into account any amendments made to the draft plan or strategy that are included in any revised draft plan or strategy, the Cabinet's reasons for those amendments, any disagreement that the Cabinet has with any of Council's objections and the Cabinet's reasons for that disagreement, which the Leader submitted to Council, or informed Council of, within the period specified.

2.1.13 Subject to rule 2.1.17, where, before 8 February in any financial year, the Cabinet submits to Council for its consideration in relation to the following financial year:

- (a) estimates of the amounts to be aggregated in making a calculation (whether originally or by way of substitute) in accordance with any of Sections 34 to 36A or 46 to 49B of the Local Government Finance Act 1992 (calculation of Budget requirement, etc.) and Part 5 of Chapter 1 of the Localism Act 2011;
- (b) estimates of other amounts to be used for the purposes of such a calculation;
- (c) estimates of such a calculation; or
- (d) amounts required to be stated as a Precept under Chapter IV of Part I of the Local Government Finance Act 1992 (Precepts); and following consideration of those estimates or amounts Council has any objections to them, it must take the action set out in Rule 2.1.14.

2.1.14 Before Council makes a calculation (whether originally or by way of a substitute) in accordance with any of the sections referred to in Rule 2.1.13 above or issues a Precept under Chapter IV of Part I of the Local Government Finance Act 1992, it must inform the Leader of any objections which it has to the Cabinet's estimates or amounts and must give him/her instructions requiring the Cabinet to reconsider, in the light of those objections, those estimates and amounts in accordance with Council's requirements.

2.1.15 Where Council gives instructions in accordance with Rule 2.1.14 above, it must specify a period of at least five working days beginning on the day after the date on which the Leader receives the instructions on behalf of the Cabinet within which the Leader may:

- (a) submit a revision of the estimates or amounts as amended by the Cabinet ("revised estimates or amounts") which have been reconsidered in accordance with the Council's requirements, with the Cabinet's reasons for any amendments made to the estimates or amounts to Council for its consideration; or
- (b) inform the Council of any disagreement that the Cabinet has with any of Council's objections and the Cabinet's reasons for any such disagreement.

2.1.16 When the period specified by Council referred to in paragraph 2.1.15 has expired, Council must, when making calculations (whether originally or by way of a substitute) in accordance with any of the Sections referred to in Rule 2.1.14 above or issuing a Precept under Chapter IV of Part I of the Local Government Finance Act 1992, take into account:

- (a) any amendments to the estimates or amounts that are included in any revised estimates or amounts;
- (b) the Cabinet's reasons for those amendments;
- (c) any disagreement that the Cabinet has with any of the Council's objections; and
- (d) the Cabinet's reasons for that disagreement which the Leader submitted to the Council, or informed the Council of, within the period specified.

2.1.17 Rules to 2.1.13 to 2.1.16 shall not apply in relation to:

- (a) calculations or substitute calculations which the Council is required to make in accordance with Sections 52I, 52J, 52T or 52U of the Local Government Finance Act 1992 (limitation of Council Tax and Precept); and
- (b) amounts stated in the Precept issued to give effect to calculations or substitute calculations made in accordance with Section 52J or 52U of that Act.

## Appendix D

### NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL

#### PETITION SCHEME

##### 1. Introduction and Background

The Council has an extensive programme to engage its local communities and it recognises that petitions are another method of local people raising an issue which requires a Council response.

This Scheme sets out how we will respond to your ~~correspondence. All petitions sent or presented to the Council will receive acknowledgement from the Council within 2 working days of receipt.~~ petition. The Council will treat something as a petition only if it meets the requirements within this scheme.

~~We will aim to provide you with details about what the Council plans to do with your petition or action which the Council will take within 10 working days of receipt of your petition. The Council will treat something as a petition if it is identified as being a petition, or if it appears that it is intended to be a petition.~~

Paper petitions should be sent to:

The Petitions Officer  
North West Leicestershire District Council  
PO Box 11051  
Coalville  
LE67 0FW

or be created, signed and submitted on-line by following this link

<http://minutes-1.nwleics.gov.uk/mgEpetitionListDisplay.aspx>

If a petition is delivered direct to the Council Offices it should be handed direct to the Reception Staff at Whitwick Business Centre, Stenson Road, Coalville, Leicestershire LE67 4JP.

In order to ensure the neutrality of Officers no petition should be handed directly to an officer, other than the Reception Staff, and no photographic or video recording of the delivery of the petition is permitted within the Council Offices.

If you would like advice on this Scheme please contact Member Services on 01530 454512

##### 2. What are the ~~Guidelines~~Requirements for Submitting a Petition?

Petitions submitted must:

- (a) include a clear and concise statement covering the subject of the petition. ~~It should state and~~ what specific action the petitioners wish the Council to take; ~~and~~
- ~~(b) it should relate to an issue which affects the District and/or over which the Authority has some influence;~~

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(b) be a Valid Petition as set out in section 3 of this Petition Scheme;

(c) include the name ~~and~~, address and signature of every person supporting the petition; ~~and The address should be that at which you live, work or study in the District;~~

(d) include ~~the contact details, including~~ an address and telephone number, for the petition organiser. This is the person the Council will contact to explain how it will respond to the petition. ~~The~~ If the petition does not identify a petition organiser, the Council will contact the first signatory must be able to present the petition; at any relevant meeting.

~~(e) the Council~~ The Council's Petition Officer will not accept any petitions that in his/her opinion do not meet these requirements.

### 3. ~~where there are no contact details for~~ Valid Petitions

To be a Valid Petition, the petition organiser must:

- Be about a matter for which the Council has a responsibility or which affects the first signatory ~~District;~~
- Not be vexatious, derogatory, defamatory, frivolous or offensive;
- Not concern a Council employment or staffing matter or sensitive personal information about a Councillor;
- Not require the disclosure of confidential or Exempt Information;
- Not be substantially the same issue/subject as a petition which has been received by the Council in the past 12 months;
- Not relate to a specific licensing or planning decision and/or a matter which already has a specific legal right of appeal;
- Not relate to a matter or issue that the public has already been consulted on in the past 12 months, or is due to be consulted on within the next 12 months;
- Not request Council to do something which conflicts with Council policy;
- Not relate to issues in relation to possible misconduct of District or Parish Councillors;

If the Petitions Officer rejects a petition for not being a Valid Petition, then he/she will notify you of the rejection and tell you the reasons why. The Petitions Officer will also notify the Chief Executive and the relevant Strategic Director if appropriate.

### 4. Who can Sign a Petition?

~~In order to sign a petition you must be living, working or studying in the District. 3. Who can Sign a Petition?~~

~~In order to sign a petition you must be living, working or studying in the District. When signing a petition, the address you submit must be that at which you live, work or study in the District. A blank petitioning form is available for your use from the Council's website.~~

### 4.5. How will the Council Respond to Petitions?

The Council will always adopt a pragmatic approach to dealing with petitions and will endeavour to resolve issues raised by a petition directly, where appropriate. How the Council responds to a petition will depend on what the petition asks for and how many people have signed it, but may include one or more of the following:

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- (a) the relevant Strategic Director dealing with the issue directly;
- (b) taking the action requested in the petition;
- (c) considering the petition at a Council / Cabinet meeting;
- (d) holding an inquiry into the matter;
- (e) undertaking research into the matter at Scrutiny;
- (f) holding a public meeting;
- (g) holding a consultation;
- (h) holding a meeting with petitioners;
- (i) referring the petition for consideration by one of the Council's Scrutiny Committees
- (j) calling a referendum; and
- (k) writing to the petition organiser setting out the Council's views about the request in the petition, which may include taking no action.

In addition to these steps, the Council will consider all the specific actions it can potentially take on the issues highlighted in the petition.

## 56. Types of Petition

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There are a number of types of petition. They are set out below. How the Council will deal with them is explained later in this document.

TYPE OF PETITION	NUMBER OF SIGNATORIES REQUIRED	BRIEF DESCRIPTION OF THE DIFFERENT TYPES
Ordinary petitions	15 signatories	<ul style="list-style-type: none"> <li>• Does not fall within other types below.</li> <li>• Relates to things for which Council has responsibility for or affect the area or over which the Council has influence.</li> </ul>

TYPE OF PETITION	NUMBER OF SIGNATORIES REQUIRED	BRIEF DESCRIPTION OF THE DIFFERENT TYPES
Petitions to hold an officer to account	1,000 signatories	<ul style="list-style-type: none"> <li>• If you want the petition to be considered at the relevant Scrutiny Committee.</li> <li>• You can ask a senior Council officer to answer questions on the conduct of a particular matter, explain progress on an issue or explain the advice given to members to enable them to make a particular decision.</li> <li>• Senior staff that can be called to account in this way are the Council's Chief Executive and the relevant Strategic Director. The relevant Scrutiny Committee may decide that it would be appropriate for another officer to give evidence, if for example the named officer has left the organisation or moved jobs.</li> </ul>
Petitions for debate	2,000 signatories	<ul style="list-style-type: none"> <li>• If you want the petition to be reported and debated at a full Council meeting by councillors.</li> <li>• No facility to call a named officer to account or answer questions.</li> </ul>

## 6. Exemptions

Petitions for Officers – 15 – 1,000 signatories

Petitions for Cabinet – 1,001 to 2,000 signatories

Petitions for Council – More than 2,000 signatories

## 7. What Happens When a Petition is Received

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In respect of a petition of any sort:

- It will be acknowledged to the petition organiser within 2 working days of receipt.
- We will aim to provide you with details about what the Council plans to do with your petition or action which the Council will take within 10 working days of receipt of your petition.

#### Petitions for Officers

- The Petitions Officer ~~may reject~~ will ask the relevant Strategic Director to take some action. For example, if the petition relates to fly tipping the Strategic Director for Communities can arrange for it to be cleared up directly. The Petitions Officer will notify the relevant portfolio holder and ward councillors of receipt of the petition.

#### Petitions for Cabinet

- Cabinet will, where possible, decide, by resolution, how to respond to the petition at the meeting. Cabinet could:
  - take the action requested by the petition (if it has the power to do so);
  - not to take the action requested for reasons put forward in the debate;
  - commission further investigation into the matter by a Committee / officers;
  - refer to Council. The relevant Strategic Director / Chief Executive will be responsible for producing a report in consultation with the portfolio holder to give effect to the referral to Council.

#### Petitions for Council

- Council will, where possible, decide, by resolution, how to respond to the petition at the meeting. Council could:
  - take the action requested by the petition (if it has the power to do so);
  - not to take the action requested for reasons put forward in the debate;
  - commission further investigation into the matter by a Committee / officers;
  - refer to Cabinet (if it falls within Cabinet's decision-making powers) with or without Council's recommendations for Cabinet consideration. The relevant Strategic Director / Chief Executive will be responsible for producing a Cabinet report in consultation with the portfolio holder to give effect to Council's referral to Cabinet.

General rules on how petitions will be dealt with at Council / relevant Scrutiny Committee meetings:

- ~~A maximum of two petitions which are, in his/her opinion, only will be permitted at any meeting. Only one petition will be permitted if the Head of Legal and Support Services receives notice of a deputation under Council Procedure Rule 19.~~
- ~~not concerned with an issue which affects the District or do not raise matters over which the Authority has responsibility or has some influence;—~~
- ~~defamatory, illegal, scurrilous, frivolous, offensive, out of~~ Petitions that do not relate to an item of business already on the agenda will be considered before the normal business of the meeting.
- ~~Petitions will be considered in the order or relates to a specific licensing or planning application;—~~
- ~~relates to substantially the same issue / subject as a petition which has been they were received by the Authority in the last 12 months;—~~  
Petitions Officer.
- ~~requests the Council to do something which conflicts with Council policy.~~

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2. ~~If you wish to raise issues of possible District or Parish councillor misconduct under the Members' Code of Conduct and the Local Government Act 2000 then you should do this via the formal member complaint process. Details of how you can do this, the process and a complaint form are available on the Council's website at <http://www.nwlcics.gov.uk/pages/conduct-complaints-and-standards>. You can telephone the Monitoring Officer for advice on this process on 01530 454762.~~

3. ~~Duplicate petitions — if more than one petition is received in time for a particular meeting, each supporting the same outcome on one matter, each petition organiser will be treated as an independent petition organiser but only the petition organiser of the first petition will be invited to address the meeting.~~

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4. ~~If the petition applies to a planning or licensing application, is a statutory requirement (for example, requesting a referendum on having an elected mayor), or is on a matter where there is already an existing right of appeal, such as Council Tax banding and non-domestic rates, other procedures apply. Further information on all these procedures and how you can express your views is available from the following contacts:~~

- (a) ~~Planning — 01530 454668~~
- (b) ~~Licensing — 01530 454844~~
- (c) ~~Council Tax — 01530 454545~~
- (d) ~~Referendum — Elections Office 01530 454512~~

5. ~~If your petition is about something that a different council or other organisation is responsible for, the Council will give consideration to what the best method is for responding to it. This might consist of simply forwarding the petition to the other Council, but could involve other steps. In any event, the Council will always notify you of what action has been taken.~~

~~— If the Petitions Officer rejects a petition for any of these reasons, then he/she will notify you of the rejection and tell you the reasons why. The Petitions Officer will also notify the Chief Executive and the relevant Strategic Director if appropriate.~~

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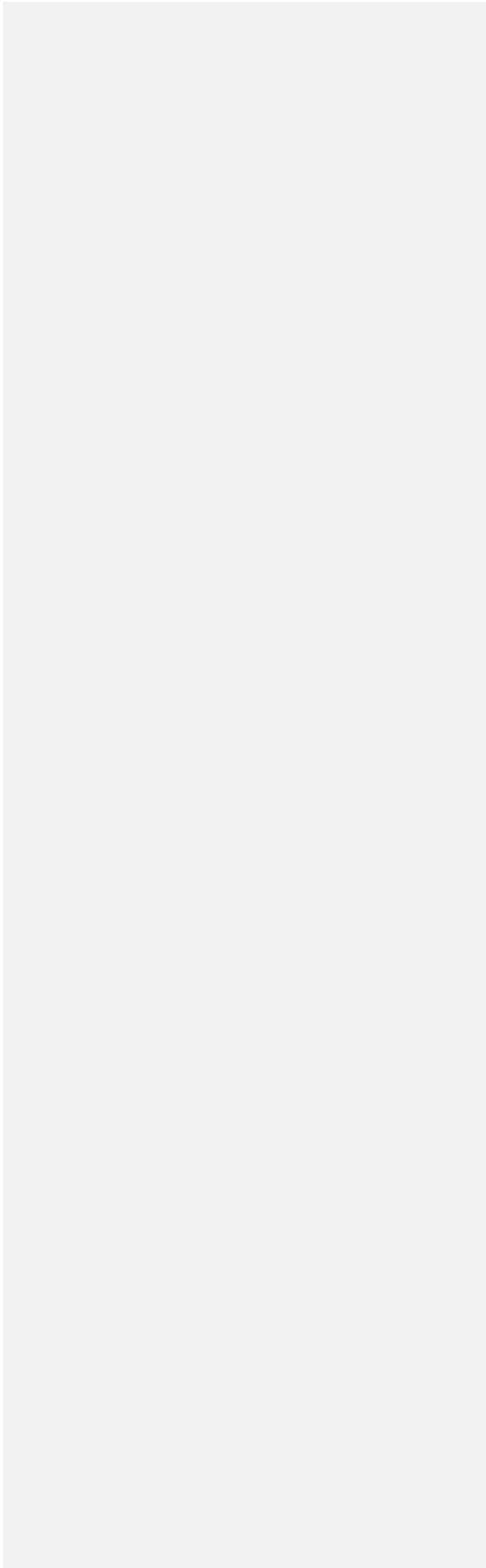
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- A maximum of 30 minutes in total will be allowed for considering petitions at any meeting. Any petitions not dealt with within the time allowed will be deferred to the next available meeting.
- The Chair may invite an officer or portfolio holder to set out the process which will be followed at the meeting before inviting the petition organiser to address the meeting as set out above.

## ~~7. What Happens When a Petition is Received~~

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<p>When a petition is received, of whatever sort</p>	<ul style="list-style-type: none"> <li>● <del>It will be acknowledged to the petition organiser within 2 working days of receipt.</del></li> <li>● <del>We will aim to provide you with details about what the Council plans to do with your petition or action which the Council will take within 10 working days of receipt of your petition.</del></li> <li>● <del>In some cases the Petitions Officer may be able to resolve the petitions request directly, by asking the relevant Cabinet member or relevant Strategic Director to take some action. For example, if the petition relates to fly tipping the Strategic Director for Communities can arrange for it to be cleared up directly. Where this is done, the Petitions Officer will ask the petition organiser whether he/she considers that the matter is resolved. The Petitions Officer will inform the petition organiser at the time of acknowledgement that they intend to try and resolve the matter in this way.</del></li> <li>● <del>If the petition organiser is satisfied with the proposed direct action he/she will be asked to confirm this to the Petitions Officer. If the petition organiser does not confirm that they are satisfied with the proposed direct action within 10 working days from the date of the detailed response then the Petitions Officer will assume that the petition organiser is satisfied and that no further action is required.</del></li> <li>● <del>If the petition organiser is not satisfied with the proposed direct action then he/she should notify the Petitions Officer within 10 working days from the date of the detailed response. The Petitions Officer will, as soon as practicable, respond to the organiser setting out:</del> <ul style="list-style-type: none"> <li><del>— who the petition will be reported to for consideration;</del></li> <li><del>— if the matter is to go to a meeting, when and where that meeting will take place;</del></li> <li><del>— inviting the organiser to attend that meeting and address the meeting in accordance with the Petition Scheme;</del></li> <li><del>— any invitation to address the meeting is in addition, but will be dealt with separately, to any other public speaking rights at the meeting.</del></li> </ul> </li> <li>● <del>At the same time, the Petitions Officer will notify the relevant portfolio holder and ward councillors of receipt of the petition.</del></li> </ul>
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	<ul style="list-style-type: none"> <li>• <del>Within 10 days of receipt of the petition the Petitions Officer will enter details of the petition on the Council's website including the:</del> <ul style="list-style-type: none"> <li><del>— subject matter of the petition;</del></li> <li><del>— the date of receipt;</del></li> <li><del>— what will happen with it;</del></li> <li><del>— the petition organiser's contact details (unless they request that they are not made public).</del></li> </ul> </li> <li>• <del>The petitions website will be updated through the process of consideration of the petition to ensure that petitioners can track progress on their petition.</del></li> </ul>
Ordinary petition	<ul style="list-style-type: none"> <li>• <del>The Petitions Officer will arrange for the petition to be reported to the next convenient meeting of full Council.</del></li> <li>• <del>The Chair will invite the petition organiser to address Council for up to 5 minutes on the subject of the petition. If the petition organiser is not present at Council the petition will fail and will not be considered.</del></li> <li>• <del>Members may question the petition organiser and make initial comments for 5 minutes.</del></li> <li>• <del>The relevant portfolio holder or Board or Committee Chair may then address the meeting for up to 5 minutes.</del></li> <li>• <del>There shall be no vote taken on an ordinary petition. A member may propose that the subject matter be placed on the next convenient ordinary meeting of the relevant Board or Committee. The motion shall be moved and seconded and put to the vote without discussion or debate.</del></li> <li>• <del>If no such motion is moved or carried then Council takes no further action with the petition. The petition will be referred to the relevant Strategic Director or Service Manager who will respond to the petition organiser in writing within 28 days to explain what happened at Council.</del></li> </ul>

<p>Petition to hold an officer to account</p>	<ul style="list-style-type: none"> <li>• Will be reported to the next convenient meeting of the relevant Scrutiny Committee.</li> <li>• In advance of the meeting the petition organiser will be invited to submit a list of questions to the Petitions Officer on the subject of the petition which they would like the Officer to answer at the meeting.</li> <li>• The questions will be given to the Chair and the relevant Strategic Director / officer concerned in advance of the meeting.</li> <li>• The Chair can decide whether they are appropriate to ask.</li> <li>• The Chair, on advice of the Head of Legal and Support Services, may reject questions if they are defamatory, illegal, scurrilous, frivolous, offensive, or out of order, or if they do not relate to the subject matter of the petition.</li> <li>• The Chair will invite the petition organiser to address the Committee for up to 5 minutes on the subject of the petition. This includes asking the pre-submitted questions.</li> <li>• The officer being called to account will report to the Committee on the conduct of the subject matter of the petition and/or will consider the questions submitted by the petition organiser (in advance of the meeting) and which have not been rejected by the Chair.</li> <li>• The Chair may then ask questions of the petition organiser and invite the Committee to do the same.</li> <li>• The Chair will invite any relevant ward councillors present to address the meeting. A maximum of 5 minutes in total will be allowed to hear from the ward members.</li> <li>• The Chair will then invite the officer called to account to address the meeting again if necessary.</li> <li>• Having heard the petition organiser and officer called to account, The relevant Scrutiny Committee may debate and decide what to do with the petition. This may include:</li> </ul>
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	<ul style="list-style-type: none"> <li>— making recommendations on a matter to the relevant Strategic Director / Chief Executive;</li> <li>— referring the matter to the relevant Strategic relevant Strategic Director / Chief Executive, Committee, Board or Group for consideration;</li> <li>— referring the matter to a Task and Finish Group for more detailed work.</li> </ul> <ul style="list-style-type: none"> <li>• The petition organiser will receive written confirmation of the decision following the meeting.</li> </ul>
Petitions for debate	<ul style="list-style-type: none"> <li>• Will be reported to the next convenient meeting of full Council.</li> <li>• The Chair will invite the petition organiser to address Council for up to 5 minutes on the subject of the petition. If the petition organiser is not present at Council, the petition will fail and will not be considered.</li> <li>• The Chair will invite the Cabinet portfolio holder to address the meeting for up to 5 minutes.</li> <li>• The Chair will invite any relevant ward members to address the meeting. A maximum of 5 minutes in total will be allowed to hear from ward members.</li> <li>• The matter will then be open for a general debate in line with the usual rules of debate.</li> <li>• Council will, where possible, decide, by resolution, how to respond to the petition at the meeting. Council could: <ul style="list-style-type: none"> <li>— take the action requested by the petition (if it has the power to do so);</li> <li>— not to take the action requested for reasons put forward in the debate;</li> <li>— commission further investigation into the matter by a Committee / officers;</li> <li>— refer to Cabinet (if it falls within Cabinet's decision-making powers) with or without Council's recommendations for Cabinet consideration. The relevant Strategic Director / Chief Executive will be responsible for producing a Cabinet report in consultation with the portfolio holder to give effect to Council's referral to Cabinet.</li> </ul> </li> <li>• The petition organiser will receive written confirmation of the decision following the meeting.</li> </ul>

General rules on how petitions will be dealt with at Council / relevant Scrutiny Committee meetings	<ul style="list-style-type: none"> <li><del>• A maximum of two petitions only will be permitted at any meeting. Only one petition will be permitted if the Head of Legal and Support Services receives notice of a deputation under Council Procedure Rule 19.</del></li> <li><del>• Petitions that do not relate to an item of business already on the agenda will be considered before the normal business of the meeting.</del></li> <li><del>• Petitions will be considered in the order they were received by the Petitions Officer.</del></li> <li><del>• A maximum of 45 minutes in total will be allowed for considering petitions at any meeting. Any petitions not dealt with within the time allowed will be deferred to the next available meeting.</del></li> <li><del>• The Chair may invite an officer or portfolio holder to set out the process which will be followed at the meeting before inviting the petition organiser to address the meeting as set out above.</del></li> </ul>
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## 8. E-petitions

The Council welcomes e-petitions which are created and submitted through its website <http://minutes-1.nwleics.gov.uk/mgEpetitionListDisplay.aspx>. E-petitions must follow the same guidelines as paper petitions. The petition organiser will need to provide the Council with their name, postal address and e-mail address. You will also need to decide how long you would like your petition to be open for signatures. The maximum time that a petition may remain open is six months.

When you create an e-petition, it may take five working days before it is published on-line. This is because the Council has to check that the content of your petition is suitable before it is made available for signature. If the Council feels it cannot publish your petition for some reason, you will be contacted within this time to explain why not. You will be able to change and resubmit your petition if you wish. If you do not do this within ten working days, a summary of the petition and the reason why it has not been accepted will be published on the website.

When an e-petition has closed for signature, it will automatically be submitted to the Petitions Officer. In the same way as a paper petition, you will receive an acknowledgement within ten working days. If you would like to present your e-petition to a meeting of the Council, please contact Member Services on 01530 454512 within ten working days of receipt of the acknowledgement.

A petition acknowledgement and response will be e-mailed to everyone who has signed the e-petition and elected to receive this information. The acknowledgement and response will also be published on this website.

## 9. *How do I “Sign” an E-petition*

When you sign an e-petition you will be asked to provide your name, your postcode and a valid e-mail address. When you have submitted this information, you will be sent an e-mail to the e-mail address you have provided. This e-mail will include a link which you must click on in order to confirm the e-mail address is valid. Once this step is complete, your “signature” will be added to the petition. People visiting the e-petition will be able to see your name in the list of those who have signed it but your contact details will not be visible.

## 10. **What can I do if I feel my Petition has not been Dealt with Properly**

~~If you feel that the Council has not dealt with your petition properly, the petition organiser has the right to request that the Council's Scrutiny Commission review the steps that the Council has taken in response to your petition. It is helpful to everyone, and can improve the prospects for a review if the petition organiser gives a short explanation of the reasons why the Council's response is not considered to be adequate.~~

~~The Commission will endeavour to consider your request as soon as possible.~~

~~Should the Commission determine the Council has not dealt with your petition adequately, it may use any of its powers to deal with the matter. These powers include instigating an investigation, making recommendations for consideration by the Council's Cabinet or arranging for the matter to be considered at a meeting of the full Council which will be the conclusion of the matter. The Scrutiny Commission will give reasons for any decision made under this review process.~~

~~Once the review has been considered, the petition organiser will be informed of the results within five working days. The results of the review will also be published on the Council's website.~~

~~There is no right of appeal about the outcome of a petition, but if you feel that the Council has not properly followed the procedure within this Scheme, you may contact the Petitions Officer.~~

If you remain dissatisfied, you can make a complaint to the Local Government and Social Care Ombudsman.

## **Appendix E – Amendments to Financial Procedure Rules**

### **SECTION F – FINANCIAL PROCEDURE RULES**

#### **Rules**

1. **Introduction**
2. **Financial Regulation A - Financial Management**
3. **Financial Regulation B - Financial Planning**
4. **Financial Regulation C - Risk Management and Control of Resources**
5. **Financial Regulation D - Systems and Procedures**
6. **Financial Regulation E - External Arrangements**

## SECTION F – FINANCIAL PROCEDURE RULES

### 1. Introduction

#### 1.1 What are the Financial Procedure Rules?

- 1.1.1 Section 151 of the Local Government Act 1972 states that “every authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their Officers has responsibility for the administration of those affairs”.
- 1.1.2 **Financial Procedure Rules** provide the framework for managing the Council’s financial affairs and are supported by more detailed Financial Management Standards which set out how the procedures will be implemented.
- 1.1.3 The procedures identify the financial responsibilities of **Full Council**, the **Cabinet** and **Officers**.
- 1.1.4 To avoid the need for regular **Amendment** due to changes in post titles generic terms are included for Officers as follows:
  - a) The term, “**S151 Officer**,” refers to the Section 151 Officer who is currently the Council’s Strategic Director for Resources.
  - b) The term, “**Chief Officers**”, refers to the Council’s **Chief Executive** and **Strategic Directors**.
  - c) The term, “**Monitoring Officer**”, refers to the **Head of Legal and Support Services**.
  - d) The term, “Chief Internal Auditor”, refers to the Audit Manager.
  - e) The term “**Budget** holder” refers to any Officer with designated responsibility for a revenue and/or capital cost centre in the annually agreed revenue Budget and capital programme. The Budget holder is responsible for financial management and compliance with these rules. This might include **Chief Executive**, **Strategic Directors**, **Heads of Service** and **Team Managers**.

#### 1.2 Why are they important?

- 1.2.1 To conduct its business effectively, the Council needs to ensure that sound financial management arrangements are in place and that they are strictly adhered to in practice. Part of this process is the establishment of **Financial Procedure Rules** which set out the financial responsibilities of the Council. These rules have been devised as a control to help the Council manage its financial matters properly in compliance with all necessary requirements.

1.1.2 Good, sound financial management is a key element of corporate governance which helps to ensure that the Council is doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.

1.1.3 Good financial management secures value for money, controls spending, ensures due probity of transactions and allows decisions to be informed by accurate accounting information. All Councillors and officers have a general responsibility for taking reasonable action to provide or the security of the assets under their control, and for ensuring that the use of the Council's resources is legal, properly authorised and provides value for money. What that means is, before spending any of the Council's money or entering into a commitment with financial consequences, officers and Councillors need to answer "Yes" to these three questions:

- **Is this spending within the Council's regulations?**
- **Can the Council afford it?**
- **Is it Value for money?**

1.1.4 Good financial management requires secure and reliable records and systems to process transactions and information and substantiate the effective use of public money.

1.1.5 These **Financial Procedure Rules** should not be seen in isolation but rather as part of the overall regulatory framework of the Council as set out in this **Constitution**.

### 1.3 **Who do Financial Procedure Rules apply to?**

1.3.1 These **Financial Procedure Rules** apply to every **Councillor** and **Officer** of the Council and anyone acting on its behalf. Councillors and Officers have a general responsibility for taking reasonable action to provide for the security and use of the resources and assets under their control and for ensuring that the use of such resources and assets is legal, is consistent with Council policies and priorities, is properly authorised, provides value for money and achieves **Best Value**.

1.3.2 These **Financial Procedure Rules** shall apply in relation to any partnership for which the Council is the accountable body, unless the Council expressly agrees otherwise.

1.3.3 Failure to observe these **Financial Procedure Rules** may result in action under the Council's disciplinary procedures.

### 1.4 **Who is responsible for ensuring that they are applied?**

- 1.4.1 **Chief Officers** and Heads of Service are ultimately responsible to the Council for ensuring that these **Financial Procedure Rules** are applied and observed by his/her staff and contractors providing services on the Council's behalf and for reporting to the **S151 Officer** any known or suspected breaches of the procedures.
- 1.4.2 The **S151 Officer** is responsible for maintaining a continuous review of the **Financial Procedure Rules** and submitting any additions or changes necessary to the Council for approval. The S151 Officer is also responsible for reporting, where appropriate, breaches of the Financial Procedure Rules to the Council and/or to the **Cabinet Members**.
- 1.4.3 The **S151 Officer** is responsible for issuing advice and guidance to underpin the **Financial Procedure Rules** which **Councillors**, **Chief Officers** and others acting on behalf of the Council are required to follow.
- 1.4.4 Any person charged with the use or care of the **Council's** resources and assets should inform him/herself of the Council's requirements under these **Financial Procedure Rules**. If anyone is in any doubt as to their obligations, then they should seek advice.
- 1.4.5 Where any **Chief Officer** considers that complying with these **Financial Procedure Rules** in a particular situation might conflict with the achievement of value for money or the principles of **Best Value** or the best interests of the Council, he/she shall raise the issue with the **S151 Officer** who will, if he/she considers necessary and appropriate, seek formal approval from the Council for a specific waiver of the procedures, or an **Amendment** to the procedures themselves.

## 2. **Financial Regulation A: Financial Management**

### **Introduction**

- A.1 Financial management covers all financial accountabilities in relation to the running of the Council, including the policy framework and **Budget**. All officers and Councillors have a duty to abide by the highest standards of probity in dealing with financial issues. This is facilitated by ensuring everyone is clear about the standards to which they are working and the controls that are in place to ensure these standards are met.

### **The Full Council**

- A.2 **Full Council** is responsible for adopting the **Constitution** and the **Councillors' Code of Conduct** in **Part 4** and for approving the policy framework and **Budget** within which the **Cabinet** operates. It is also responsible for approving and monitoring compliance with the Council's overall framework of accountability and control. The framework is set out in its Constitution. Full Council is also responsible for monitoring compliance with the agreed policy and related Cabinet decisions.

- A.3 **Full Council** is responsible for approving procedures for recording and reporting decisions taken. This includes those **Key Decisions** delegated by and decisions taken by the Council and its Boards. These delegations and details of who has responsibility for which decisions are set out in the **Constitution**.

### **The Cabinet**

- A.4 The **Cabinet** is responsible for proposing the policy framework and **Budget** to the **Full Council** and for discharging **Executive Functions** in accordance with the policy framework and budget.

- A.5 **Cabinet** decisions can be delegated to a **Sub-Committee** of the Cabinet, an individual **Cabinet Member** or an **Officer**.
- A.6 Where A.5 occurs, the **Cabinet** is responsible for establishing **Protocols** to ensure that individual **Cabinet Members** consult with relevant Officers before taking a decision within his, her or their delegated authority. In doing so, the individual Cabinet Member must take account of legal and financial liabilities and risk management issues that may arise from the decision.

### **Scrutiny Committees**

- A.7 The **Scrutiny Committees** are responsible for scrutinising **Executive Decisions** before or after they have been implemented and for holding the **Cabinet** to account. The Scrutiny Committees are also responsible for making recommendations on future policy options and for reviewing the general policy and service delivery of the Council.

### **Audit and Governance Committee**

- A.8 The **Audit and Governance Committee** is established by the **Full Council** and is responsible for promoting and maintaining high standards of conduct amongst **Councillors**. In particular, it is responsible for advising the **Council** on the adoption and revision of the **Councillors' Code of Conduct** in **Part 4**, and for monitoring the operation of the code. It may also make recommendations to the Full Council on the **Constitution**.

### **Other Regulatory Committees**

- A.9 Planning and licensing are not **Executive Functions** but are exercised through the multiparty **Planning** and **Licensing Committees** under powers delegated by the **Full Council**. The Planning and Licensing Committees report to the Full Council.

### **The Statutory Officers**

#### **Head of Paid Service (Chief Executive)**

- A.10 The Head of Paid Service is responsible for the corporate and overall strategic management of the Council as a whole. He/she must report to and provide information for the **Cabinet**, the **Full Council**, the **Scrutiny Committees** and other **Committees**. He/she is responsible for

establishing a framework for management direction, style and standards and for monitoring the performance of the organisation. The Head of Paid Service is also responsible, together with the **Monitoring Officer**, for the system of record keeping in relation to all the Full Council's decisions (see below).

## **Monitoring Officer**

- A.11 The **Monitoring Officer** is responsible for promoting and maintaining high standards of financial conduct and therefore provides support to the **Audit and Governance Committee**. The Monitoring Officer is also responsible for reporting any actual or potential breaches of the law or maladministration to the **Full Council** and/or to the **Cabinet**, and for ensuring that procedures for recording and reporting **Key Decisions** are operating effectively.
- A.12 The **Monitoring Officer** must ensure that **Executive Decisions** and the reasons for them are made public. He/she must also ensure that **Councillors** are aware of decisions made by the **Cabinet** and of those made by **Officers** who have delegated executive responsibility.
- A.13 The **Monitoring Officer** is responsible for advising all councillors and Officers about who has authority to take a particular decision.
- A.14 The **Monitoring Officer** is responsible for advising the **Cabinet** or **Full Council** about whether a decision is likely to be considered contrary or not wholly in accordance with the policy framework.
- A.15 The **Monitoring Officer**, together with the **Chief Executive**, is responsible for advising the **Cabinet** or **Full Council** about whether a decision is likely to be considered contrary or not wholly in accordance with the **Budget**. Actions that may be 'contrary to the budget' include:
- initiating a new policy
  - committing expenditure in future years to above the **Budget**
  - level incurring transfers contrary to **Virement** rules and limits
  - causing the total expenditure financed from **Council Tax**, grants and corporately held reserves to increase, or to increase by more than a specified amount.
- A.16 The **Monitoring Officer** is responsible for maintaining an up-to-date **Constitution**.

## **S151 Officer (See A Statement on the Role of the Finance Director in Local Government (CIPFA))**

A.17 The **S151 Officer** has statutory duties in relation to the financial administration and stewardship of the Council. This statutory responsibility cannot be overridden. The statutory duties arise from:

Section 151 of the Local Government Act 1972

The Local Government Finance Act 1988

The Local Government and Housing Act 1989 The  
Accounts and Audit Regulations 2003 and 2015.

A.18 The **S151 Officer** is responsible for:

the proper administration of the Council's financial affairs;

setting and monitoring compliance with financial management standards;

advising on the corporate financial position and on the key financial controls necessary to secure sound financial management;

providing financial information;

preparing the revenue **Budget** and capital programme;

**Treasury Management** and prudential indicators.

A.19 The **S151 Officer** shall:

- i. report to the **Cabinet** with respect to the level of financial resources estimated to be available in each financial year;
- ii. report to the **Cabinet** quarterly with an annual outturn on the Council's financial position and performance;
- iii. report to the **Cabinet** in respect of the Medium Term Financial Strategy.

A.20 Section 114 of the Local Government Finance Act 1988 requires the **S151 Officer** to report to **Full Council**, **Cabinet** and the External Auditor if the Council or one of its Officers:

has made, or is about to make, a decision which involves incurring unlawful expenditure;

has taken, or is about to take, an unlawful action which has resulted or would result in a loss or deficiency to the Council;

is about to make an unlawful entry in the Council's accounts.

Section 114 of the 1988 Act also requires:

the S151 Officer to nominate a properly qualified member of staff to deputise should he/she be unable to perform the duties under Section 114 personally;

the Council to provide the S151 Officer with sufficient staff, accommodation and other resources - including legal advice where this is necessary - to carry out the duties under Section 114.

## **Other Officers**

### **Budget holders**

- A.21 The **Budget** holders are responsible for ensuring that Heads of Service and the relevant **Strategic Director** are advised of the financial implications of all proposals and that the financial implications have been agreed by the S151 Officer. The Strategic Director shall then in turn advise **Cabinet**.
- A.22 It is the responsibility of the **Budget** holder to consult with the **S151 Officer** and seek approval on any matter liable to affect the Council's finances materially, before any commitments are incurred. The S151 Officer shall be consulted on the contents of any commitments in good time to be able to assess the financial implications and the S151 Officer shall incorporate into any subsequent reports such comment on the financial aspects as he/she considers necessary or appropriate.
- A.23 **Budget** holders are responsible for the control and accountability of resources consumed and generated by their service areas.

## **Other Financial Accountabilities**

### **Virement**

The scheme of virement is intended to enable Strategic Directors, Heads of Service and budget holders to manage budgets with a degree of flexibility within the overall policy framework determined by the Council, and therefore to optimise the use of resources. It is administered by the S151 Officer within guidelines set out within these financial procedure rules.

The overall budget is set by the Council. Budget holders are therefore authorised to incur expenditure in accordance with the estimates that make up the budget. The procedures for virements is the mechanism for moving resources between approved estimates or heads of expenditure. For the

purposes of this scheme, a budget head is considered to be a line in the approved estimates, or, as a minimum, at an equivalent level to the standard service subdivision as defined by CIPFA's Service Expenditure Analysis, i.e. employees, premises etc.

A virement does not create additional overall budget liability and therefore should not lead to an overspend. A virement should not be used where one off savings are used to fund recurring expenditure thereby creating future commitments, including full-year effects of decisions made part way through a year, for which future resources have not been identified.

Where an approved budget is a lump-sum budget or contingency intended for allocation during the year, its allocation will not be treated as a virement, provided that:

- (a) the amount is used in accordance with the purposes for which it has been established;
- (b) The Cabinet/Council has approved the basis and the terms, including financial limits, on which it will be allocated. Individual allocations in excess of the financial limits should be reported to the Cabinet/Council.

The movement of budgets between services as a result of changes in management responsibility or changes in accounting policy or other changes that do not affect the amount available for service provision are not classed as virements and can be approved by the S151 Officer.

A Virement that is likely to impact on the level of service activity of another service area should be implemented only after agreement with the relevant service.

In all cases the overall budget position of the Council will be considered and virements should not be requested by Strategic Directors, Heads of Service or the S151 Officer if underspends in some services are required to meet overspends in other areas. In all cases the competing demands and priorities as identified in the Council Delivery Plan will be paramount.

Strategic Directors and Heads of Service may request to vire sums within service budgets without limit provided such virement does not give rise to a change of Council policy or amend the permanent establishment. All such approval should be approved by the S151 Officer in the format requested.

All virements in excess of £50,000 will be reported within financial monitoring reports.

The S151 Officer is responsible for keeping a record of all virements and ensuring the finance system is updated in respect of approvals given.

Capital budget virements are governed by the same principles as revenue virements outlined above.

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### Supplementary Estimates

A.25 The Budget is set on an annual basis and events occur that require additional spending within the year. This is particularly the case where there is a statutory requirement which cannot be avoided. A supplementary estimate is an addition to the Council's agreed **Budget**. Supplementary estimates can be one-offs, or recurring. In either case, supplementary estimates should only be considered after all other options, such as **Virements**, or savings, have been considered. Supplementary estimates include budgets fully funded by external grant or contribution.

A.26 Any unring fenced grants will be allocated as agreed with the Senior Leadership Team.

A.27 Where the Council receives ring fenced grant income either through a bidding process or new burdens funding other than that identified in the approved budget, an additional budget will be created and Directors and Heads of Service will be allowed to incur expenditure in line with the conditions of the grant. Cabinet or Council approval is not required as the Council has no discretion over how the funds are used.

A.28 The table below sets out the approval level required based on the value of the supplementary estimates. Council funding includes, but is not limited to revenue budget reserves, Section 106, capital receipts and borrowing. In all circumstances, the S151 Officer will be consulted on the proposals. Supplementary estimates apply to capital and revenue.

Amount	Approval Required
Up to £99,999	Head of Service + S151 Officer
£100,000–£250,000	Cabinet
Over £250,000	Full Council

A.29 Where in exceptional or unexpected circumstances a Directorate is faced with a material increase in its net expenditure, which cannot reasonably be contained within its resource allocation figure for the year, the **Chief Executive** or **Strategic Directors** must (wherever possible, prior to incurring the expenditure) submit a request to **Cabinet** or **Council** for a supplementary estimate to cover the additional expenditure. The Cabinet or Council will also

decide how the expenditure will be funded, e.g. from grant, revenue, reserve, loan or otherwise.

### **Monitoring of Expenditure**

- A.30 The **Chief Executive, Strategic Directors** and Heads of Service shall monitor revenue expenditure and the Capital Strategy Group shall monitor Capital expenditure on a regular basis. Significant matters will be reported to the **Cabinet** as necessary. Both the revenue and capital forecast outturn will be reported to Cabinet on a quarterly basis.

### **Treatment of Year-end Balances**

- A.31 Any budget underspends will normally be added to the General Reserve or Medium Term Financial Plan Reserve at the end of the financial year at the discretion of the S151 Officer. Directors may instead request that specific budget underspends are transferred to the following financial year. Any such transfer of budget provisions is subject to agreement of the S151 Officer. The approval of Cabinet is also required if the budget transfer is in excess of £100,000.

Any budget overspends cannot be carried forward and will instead be funded from reserves.

### **Accounting Policies**

- A.32 The **S151 Officer** is responsible for selecting accounting policies and ensuring that they are applied consistently.

### **Accounting Records and Returns**

- A.33 The **S151 Officer** is responsible for determining the accounting procedures and records for the Council.

### **The Annual Statement of Accounts**

- A.34 The **S151 Officer** is responsible for ensuring that the annual statement of accounts is prepared in accordance with the Code of Practice on **Local Authority Accounting** in the United Kingdom: A Statement of Recommended Practice (**CIPFA/LASAAC**). Approving the annual statement of accounts is a **Council** function that has been delegated to the **Audit and Governance Committee**.

## **3. Financial Regulation B: Financial Planning**

### **Introduction**

- B.1 **Full Council** is responsible for agreeing the Council's **Budget and Policy Framework**, which will be proposed by the **Cabinet**. In terms of financial planning, the key elements are:

the corporate  
plan; the

**budget;**

the capital programme; and

the medium term financial strategy.

### **Policy Framework**

- B.2 **Full Council** is responsible for approving the **Budget and Policy Framework** (which is detailed in **Section C** of **Part 2**).

- B.3 **Full Council** is also responsible for approving procedures for agreeing variations to approved budgets, plans and strategies forming the policy framework and for determining the circumstances in which a decision will be deemed to be contrary to the **Budget and Policy Framework**. Decisions should be referred to the Full Council by the **Monitoring Officer**.

- B.4 **Full Council** is responsible for setting the level at which the **Cabinet** may reallocate **Budget** funds from one service to another. The Cabinet is responsible for taking in-year decisions on resources and priorities in order to deliver the Budget policy framework within the financial limits set by the Council.

### **Preparation of the Council's Delivery Plan**

- B.5 The **Head of Paid Service** is responsible for proposing the Delivery Plan to the **Cabinet** for consideration before its submission to the **Full Council** for approval.

### **Budgeting**

- B.6 The **S151 Officer** shall report annually to the **Cabinet** on the details of capital and revenue estimates for all the council's functions. He/she shall prepare and update annually a five-year rolling revenue **Budget** forecast. Each year the Cabinet shall consider and recommend, based on corporate priorities, the strategic allocation of resources to services and submit a report to Council.

- B.7 The format and timescale of the estimates shall be determined by the S151 Officer. It is the responsibility of the **Strategic Directors**, Heads of Service and **Team Managers** to ensure that **Budget** estimates reflecting agreed service plans are submitted to the **S151 Officer** and that these are prepared and submitted as directed by the S151 Officer.

### **Budget Monitoring and Control**

- B.8 The **Chief Executive**, **S151 Officer**, **Strategic Directors**, Heads of Service and Team Managers shall:

- a) only incur revenue expenditure where there is an approved **Budget** provision in that financial year;
- b) only incur capital expenditure where that project is in the Council's capital programme as applied to that financial year;

The S151 Officer is responsible for providing appropriate financial information to enable budgets to be monitored effectively. He/she must monitor and control expenditure against **Budget** allocations and report to the **Cabinet** on the overall position on a quarterly basis.

It is the responsibility of Team Managers to control income and expenditure within their area and to monitor performance, taking account of financial information provided by the S151 Officer. They should report on variances within their own areas. They should also take any action necessary to avoid exceeding their **Budget** allocation and alert the S151 Officer to any problems.

### **Budgetary Control - Capital**

- B.9 In addition to B8 above, the following Financial Regulations shall apply:

- a) whenever a new capital project is considered desirable, the **Chief Executive** or **Strategic Directors** shall (after submitting the project (with a detailed business case) to the Capital Strategy Group) submit the project to the **Cabinet** which shall, after considering advice from the **S151 Officer** (to include the implications of the Prudential Code if applicable and any current and future revenue implications) and other appropriate Officers, make recommendations to the Council as to its acceptance or otherwise, indicating where appropriate its inclusion on the Long Term Capital Projects List and the level of priority for its implementation;

- b) subject to (c) below, approval by **Council** of the Capital Programme shall be a prerequisite for the commencement of a project and to enter into a contract;
- c) notwithstanding approval in the Capital Programme, if the proposed or actual expenditure (excluding supervision costs) exceed the approved estimate, the **Team Manager** shall, before proceeding, refer the proposal, with the comments of the S151 Officer, to the **Cabinet**;
- d) Directors and Heads of Service shall be able to adjust the timing of delivery of capital projects between years in consultation with the portfolio holder and S151 Officer;
- e) the S151 Officer is empowered to authorise spending in an emergency on any unforeseen health and safety work relating to a project.

### **Emergencies or Disasters**

- B.10 In the event of an emergency or disaster, these Financial Regulations shall be suspended and the **Chief Executive** be given **Delegated Powers** in consultation with the Section 151 Officer, Monitoring Officer and Leader of the Council to take any action deemed necessary in respect of the financial matters of the Council, subject to such action being reported to the **Cabinet**.

### **Maintenance of Reserves**

- B.11 It is the responsibility of the **S151 Officer** to advise the **Cabinet** and/or **Full Council** on prudent levels of reserves for the Council.
- B.12 The Chief Finance Officer shall maintain reserves in accordance with the relevant codes of practice on local authority accounting in the United Kingdom and agreed accounting policies.
- B.13 The use of reserves to finance expenditure should be authorised by the **S151 Officer** unless it is explicitly authorised within the approved Budget or Capital Programme. Details of the Council's reserves will be reported in the Statement of Accounts in accordance with guidance published in the code of practice on local authority accounting. Reserve balances will be reported to Cabinet on a quarterly basis as part of the budget monitoring suite of reporting.

## **4. Financial Regulation C: Risk Management and Control of Resources**

## Introduction

- C.1 It is essential that robust, integrated systems are developed and maintained for identifying and evaluating all significant operational risks to the Council. This should include the proactive participation of all those associated with planning and delivering services.

## Risk Management

- C.2 The **Cabinet** is responsible for approving the Council's risk management policy statement and strategy and for reviewing the effectiveness of risk management. The Cabinet is responsible for ensuring that proper insurance exists where appropriate.
- C.3 The **S151 Officer** is responsible for preparing the Council's risk management policy statement, for promoting it throughout the Council and for advising the **Cabinet** on proper insurance cover where appropriate.

## Internal Control

- C.4 Internal control refers to the systems of control devised by management to help ensure the Council's objectives are achieved in a manner that promotes economical, efficient and effective use of resources and that the Council's assets and interests are safeguarded.
- C.5 The **S151 Officer** is responsible for advising on effective systems of internal control. These arrangements need to ensure compliance with all applicable statutes and regulations, and other relevant statements of best practice. They should ensure that public funds are properly safeguarded and used economically, efficiently, and in accordance with the statutory and other authorities that govern their use.
- C.6 It is the responsibility of the **Chief Executive, Strategic Directors, Heads of Service and Team Managers** to establish sound arrangements for planning, appraising, authorising and controlling their operations in order to achieve continuous improvement, economy, efficiency and effectiveness and for achieving their financial performance targets.
- C.7 The duties of providing information regarding any sums of money due to or from the Council and of calculating, checking and recording such amounts, shall be separated as completely as possible from the duty of collecting or disbursing them.

## Audit requirements

- C.8 The Audit Manager and the **S151 Officer** have a responsibility for ensuring that the Council has an adequate and effective internal audit service in operation in accordance with Section 151 of the Local Government Act 1972 and the Accounts and Audit Regulations 2015.
- C.9. The work of the Internal Audit Section will be performed with due professional care and in accordance with the Accounts and Audit Regulations 2015 and the **Global Internal Audit Standards in the UK Public Sector** (GIAS) and any subsequent guidance which updates or replaces these.
- C.10 Internal Audit is an assurance function which primarily provides an independent and objective opinion to the Council on its governance arrangements and internal controls.
- C.11 The Audit Manager will fulfil the role and responsibilities of the “Chief Audit Executive” as set-out in the GIAS. In order to perform their duties, the Audit Manager or their nominated representatives have authority to:
- a) enter at all reasonable times, any Council premises or land;
  - b) have access to all records, documents, correspondence and computer systems relating to the Council and its activities;
  - c) require and receive such explanations as necessary concerning any matter under examination;
  - d) require any employee of the Council to produce records, cash, stores or any other Council property under their control, necessary to carry out their duties.

Where necessary such rights of access may be called upon and should be granted to Internal Auditors on demand and not subject to prior notice or approval. All employees are required to assist Internal Audit in fulfilling its roles and responsibilities.

- C.12 Managers, and not Internal Audit, have ultimate responsibility for ensuring that internal controls throughout the Council are adequate and effective. This responsibility includes the duty to continuously review internal controls and ensure that they remain suitable in design and effective in operation. The existence of Internal Audit does not diminish the responsibility of management to establish and maintain systems of internal control to ensure that activities are conducted in a secure, efficient and effective manner.

### **Stores and Inventories**

- C.13 Each Team Manager shall be responsible for the custody and physical control of the stocks and stores in his/her service area and the records kept by the storekeepers shall be prescribed by the **S151 Officer**. Wherever possible, stocks and stores should be marked as the property of the Council.
- C.14 Each Team Manager, in conjunction with the **S151 Officer**, shall make arrangements for continual stock-taking covering all items at least once per year. Stock-taking procedures shall be conducted by Officers independent of the day to day activities within the system. Any surpluses or deficiencies revealed shall be reported to the S151 Officer who shall, in conjunction with the appropriate Team Manager, agree any action required/recommend to the **Cabinet** any action considered necessary.
- C.15 Stocks shall be maintained within the minimum and maximum levels determined by the appropriate Team Manager, and the maximum level shall not be exceeded, except in special circumstances with the approval of the S151 Officer.
- C.16 Each Team Manager shall prepare and maintain an inventory in a form approved by the **S151 Officer**. The inventory shall include movable plant and machinery, rolling stock, furniture, fittings and equipment. The only exception is office stationery equipment (for example; calculators, hole punches, staplers, waste bins).
- In addition to the divisional inventory, equipment purchased by the Information Technology Section, including that purchased on behalf of other Services, shall be recorded on the Information Technology inventory.
- C.17 All inventories shall be checked annually by Team Managers. Individual surpluses or deficiencies over £50 shall be dealt with in the manner prescribed for stores in paragraph C.14 (above). Where individual inventory items with an estimated value below £50 become surplus to requirements, the Council has a procedure for dealing with such items, which shall be adhered to.
- C.18 The Council's property shall not be removed otherwise than in accordance with the ordinary course of the Council's business or used otherwise than for the Council's purposes except in accordance with specific directions issued by the relevant Team Manager.
- C.19 All items appearing on the Inventory shall be indelibly marked as property of the Council.

## **Security**

- C.20 Each Team Manager shall be responsible for maintaining proper security at all times for all buildings, stocks, stores, furniture, equipment, cash, etc. under his/her control. He/she shall consult the **S151 Officer** in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.
- C.21 The maximum limit for cash holdings shall be agreed with the S151 Officer and shall not be exceeded without his/her express permission.
- C.22 Keys to safes and similar receptacles are to be carried on the person of those responsible at all times. The loss of such keys must be reported to the S151 Officer immediately the loss is discovered.
- C.23 The **S151 Officer** shall be responsible for maintaining proper security and privacy as respects information held on computer for its use, in accordance with the Data Protection Acts 1984 and 1998, the Computer Misuse Act 1990 and the Freedom of Information Act 2000.

### **Banking Arrangements**

- C.24 All arrangements with the Council's Bankers shall be made by or under arrangements approved by the **S151 Officer**, who shall be authorised to operate such banking accounts as he/she may consider necessary. Such arrangements shall be reported to the **Cabinet** from time-to-time.
- C.25 Transfers from accounts (but not between accounts) shall not be made unless authorised by one of the Financial Signatories to the Council.
- C.26 The **S151 Officer** shall be responsible for the ordering and custody of cheques to meet payments by him/her on behalf of the Council. Cheques shall be prepared, verified and accounted for under the direction of the S151 Officer and signed by him/her or one of the Financial Signatories to the Council provided that, for the purpose of this regulation only, 'signature' shall include the printed/facsimile signature of the S151 Officer.

### **Petty Cash and Float Accounts**

- C.27 The **S151 Officer** shall issue guidance as to the operation and management of these accounts.
- C.28 **Team Managers** shall ensure that:

- (a) disbursements (other than renewal of imprest) shall be limited to expenses which are unavoidable and urgent. No single item exceeding £50 in amount (unless specifically authorised by the S151 Officer) shall be paid out of the petty cash account. All payments shall be supported by a receipted voucher to the extent that the S151

Officer may require and in particular to enable the recovery of Value Added Tax.

- (b) each account is accurately maintained on an imprest system;
- (c) such accounts are not used for depositing income nor for employees personal expenditure;
- (d) an Officer responsible for an account shall make adequate arrangements for the security of cash and accounting records;
- (e) On leaving the employment of the Council or otherwise ceasing to hold an imprest advance, an Officer shall account to the S151 Officer for the amounts advanced to him/her and payments made.

### **Treasury Management**

C.29 The Council has adopted **CIPFA's** Code of Practice for **Treasury Management** in the Public Services.

C.30 The **Full Council** is responsible for approving the **Treasury Management** Policy Statement setting out the matters detailed in paragraph 15 of **CIPFA's** Code of Practice for Treasury Management in the Public Services. The policy statement is proposed to the Full Council by the **Cabinet**. The **S151 Officer** has delegated responsibility for implementing and monitoring the statement.

C.31 All money in the hands of the Council shall be aggregated for the purpose of **Treasury Management** and shall be under the control of the **S151 Officer**.

C.32 The S151 Officer is responsible for reporting to the **Cabinet** a proposed **Treasury Management** Strategy for the coming financial year at or before the start of each financial year.

C.33 All **Cabinet** decisions on borrowing, investment or financing shall be delegated to the **S151 Officer**, who is required to act in accordance with **CIPFA's** Code of Practice for **Treasury Management** in the Public Services.

C.34 The **S151 Officer** is responsible for reporting annually to the **Cabinet** on the activities of the **Treasury Management** operation and on the exercise of his/her delegated Treasury Management powers.

### **Staffing**

C.35 The **Full Council** is responsible for determining how Officer support for **Cabinet** and non-executive roles within the Council will be organised.

C.36 The **Chief Executive, Strategic Directors**, Heads of Service and Team Managers are responsible for providing overall management to staff. The Human Resources Team Manager is responsible for ensuring that there is proper use of the evaluation or other agreed systems for determining the remuneration of a job.

C.37 The **Chief Executive, Strategic Directors**, Heads of Service and Team Managers are responsible for controlling total staff numbers by:

- (a) advising the Cabinet on the **Budget** necessary in any given year to cover estimated staffing levels;
- (b) adjusting the staffing to a level that can be funded within approved **Budget** provision;
- (c) varying the provision as necessary within that constraint in order to meet changing operational needs; and
- (d) the proper use of appointment procedures.

### **Insurances**

C.38 The **S151 Officer** shall effect all insurance cover and register all claims in consultation with other Officers where necessary.

C.39 Team Managers shall give prompt notification to the **S151 Officer** in writing of all new risks, properties, vehicles or other assets which require to be insured and of any alterations affecting existing insurances.

C.40 Team Managers shall immediately notify the **S151 Officer** in writing of any loss, liability or damage or any event likely to lead to a claim and inform the police where necessary unless otherwise decided by the **Chief Executive**.

C.41 All appropriate employees of the Council shall be included in a suitable fidelity guarantee insurance.

C.42 The S151 Officer shall annually, or at such other period as he/she may consider necessary, review all insurances in consultation with other Team Managers as appropriate.

C.43 Team Managers shall consult the **S151 Officer** respecting the terms of any indemnity which the Council is requested to give.

C.44 Team Managers shall ensure that their employees are aware of any limitation of cover, e.g. motor insurance covering official duty only.

C.45 Where a claim arises which is less than or equal to the value of the excess on any policy, the Team Manager shall submit a written request to the S151 Officer to make a specific financial offer. The request must be supported by reasons in favour of settlement and can only be signed by the **Chief Executive, S151 Officer** or Team Manager.

### **Contracts**

C.46 All financial transactions under contracts should be conducted in accordance with the Council's Contract Procedure Rules.

C.47 Officers are authorised to incur **revenue** expenditure (including in relation to revenue projects) in accordance with the following authorisation levels, subject to complying with the Contract Procedure Rules (where required):

<b>Value of Expenditure</b>	<b>Authorisation</b>
Up to £1,999	Salary Bands A, B and C
£2,000 - £4,999.99	Salary Bands D, E and F
£5,000 - £9,999.99	Salary Bands G, H and I
£10,000 - £24,999.99	Team Managers
£25,000 - £49,999.99	Heads of Service
£50,000 and above	Chief Executive and Strategic Directors, plus any officers with unlimited authorisations as per the Constitution

C.48 Officers are authorised to incur **capital** expenditure in relation to capital projects in accordance with the following authorisation levels, subject to complying with the Contract Procedure Rules (where required):

<b>Value of Expenditure</b>	<b>Authorisation</b>
Up to £24,999	Team Managers and above (the Project Owner)
£25,000 - £49,999.99	Heads of Service
£50,000 and above	Chief Executive and Strategic Directors, plus any officers with unlimited authorisations as per the Constitution

- C.49 The appointed Supervising Officer in control of the works shall give written orders in respect of all variations from the specification of the works included in the contracts and copies of these orders shall be forwarded to the S151 Officer with the estimated variations in cost noted thereon. Any such extra variation, where the estimated additional cost of which exceeds 5%, shall be reported to the appropriate Board as soon as practicable with details of the reason for the additional cost and the proposed method of funding the extra cost.
- C.50 Payments to contractors on account of contracts shall be made only on a certificate issued by the Supervising Officer in control of the works which shall show the total amount of the contract, the value of work executed to date, retention money, amount paid to date and amount certified as due. Details, variations and fluctuations included in the value of work to date shall accompany the certificate.
- C.51 On completion of a contract and before the issue of the certificate for final payment thereunder, the appointed Supervising Officer shall produce to the Audit Manager a detailed statement of the work under the contract, with all vouchers and documents relating to prime cost and provisional sums and any other particulars required showing full measurements, additions, deductions and omissions. The Final Certificate shall not be issued nor shall the contractor be informed that the final account is agreed and the balance under the contract paid until:
- (a) the Audit Manager has examined the accounts, vouchers and documents, and approved the final account.
  - (b)
  - (c) If any question of propriety of payment arises, the **Cabinet** shall have directed payment.
- C.52 Claims from contractors in respect of matters not clearly within the terms of an existing contract shall be referred to the **Chief Executive/Monitoring Officer** for consideration of the Council's legal liability and where necessary, to the **S151 Officer** for financial consideration before a settlement is reached.
- C.53 Where completion of a contract is delayed beyond the completion date or any properly authorised extension thereof, it shall be the duty of the Supervising Officer to take appropriate action in respect of any claim for liquidated damages.
- C.54 In any case where the total cost of any work carried out under a contract exceeds by more than 10%, or £10,000, whichever is the lesser amount, the approved contract sum, a report of such cost shall, after agreement

of the final account, be submitted to the appropriate Board by the appropriate **Head of Service** detailing any additional cost and proposed method of funding not previously reported under Regulation C.47.

C.55 Subject to the expenditure on such matters being included in approved estimates, all orders or contracts for the supply of goods or materials or for the execution of work shall comply with the **Contract Procedure Rules** in **Part 3**.

C.56 When, in exceptional circumstances authority is sought to waive **Financial Procedure Rules**, the report to the appropriate Board must give adequate reasons and specify precisely the procedures to be waived.

### **Salaries**

C.57 The payment of all salaries, wages and other emoluments to all employees of the Council shall be made by the **S151 Officer** and under arrangements approved and controlled by him/her.

C.58 The **S151 Officer** shall be responsible for all records relating to National Insurance, Income Tax, Superannuation and Statutory Sick Pay. The Human Resources **Team Manager** shall be responsible for the issue of statements under the Contracts of Employment Acts.

C.59 Each **Head of Service** shall be responsible for the completion of timesheets by employees, other than Officers, under his/her control and for their evaluation and certification. Timesheets shall be forwarded to the S151 Officer in accordance with his/her directions, who shall be responsible for the preparation of salaries or wages. The Head of Service concerned, under the directions of the S151 Officer shall be responsible for the provision of transport and staff for the payment of salaries or wages.

C.60 Each **Head of Service** shall notify the **S151 Officer**, as soon as possible, and in a form prescribed by him/her, of all matters affecting payment of salaries and wages and in particular:

- (a) appointments, resignations, dismissals, suspensions, secondment and transfers.
- (b) Absences from duty for sickness or other reason, apart from approved leave with pay.
- (c) Changes in remuneration, other than normal increments, pay awards and agreements of general application.

- (d) Information necessary to maintain records of service for superannuation, income tax, national insurance, etc.

C.61 Each **Head of Service**, in conjunction with the Human Resources Team Manager, shall make arrangements to annually confirm the authenticity of those employees appearing on the payroll for his/her Service. Such arrangements shall include the verification of individual rates of pay.

### **Leasing**

C.62 All items proposed to be leased shall be approved by the Council prior to arrangements being made.

C.63 All leasing agreements will be arranged and agreed by the **S151 Officer**. An agreement can only be signed on behalf of the Council, by the **Chief Executive** or the S151 Officer, providing that the revenue estimate is not exceeded.

C.64 The **Head of Service** responsible for the goods to be leased shall provide the S151 Officer with such information as is required by him/her in order to obtain the best and most appropriate type of lease possible.

## **5. Financial Regulation D: Systems and Procedures**

### **Introduction**

D.1 Sound systems and procedures are essential to an effective framework of accountability and control. **General**

D.2 The **S151 Officer** is responsible for the operation of the Council's accounting systems, the form of accounts and the supporting financial records. Any changes proposed by the **Chief Executive, Strategic Directors**, Heads of Service and Team Managers to the existing financial systems or the establishment of new systems must be approved by the S151 Officer. However, the Chief Executive, Strategic Directors, Heads of Service and Team Managers are responsible for the proper operation of financial processes in their own Services.

D.3 The **Chief Executive, Strategic Directors**, Heads of Service and Team Managers should ensure that their staff receive relevant financial training that has been approved by the **S151 Officer**.

D.4. The **Chief Executive, Strategic Directors**, Heads of Service and Team Managers must ensure that, where appropriate, computer and other systems are registered in accordance with data protection legislation.

Team Managers must ensure that staff are aware of their responsibilities under freedom of information legislation.

### **Authorised Signatories**

- D.5 It is the responsibility of the **Chief Executive, Strategic Directors** and Heads of Service to ensure that a proper **Officer Scheme of Delegation** has been established within their area and is operating effectively. The Officer Scheme of Delegation should identify staff authorised to act on their behalf in respect of payments, income collection and placing orders, together with the financial limits of their authority. The financial limits will be determined by the Council's Corporate Leadership Team. Team Managers shall ensure that specimen signatures and initials of such authorised staff are sent to the **S151 Officer** and such records shall be amended by the Team Manager on the occasion of any change therein.

### **Control of Expenditure**

- D.6 Orders for goods and services shall not be issued unless the expenditure is included in an approved estimate or other specified financial provision.
- D.7 All orders shall be in writing, signed by the appropriate Team Manager or such other Officer as nominated by him/her and notified to the **S151 Officer**.
- D.8 Official orders shall be issued for all work, goods or services to be supplied to the Council except for supplies of public utility service; and for periodical payments such as rent or rates/local tax, for petty cash purchases or such other exceptions as the **S151 Officer** may approve.
- D.9 Each order shall conform to the directions of the Council with respect to central purchasing, use of contracts and the standardisation of supplies and materials and be in a form approved by the **S151 Officer** in accordance with Regulation D.2 above.
- D.10 Monied invoices and/or delivery notes should, where appropriate, accompany the delivery of goods and the receiving Officer must certify thereon, at the time of delivery, receipt of the goods. Where ordered and delivered by weight or volume the receiving Officer shall make such periodical tests as are necessary to ensure that the quantities charged have actually been delivered.
- D.11 All invoices, accounts and claims relating to amounts due from the Council shall be checked in the Service concerned and such checking being indicated by the initials of the examining Officer and certified by

the appropriate Team Managers or such other Officer as nominated by him/her. The number of the official order and the head of expenditure to which it relates must be indicated thereon. Expenditure/income should be coded in accordance with instructions issued by the **S151 Officer**, with VAT appropriately identified in order that the S151 Officer may recover output tax (VAT). A VAT invoice/receipt must be obtained in all appropriate cases.

D.12 The Team Managers concerned shall be responsible for the accuracy of accounts submitted for payment which shall be signed by the Team Managers or authorised Officer in accordance with regulation D.5. The passing of an account for payment by or on behalf of the Team Managers shall mean:

- (a) that the materials have been supplied, the work performed or the services rendered and that they are satisfactory as to quality and correct as to quantity;
- (b) that the price is in accordance with quotations, contract agreement or current market rate whichever is applicable;
- (c) that the account is allocated to the correct expenditure heading;
- (d) that all trade and cash discounts and other proper allowances have been deducted;
- (e) that the account has not been previously paid and that the copy of the official order has been marked off to prevent duplicate payment;
- (f) that the account is arithmetically correct unless a variation has been agreed by the **S151 Officer**;
- (g) that the expenditure is within the Council's legal powers.

**NOTE:** The passing of an account for payment by a Team Manager or authorised Officer confirms that he/she is satisfied that all necessary steps in the certification procedure have been satisfactorily carried out.

Accordingly, it is for the Team Manager or authorised Officer to recognise the initials of Officers carrying out this preliminary certification procedure as those of Officers who are in a position to satisfactorily perform the work responsibly. It is essential that a minimum of two Officers at least should be involved in the preliminary certifications in order that the Officer certifying that the goods have been supplied or the work done is different from the Officer certifying the remaining items. It is also desirable that the making out of official orders and the entering of goods received records are undertaken by different Officers and that this should be divorced from

the certification of invoices although it is appreciated that this is not always possible in smaller Services. A Team Manager who delegates the certification of accounts should satisfy him/herself that the procedure is operating satisfactorily by signing all accounts personally from time-to-time).

- D.13 Before authorising payments to a sub-contractor, as defined by the Inland Revenue, for construction work carried out, the certifying Officer of the Service concerned shall satisfy him/herself that the sub-contractor to whom payment is due is the holder of a valid Sub-Contractors Tax Certificate issued by the Inland Revenue, otherwise tax at the appropriate rate must be deducted as required by any statutory provisions in being at that time.
- D.14 Invoices made out by an Officer of the ordering Service and statements unaccompanied by the relative invoices and delivery notes, copy invoices or reminders shall not be accepted as a basis for payment.
- D.15 In all cases of purchase of property, the S151 Officer shall be the authorising Officer. When requesting payment he/she shall provide full particulars of the property, the name of the vendor/purchaser, the amount of purchase money, expenses and Minute authorisation. Full particulars of the property purchased shall be entered in the official Register of Properties kept by the S151 Officer.
- D.16 Duly certified accounts shall be passed without delay to the S151 Officer who shall examine them to the extent that he/she considers necessary, for which purpose he/she shall be entitled to make such enquiries and to receive such information and explanation as he/she may require.
- D.17 The S151 Officer shall be authorised to pay all accounts duly certified in accordance with these regulations. The normal method of payment shall be by cheque, BACS or other instrument drawn on the Council's banking account.
- D.18 Each **Head of Service**/Team Manager shall, as soon as possible after 31 March and no later than detailed in the final accounts timetable each year, notify the S151 Officer of outstanding expenditure relating to the previous financial year.

### **Control of Income**

- D.19 All arrangements for the collection of monies due to the Council shall be subject to approval by the **S151 Officer** in conjunction with the appropriate Team Manager and the S151 Officer shall set up debits for all items of income due. No such items over £10,000 shall be written off

as irrecoverable unless approved by the **Cabinet**. Any request to forego income shall be subject to written approval of the S151 Officer.

- D.20 The Team Managers shall promptly furnish the **S151 Officer** with such particulars in such form as he/she may require in connection with work done, goods supplied or service rendered and all other amounts due to the Council as may be required by him/her to record correctly all sums due to the Council and to ensure the prompt rendering of accounts for the recovery of income due.
- D.21 The S151 Officer shall be notified promptly of all money due to the Council and of contracts, leases and other agreements and arrangements entered into which involve the receipt of money by the Council and the S151 Officer shall have the right to inspect any documents or other evidence in this connection as he/she may decide.
- D.22 All receipt forms, books, tickets and other such items shall be ordered and supplied to Team Managers by the **S151 Officer**, who shall satisfy him/herself as to the arrangements for their control.
- D.23 Each employee who receives monies on behalf of the Council or in the normal course of their duty shall give such acknowledgment and enter up punctually such records as may be approved by the **S151 Officer**. Such income shall be paid to the S151 Officer or direct to the Council's account, either daily or when there is a sum of £100 in hand. Any variation from this procedure shall be subject to the written approval of the S151 Officer. On no account should such monies be paid into the personal account of an employee. No deduction may be made from such money save to the extent that the S151 Officer may specifically authorise. Each Officer who so banks money shall enter on the paying-in slip a reference to the related debt or otherwise indicate the origin of the cheque on the reverse of each cheque, the Officer shall enter the name of his/her Service, office or establishment.
- D.24 Personal cheques shall not be cashed out of money held on behalf of the Council.
- D.25 Every transfer of official money from one member of staff to another will be evidenced in the records of the Services concerned by the signature of the receiving Officer.
- D.26 Post-dated cheques will not normally be accepted. The only formal exception to this rule will be acceptance of a cheque, by the Assistant Senior Exchequer Services Officer, which shall not be dated more than seven working days in advance\*. This will only be allowed where the debtor has no previous history of dishonoured cheques. The Assistant Senior Exchequer Services Officer will only accept one cheque per debtor

on each occasion. Such cheques will be recorded and retained by the Assistant Senior Exchequer Services Officer.

In exceptional circumstances, any other requests to accept a post-dated cheque must have the approval of the S151 Officer.

\*(This is to allow provision where a debtor is expecting funds to be credited to a bank account during the period it is likely to take to return a cheque and receive replacement.)

D.27 The **Chief Executive, Strategic Directors**, Heads of Service or Team Managers may in conjunction with the S151 Officer write-off as irrecoverable sundry and other debts not exceeding £10,000. The Chief Executive or Heads of Service may write-off as irrecoverable sundry and other debts not exceeding £25 where these are deemed uneconomical to pursue and cannot be added to a future account. No debts over £10,000 shall be written off as irrecoverable without the approval of **Cabinet**.

**NOTE:** Outstanding debts will still be pursued after write-off should information be received which indicates that there is a possibility that the debt can be recovered.

D.28 The **Chief Executive, Strategic Directors** or Heads of Service may, in conjunction with the **S151 Officer**, write-off as non-refundable credits on accounts not exceeding £10,000. The Chief Executive or Heads of Service may write-off as non-refundable credits on accounts not exceeding £25 where these are deemed uneconomical to pursue and cannot be deducted from a future account. No such items over £10,000 shall be written off as non-refundable without the approval of the **Cabinet**.

## 6. **Financial Regulation E: External Arrangements**

### **Introduction**

E.1 The Council provides a distinctive leadership role for the community and brings together the contributions of the various **Stakeholders**. It must also act to achieve the promotion or improvement of the economic, social or environmental well-being of its area.

### **Partnerships, Joint Ventures and Companies in which the Council is a Guarantor or has a Share Holding Interest**

E.2 The **Cabinet** is responsible for approving delegations, including frameworks for partnerships. The Cabinet is the focus for forming partnerships with other local public, private, voluntary and community sector organisations to address local needs.

- E.3 The **Cabinet** can delegate functions - including those relating to partnerships - to Officers. These are set out in the **Officer Scheme of Delegation** that forms part of the **Constitution**. Where functions are delegated, the Cabinet remains accountable for them to the **Full Council**.
- E.4 The **Monitoring Officer** is responsible for promoting and maintaining the same high standards of conduct with regard to financial administration in partnerships that apply throughout the Council.
- E.5 The **S151 Officer** must ensure that the accounting arrangements to be adopted relating to partnerships, joint ventures and companies are satisfactory. He/she must also consider the overall corporate governance arrangements and legal issues when arranging contracts with external bodies. He/she must ensure that the risks have been fully appraised before agreements are entered into with external bodies.
- E.6 Team Managers are responsible for ensuring that appropriate approvals are obtained before any negotiations are concluded in relation to work with external bodies. Where it is proposed that the Council be involved in an arrangement of this nature the appropriate Officer will first consult with the S151 Officer and the **Monitoring Officer** on the proposals.
- E.7 The S151 Officer is responsible for ensuring that all funding notified by external bodies is received and properly recorded in the Council's accounts.
- E.8 Further to Regulation E.7 unless secure arrangements are put in place to Financial Regulations and this shall be stated in any such contracts. the contrary, any such arrangements will comply with the Council's

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## **Appendix F – Amendments to Appointments Committee**

### **SECTION D2 - ~~APPOINTMENTS STAFFING~~ COMMITTEE**

#### **1 COMMITTEE FORM AND STRUCTURE**

##### **Composition**

- 1.1 The ~~Appointments Staffing~~ Committee will comprise ~~four-nine~~ Councillors in Political Balance, one of whom must be a Cabinet Member, ~~plus the relevant Portfolio Holder.~~
- 1.2 ~~Members Councillors~~ and the Chair will be appointed by Full Council annually.
- 1.3 ~~When advising the Council in relation to the proposed dismissal of a Statutory Officer, an Investigatory and Disciplinary Sub-Committee will co-opt two (voting) Independent Persons in accordance with the Local Authorities (Standing Orders) (England) Regulations 2001 (as amended) to provide independent views. Full Council appoints a pool of Independent Persons which can be drawn on for this purpose.~~

##### **Quorum**

- ~~1.3~~ 1.4 The ~~Appointments Staffing~~ Committee Quorum will be 3 Councillors.

##### **Convening Meetings**

- 1.4 ~~The Chief Executive is responsible for convening all Committee meetings in accordance with the programme set by Full Council, and any meetings which have been convened at Chair's discretion in addition to those in the programme.~~
- 1.5 ~~The Staffing Committee is not intended to meet as a whole but to be a pool of members available to convene one of the following Sub-Committees as required:~~
- ~~• Appointments Sub-Committee~~
  - ~~• Investigatory and Disciplinary Sub-Committee~~
  - ~~• Appeals Sub-Committee~~

#### **2 ~~MATTERS RESERVED FOR THE APPOINTMENTS COMMITTEE~~**

~~With regard to appointments of the Councils' Statutory Officers, Chief Officers and Deputy Chief Officers:~~

- 2.1 ~~To interview shortlisted candidates for Head of Paid Service, Chief Officer, Deputy Chief Officer and Head of Service posts;~~

~~2.2 To make recommendations to Full Council on the appointment of the Head of Paid Service;~~

~~2.3 To make decisions about all permanent appointments to Chief Officer and Head of Service posts.~~

~~2.4 Undertake an annual appraisal of the performance of the Head of Paid Service.~~

~~2.5 To hear appeals from the Investigatory Committee.~~

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## **2. SUB-COMMITTEES OF THE STAFFING COMMITTEE**

2.1 Sub-Committees of the Staffing Committee are formed on an ad hoc basis to deal with appointments, disciplinary and appeals matters.

2.2 All Staffing Committee members will form a pool from which councillors will be drawn based on their availability and the requirements of the particular Sub-Committee as and when required.

2.3 The Quorum of a Sub-Committee is three Councillors and in the case of an Assessment Sub-Committee must also include the relevant Portfolio Holder.

2.4 A councillor that has made a decision as part of an Investigatory and Disciplinary Sub-Committee shall not be permitted to sit on an Appeals Sub-Committee dealing with the same subject matter.

2.5 The Chair of a Sub-Committee will be elected when the Sub-Committee is convened.

2.6 Where an Appointments Sub-Committee is convened it will have the following functions with regard to the appointment of Statutory Officers:

- To interview shortlisted candidates;
- In the case of the Head of Paid Service, make recommendations to Full Council on the appointment;
- In the case of the other Statutory Officers, to make decisions on such permanent appointments.
- Undertake an annual appraisal of the performance of the Head of Paid Service.

7. Where an Investigatory and Disciplinary Sub-Committee is convened it will have the following functions with regard to disciplinary action and/or dismissal of the Statutory Officers:

- - To appoint an independent investigator and independent advisors, if required.
  - To determine whether or not a Statutory Officer should be suspended pending investigation into allegations of misconduct or incapability.
  - To make a recommendation to Council to dismiss a Statutory Officer.
  - To approve any proposed severance payment to the Head of Paid Service that is no more than £100,000.
- 8. Where an Appeals Sub-Committee is convened it will have the following functions with regard to appeals in relation to Statutory Officers:
- - To hear appeals in relation to any disciplinary and/or dismissal matter in accordance with the procedure in the Officer Employment Rules.

Note – There will also be consequential amendments throughout the Constitution to amend reference to ‘Appointments Committee’ to ‘Staffing Committee’.

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### SECTION H – OFFICER EMPLOYMENT PROCEDURE RULES

#### Rule

1. ~~Recruitment and Appointment~~Introduction
2. Recruitment of Head of Paid Service and Chief Officers
3. Appointment of Head of Paid Service
4. Dismissal of Head of Paid Service, the Monitoring Officer and the S151 Officer
- 5 Appointment and Dismissal of Chief Officers
6. Other Officers
7. Consultation with Cabinet Members
8. Procedure for Dismissal of Head of Paid Service, the Monitoring Officer and the S151 Officer
9. Disciplinary Action – Head of Paid Service and Chief Officers
10. No Directions to be given to Persons Making Appointments or Taking Disciplinary Action

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### SECTION H – OFFICER EMPLOYMENT PROCEDURE RULES

#### 1. ~~Recruitment and Appointment~~Introduction

1.1 Subject to Rule 1.2 below, the function of appointment and dismissal of, and taking disciplinary action against, a member of staff of the Council must be discharged, on behalf of the Council by the **Head of Paid Service** or by an Officer nominated by him/her.

1.2 Rule 1.1 shall not apply to the appointment or dismissal of the Statutory Officers or the appointment of Strategic Directors.

~~(a) The Head of Paid Service;~~

~~(b) A statutory Chief Officer;~~

~~(c) A non-statutory Chief Officer;~~

~~(d) A deputy Chief Officer;~~

~~(e) A political assistant.~~

1.3 Permanent appointment shall be upon a contract which, unless terminated earlier by either party, would continue for a period of more than 18 months. Interim appointment shall be upon terms which will terminate before the expiry of a period of no more than 18 months, unless extended with the approval of ~~the an~~ **Appointments Sub-Committee** (for ~~chief and deputy Chief Statutory~~ Officers) or the **Chief Executive** (for all other Officers).

1.4 Appointment shall include designation as **Head of Paid Service, S151 Officer** and **Monitoring Officer**.

#### Declarations

1.5 Any candidate for any designation or appointment with the Council who knows that he/she is related to a **Councillor** or employee of the Council shall, when making an application, disclose, in writing, that relationship to the Head of Human Resources and Organisation Development. A person who deliberately fails to disclose such a relationship shall be disqualified from designation or appointment and, if designated or appointed, shall be liable to dismissal.

1.6 Every **Councillor** and employee of the Council shall disclose to the Head of Human Resources and Organisation Development any relationship known to him/her to exist between him/herself and any person he/she knows is a candidate for a designation or appointment by the Council.

1.7 Persons shall be deemed to be related to a candidate or Officer if they are a spouse, civil partner, partner (i.e. member of a couple living together) parent, parent-in-law, grandparent, child, step-parent stepchild, adopted child,

## Appendix G

grandchild, child of partner, brother, sister, uncle, aunt, nephew or niece or the spouse or partner of any of the preceding persons. This list is indicative, and a judgement will be made based on the closeness of the relationship.

### Seeking support for appointment

1.8 Any candidate for designation or appointment who directly or indirectly seeks the support of a **Councillor** or Officer of the Council in any designation or appointment shall be disqualified and, if designated or appointed, shall be liable to dismissal. A Councillor shall not solicit for any person in respect of any designation or appointment with the Council and shall not give a reference (oral or written) for a candidate for employment by the Council.

1.9 No candidate so related to a Councillor or **Senior Officer** will be appointed without the authority of ~~another the relevant Chief Senior Officer without such connection or an Officer nominated by him/her.~~

1.10 No Councillor will seek or canvass support for any person for any appointment with the Council.

### 2. Recruitment of ~~Head of Paid Service and Chief Officers~~

2.1 Where the Council proposes to appoint an ~~Chief Officer, (other than on an acting basis)~~ the **Head of Paid Service** or an officer nominated by him/her will:

2.1.1 draw up a statement specifying the duties of the post concerned and a specification of the qualifications or qualities to be sought in the person to be appointed;

2.1.2 make arrangements for the post to be advertised in such a way as is likely to bring it to the attention of persons who are qualified to apply for it; and

2.1.3 make arrangements for a copy of the statement mentioned in 2.2.1 to be sent to any person on request.

~~Where the Council proposes to appoint the Head of Paid Service, the Head of Human Resources and Organisational Development will carry out the above tasks.~~

~~2.2 The Appointments Committee will interview all shortlisted qualified applicants for the post.~~

~~2.3 Where following the interviews the Head of Paid Service or Head of Human Resources and Organisational Development (as applicable) is of the view that there is no suitable candidate, it will re-advertise the post.~~

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~~2.4 Where the Council proposes to appoint a Chief Officer (other than on an acting basis) the Head of Paid Service will make arrangements in connection with the appointment.~~

2.2 Where the Council proposes to appoint the **Head of Paid Service** (other than on an acting basis) the Head of Human Resources and Organisational Development will make arrangements in connection with the appointment.

### 3. Appointment of ~~Head of Paid Service~~**Statutory Officers**

3.1 Where the Council proposes to ~~a Statutory Officer or a Strategic Director,~~  
~~appoint to the Head of Human Resources and Organisational Development Paid Service, the Appointments Committee~~ will oversee the arrangements for filling the vacancy.

3.2 The **Full Council** will approve the appointment of the **Head of Paid Service** following the recommendation of ~~the an~~ Appointments ~~Sub-~~Committee, and the Full Council must approve the appointment before an offer of appointment is made.

3.3 The **Full Council** may only make or approve the appointment of the **Head of Paid Service** where no well-founded objection has been made by any **Cabinet Member**.

3.4 Where the **Full Council** does not approve the recommendation of the Committee, it shall indicate how it wishes to proceed.

3.5 ~~Statutory Officers other than the Head of Paid Service will be appointed by an Appointments Sub-Committee following a recommendation from the Head of Paid Service.~~

### 4. Dismissal of ~~Chief Executive, the Monitoring Officer and the S151 Officer~~**Statutory Officers**

4.1 ~~Dismissal of a Statutory Officer (the Head of Paid Service, the Monitoring Officer and the s151 Officer)~~ Dismissal of the Designated Statutory Officers of the Council (the Head of Paid Service, the Monitoring Officer and the S151 Officer (the 'DSOs')) will be dealt with in accordance with the Council's agreed policy. The requirements of the Local Authorities (**Standing Orders**) (England) Regulations 2001 (as amended) and the Model Disciplinary Procedure and Guidance as set out in the JNC Conditions of Service Handbook ~~have been~~will be followed in this regard.

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4.2 The dismissal of a ~~DSO~~ **Statutory Officer** must be approved by ~~the~~ Full Council, following the recommendation of such dismissal by ~~the Investigations and Disciplinary Sub-Committee~~.

4.3 The Council will consult with **Independent Persons** throughout the process.

4.4 Before the taking of a vote at the relevant meeting on whether or not to approve such a dismissal, the **Full Council** must take into account, in particular;

4.4.1 any advice, views or recommendations of the **Independent Persons**;

4.4.2 the conclusions of any investigation into the proposed dismissal; and

4.4.3 any **Representations** from the relevant Officer.

4.5 ~~The~~ **Full Council** must approve the dismissal before notice of dismissal is given.

### **5. Appointment and Dismissal of Chief Officers**

~~5.1 The appointment of a Chief Officer will be determined by the Appointments Committee.~~

~~5.2 Subject to Rule 4.2, the dismissal of a Chief Officer is the responsibility of the Investigations Committee.~~

### **56. Other Officers**

~~56.1 The functions of appointment and dismissal of, and taking disciplinary action against any Officer other than the Head of Paid Service or a Chief Officer a~~ **Statutory Officer are** the responsibility of the **Head of Paid Service** or his/her nominee, and, ~~(save in respect of deputy Chief Officers as defined in Section 2(8) of the Local Government and Housing Act 1989),~~ may not be discharged by **Councillors**. This is a requirement of the Local Authorities (Standing Orders) (England) Regulations 2001.

~~56.2 Any disciplinary action will be taken in accordance with the Council's Disciplinary Policy and Procedure, as amended by local agreement and~~ **nds** adopted from time to time.

~~6.3 Nothing in Rule 6.1 shall prevent a person from serving as a member of any Committee or Sub-Committee established by the Council to consider an appeal by an Officer against any decision relating to the dismissal of, or taking disciplinary action against that Officer.~~

### **7. Consultation with Cabinet Members**

~~7.1 No offer of an appointment or notice of dismissal in relation to the Head of Paid Service, a Chief Officer (as defined in Section 2(8) of the Local Government and Housing Act 1989) shall be given by the appointor or dismisso until:~~

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~~7.1.1 the appointor or dismissor has notified the Head of Human Resources and Organisational Development of the name of the person to be appointed or dismissed and any other particulars relevant to the appointment or dismissal;~~

~~7.1.2 the Head of Human Resources and Organisational Development has notified each Cabinet Member of:~~

~~(a) the name of the person to be appointed or dismissed;~~

~~(b) any other particulars relevant to the appointment or dismissal which the appointor or dismissor has notified to the Head of Human Resources and Organisational Development; and~~

~~(c) the period within which any objection to the making of the offer is to be made by the Leader on behalf of the Cabinet to the Head of Human Resources and Organisational Development; and~~

~~7.1.3 either:~~

~~(a) the Leader has, within the period specified in the notice under Rule 7.1.2 (c)) above notified the Head of Human Resources and Organisational Development that neither s/he nor any other Cabinet Member has any objection to the appointment or dismissal;~~

~~(b) the Head of Human Resources and Organisational Development has notified the appointor or dismissor that no objection was received within that period from the Leader; or~~

~~(c) the appointor or dismissor is satisfied that any objection received from the Leader within that period is not material or is not well-founded.~~

### **~~8. Procedure for Dismissal of Head of Paid Service, the Monitoring Officer and the S151 Officer~~**

~~8.1 A Designated Statutory Officer of the Council (the Head of Paid Service, the Monitoring Officer and the S151 Officer) (a 'DSO') may not be dismissed by the Council unless the procedures set out in this Rule 8 are complied with.~~

~~8.2 The Council will consult with Independent Persons throughout the process.~~

~~8.3 Before the taking of a vote at the relevant meeting on whether or not to approve such a dismissal, the Full Council must take into account, in particular:~~

~~8.3.1 any advice, views or recommendations of the Independent Persons;~~

~~8.3.2 the conclusions of any investigation into the proposed dismissal; and~~

~~8.3.3 any Representations from the relevant Officer.~~

~~8.4 Any remuneration allowances or fees paid by the Council to an Independent Person must not exceed the level of remuneration, allowance or fees payable to that~~

## Appendix G

~~Independent Person in respect of that person's role as an Independent Person under the Localism Act 2011.~~

### **69. Disciplinary Action - Head of Paid Service and Chief Officers**

~~69.1 Subject to Rule 48 above, the Investigations~~ an Investigatory and Disciplinary Sub-Committee has delegated authority to take disciplinary action against ~~the Head of Paid Service and Chief Officers, and to dismiss Chief Officers a Statutory Officer~~ and may recommend to Council dismissal of a Statutory Officer on disciplinary grounds

~~9.1.1 Any proposal to dismiss the Head of Paid Service, the Monitoring Officer or the S151 Officer must be approved by Full Council.~~

~~69.1.2 Any disciplinary action must be taken~~ it in accordance with the Model Disciplinary Procedure in the JNC Handbook for Chief Executives, Head of Paid Service, Investigations Committee meetings shall be convened by

~~6.3 T~~ the Monitoring Officer (in consultation with the Head of Human Resources and Organisational Development shall be responsible for determining what constitutes an allegation for consideration by an Investigation and Disciplinary Sub-Committee under the Model Disciplinary Procedure. In reach such a determination the Monitoring Officer may conduct preliminary enquiries and the following may be considered: Chair of the Investigations Committee) and the Monitoring Officer shall, in consultation with the Chair of the Investigations Committee, filter out and deal with allegations that are

- Whether the allegation is clearly unfounded, or trivial
- Whether the allegation is a complaint about a service rather than a Statutory Officer;
- Whether the allegation is a grievance that is -or can- best be dealt with under some other the Council's grievance procedure, sickness absence procedure or performance management procedure;
- Whether the allegation is serious and may therefore warrant investigation.

~~6.4 Where allegations involve the Monitoring Officer, the Head of Paid Service, in consultation with the Head of Human Resources and Organisational Development, shall determine what constitutes an allegation for consideration by an Investigation and Disciplinary Sub-Committee under the Model Disciplinary Procedure. this role shall be fulfilled by the Head of Paid Service.~~

~~6.46.5~~ Investigations Committee meetings shall be convened by the **Monitoring Officer** when required. The Council will keep records of all allegations and investigations.

### **710. No Directions to be Given to Persons Making Appointments or Taking Disciplinary Action**

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740.1 Save as specifically provided for elsewhere in these Procedure Rules, neither the Full Council nor the Cabinet or its Committees meeting, or an individual Councillor, nor any other person shall directly or indirectly:

740.1.1 give directions to any person taking any step in relation to an appointment to a post in the paid service of the Council as to the identity of the person to be appointed;

740.1.2 give directions about the taking of any disciplinary action in relation to a person in the paid service of the Council; or

740.1.3 otherwise interfere with the making of such an appointment or the taking of disciplinary action

## NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL

AUDIT AND GOVERNANCE COMMITTEE – WEDNESDAY, 4  
FEBRUARY 2026



<b>Title of Report</b>	<b>STANDARDS AND ETHICS REPORT - QUARTER 3</b>	
<b>Presented by</b>	Kate Hiller Head of Legal and Support Services	
<b>Background Papers</b>	None	<b>Public Report:</b> Yes
<b>Financial Implications</b>	There are no financial implications to be considered.	
	<b>Signed off by the Section 151 Officer:</b> yes	
<b>Legal Implications</b>	The report details the Council's compliance with legislative requirements including Freedom of Information Requests, Environmental Information Requests and use of RIPA powers from the previous quarter.	
	<b>Signed off by the Monitoring Officer:</b> yes	
<b>Staffing and Corporate Implications</b>	There are no staffing and corporate implications to be considered.	
	<b>Signed off by the Head of Paid Service:</b> yes	
<b>Purpose of Report</b>	To receive and consider the figures for the Local Determination of Complaints and Ethical Indicators for Quarter 3 of 2025/26.	
<b>Recommendations</b>	<b>THAT THE COMMITTEE NOTES THE REPORT.</b>	

## 1.0 BACKGROUND

- 1.1 The Audit and Governance Committee assists the Council in fulfilling its duty under the Localism Act 2011 to promote and maintain high standards of conduct by Councillors and co-opted Councillors of District and Parish Councils.
- 1.2 This is a quarterly report to the Committee. The Standards and Ethics Report appended provides information in two categories: Local Determination of Complaints and Ethical Indicators. Each category is split for ease of reference. The report for Quarter Three of 2025/26 is attached at Appendix 1.
- 1.3 This report will enable the Audit and Governance Committee to keep track of how many complaints are received by the Monitoring Officer each quarter and how these are dealt with. Where the Councillor Code of Conduct has been breached, this will also

be recorded to enable the Committee to determine whether there needs to be further targeted training.

- 1.4 The report also allows the Committee to have oversight on the quarterly data for Ethical Indicators. This includes reporting on instances of concern raised regarding Modern Slavery, reporting of whistleblowing incidents, whether the Council has used its RIPA powers, and several other indicators.

<b>Policies and other considerations, as appropriate</b>	
Council Priorities:	A Well-Run Council.
Policy Considerations:	N/A
Safeguarding:	Customers and the community are safeguarded in relation to modern slavery by having the ability to raise instances of concern, which must be looked into and referred to the national agencies where appropriate.
Equalities/Diversity:	N/A
Customer Impact:	None arising directly from the report. Details regarding the process for making an FOI request or making a complaint about a councillor are on the Council's website.
Economic and Social Impact:	N/A
Environment, Climate Change and Zero Carbon	N/A
Consultation/Community/Tenant Engagement:	N/A
Risks:	Receiving regular reports on the statistics of Ethical Indicators and councillor complaints enables the Committee to exercise oversight of their function under the Localism Act 2011 and manage risks.
Officer Contact	Kate Hiller Head of Legal and Support Services <a href="mailto:kate.hiller@nwleicestershire.gov.uk">kate.hiller@nwleicestershire.gov.uk</a>

# Standards and Ethics Quarter 3 Report

2025-2026

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# Introduction

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This is the quarterly report to the Audit and Governance Committee detailing both the figures for the Ethical Indicators and the figures for the Local Determination of Complaints process for 2025/26.

For clarification purposes the months covered by the quarters are as follows:

- Quarter 1 - 1 April to 30 June
- Quarter 2 - 1 July to 30 September
- Quarter 3 - 1 October to 31 December
- Quarter 4 - 1 January to 31 March

The report covers local determination of complaints, ethical indicators and Freedom of Information requests.

The quarterly reports will enable the Audit and Governance Committee to build up a picture over time of how many complaints are received and any trends where similar incidents are occurring. The parts of the Code of Conduct which have been breached will also be recorded, to enable training to be targeted effectively.

# Local Determination of Complaints

The Monitoring Officer received one complaint in Quarter 3 of 2025/26 (1 October to 31 December 2025).

One complaint received in Quarter 3 of 2024/25 is still ongoing.

Two complaints received in Quarter 1 of 2025/26 are still ongoing.

One complaint received in Quarter 2 of 2025/26 is still ongoing.

## 2.1 Assessment Sub-committee Decisions

The Monitoring Officer pursues an informal dispute resolution process prior to initiating formal proceedings via the Sub-committee route. No complaints have been resolved informally in Quarter 3.

There has been one Assessment Sub-committee meeting in this quarter. This relates to a complaint received in Quarter 1. The Sub-committee decided to refer the complaint to the Monitoring Officer for further action and therefore this complaint is still ongoing.

## 2.2 Determination Sub-Committee Decisions

None to report - see above.

# Complaints made to the Monitoring Officer under the Code of Conduct during Q3 2025/26

Qtr 3 25/26	Complaint from	About District/ Parish councillor	Regarding	Status
	Member of the public	Parish Councillor	Treatment by cllr in relation to concerns raised about an event	Ongoing
186	Parish Councillor	Parish Councillor	Misleading the public and being disrespectful towards others	Ongoing

This table helps to show where there are patterns forming as to behaviour complained about, to enable the Audit and Governance Committee to determine where there needs to be further training for councillors. Some matters may not have been found to be a breach of the Code, but it is still important to know what issues are being raised so that future complaints can be prevented. So far this year, the following areas of the Code have been complained about:

- Treating others with respect
- Bullying, harassment and discrimination
- Confidentiality and access to information
- Use of position
- Bringing the Council into disrepute

# Ethical Indicators

PERFORMANCE INDICATOR	Q1			Q2			Q3			Q4		
	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26	22/23	23/24	24/25
Instances of concerns raised re Modern Slavery	0	1	0	0	0	0	1	0	0	0	0	0
Instances of concerns raised re Modern Slavery referred to national agencies	0	0	0	0	0	0	0	0	0	0	0	0
Number of whistle blowing incidents reported	0	0	0	0	0	0	0	0	0	0	0	0
Number of Challenges to procurements	0	0	0	0	0	0	0	0	0	0	0	0
Public interest Reports	0	0	0	0	0	0	0	0	0	0	0	0
Objections to the Councils Accounts	0	0	0	0	0	0	0	0	0	0	0	0
Disciplinary action relating to breaches of the Member/Officer Protocol	0	0	0	0	0	0	0	0	0	0	0	0
Follow up action relating to breaches of the Member/Officer Protocol	0	0	0	0	0	0	0	0	1	0	0	0
Use of RIPA powers	0	0	0	0	0	0	0	0	0	0	0	0

# FOI Data for Q1 25/26

	Subject Access Requests (SARs)											
	Q1			Q2			Q3			Q4		
	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26	22/23	23/24	24/25
Total number received	11	11	25	11	10	24	9	12	19	10	8	21
% answered on time		100%	100%		90%	87%	78%	92%	95%		88%	95%
Internal reviews		1	0		0	0			0			1

188	Freedom of Information Requests (FOIs)											
	Q1			Q2			Q3			Q4		
	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26	22/23	23/24	24/25
Total number received	157	122	161	196	132	154	157	197	161*	148	194	204
% answered on time	93%	89%	91%	86%	90%	90%	92%	92%	93%	91%	92%	90%
Internal reviews	1	0	4	2	0	2	1	1	1	1	0	1

	Environmental Information Requests (EIRs)											
	Q1			Q2			Q3			Q4		
	23/24	24/25	25/26	23/24	24/25	25/26	23/24	24/25	25/26	22/23	23/24	24/25
Total number received	6	4	10	5	6	15	3	1	14	7	3	6
% answered on time		100%	90%	80%	100%	87%	100%	100%	93%		100%	85%
Internal reviews		0	0	0	0	1	0	0	1		0	0

The Council received fewer SAR in this Quarter than in Q2. The number being dealt with on time is ahead of target.

This Quarter saw an increase in FOI Requests from Q2. The number dealt with on time is ahead of target.

The number of EIRs answered on time has improved from the previous quarter.

\*12 of these FOI Requests are in progress and a response is not yet due

## NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL

AUDIT AND GOVERNANCE COMMITTEE – WEDNESDAY, 4  
FEBRUARY 2026



<b>Title of Report</b>	<b>REVIEW OF CORPORATE GOVERNANCE POLICIES - INFORMATION GOVERNANCE FRAMEWORK</b>	
<b>Presented by</b>	Paul Stone Director of Resources	
<b>Background Papers</b>	Audit and Governance Committee Report 6 August 2025 – Review of Corporate Governance Policies	<b>Public Report:</b> Yes
<b>Financial Implications</b>	There are no financial implications to be considered.	
	<b>Signed off by the Section 151 Officer:</b> Yes	
<b>Legal Implications</b>	The Information Governance Framework and policies are reviewed annually to ensure any updates in the law are noted so that the Council acts in accordance with the law.	
	<b>Signed off by the Deputy Monitoring Officer:</b> Yes	
<b>Staffing and Corporate Implications</b>	The suite of Corporate Governance Policies, including the Information Governance Framework, is regularly reviewed to ensure the Council operates effectively, in line with the appropriate standards.	
	<b>Signed off by the Head of Paid Service:</b> Yes	
<b>Purpose of Report</b>	To receive the Committee's comments on the Council's annual review of the remaining Corporate Governance Policies comprising the Information Governance Framework, ahead of Cabinet.	
<b>Recommendations</b>	<b>THAT THE AUDIT AND GOVERNANCE COMMITTEE PROVIDES ANY COMMENTS IT MAY HAVE FOR CONSIDERATION BY CABINET WHEN IT MEETS TO CONSIDER THE POLICIES ON 24 FEBRUARY 2026.</b>	

## 1.0 BACKGROUND

1.1 The Council is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards. In discharging this responsibility, the Council has in place arrangements for the governance of its affairs and staff.

1.2 The following documents constitute the Council's suite of Corporate Policies:

Policy	Last Reviewed
Anti-Fraud and Corruption Policy	2025
Anti-Money Laundering Policy	2025
Confidential Reporting (Whistleblowing) Policy	2025
Risk Management Policy	2025
RIPA Policy	2025
Local Code of Corporate Governance	2025
<b>Information Governance Framework</b>	<b>2024</b>
<b>Data Protection Policy</b>	<b>2024</b>
<b>Information Security Policy</b>	<b>2024</b>
<b>Information Rights Policy</b>	<b>2024</b>
<b>Records Management Policy</b>	<b>2024</b>

1.3 The Committee considered six of the policies within the Council's suite of Corporate Policies at its meeting on 6 August 2025. At that meeting, it was advised that the documents comprising the Information Governance Framework were undergoing a more thorough review, which had taken longer than expected due to the fact it involved cross-working between various services, including Information Governance and IT. For that reason, the Information Governance Framework documents were proposed to be brought to this meeting of the Audit and Governance Committee.

1.4 The Committee's views are now sought on the Information Governance Framework policies ahead of consideration by Cabinet at its meeting on 24 February 2026.

## 2.0 POLICY REVIEW

2.1 The policies have been reviewed by the relevant officers responsible for them. The main changes to each policy are summarised below. It is also noted that not all sections of the Data (Use and Access) Act 2025 have come into force, and further updates may be required when the remaining parts of the Act are enacted. The policies have, therefore, been updated to acknowledge that the policy owner has authority to make minor changes as a result of any changes in legislation and/or guidance.

### Information Governance Framework

The Framework has been updated to include reference to the Privacy and Electronic Communications Regulations 2003 and the Data (Use and Access) Act 2025 as relevant legislation. Reference to the Surveillance Camera System Senior Responsible Officer has been removed, as this will now separately form part of the Surveillance Camera

Technologies Procedure, with reference to this being made in the Policies and Procedures section.

### **Data Protection Policy**

The policy has been updated to include reference to the Data (Use and Access) Act 2025, and has undergone a substantial update in respect of CCTV and Surveillance Camera Technologies at Paragraph 7, to refer to the Council's Procedure which will deal with the use and management of surveillance cameras and is to be read in conjunction with the Data Protection Policy.

### **Information Security Policy**

This policy has undergone a substantial review, and an entirely new version has accordingly been produced, to ensure the Council's information security is as up to date and robust as possible.

The Introduction is expanded to reference evolving threats, interconnections with suppliers and cloud complexity, and the Scope/Responsibilities are tidied (e.g., Senior Information Risk Owner (SIRO) and IT Manager roles retained and employee duties clarified).

It subsumes several standalone sections from the previously approved policy (e.g., detailed Information Classification levels, Data Retention, Password Management, Encryption, Physical Security, Third-Party Vendors) into broader controls (e.g., Access Control, IT Software and Equipment, and Incident Response pointing to the Council's procedures).

It adds explicit items on acceptable use (linking to Internet and Email Conditions), remote access, third-party system access, software licensing, cloud hosting security, backups, malware monitoring, and fraud-mitigation controls, while simplifying incident reporting to follow the Data Breach and Information Security Incident Procedure.

Overall, the new version consolidates guidance, removes granular "how-to" content, and strengthens governance/operational controls, reflecting a cleaner policy-level document with current ownership and publication details.

### **Information Rights Policy**

The policy has been updated to include reference to the Data (Use and Access) Act 2025, including updating the timescale for data subject rights requests being responded to by the Council no later than one month from the date of the request (rather than as soon as possible, as previously). The policy has also been updated to make it clear that Freedom of Information Act requests and Environmental Information Regulations requests must be responded to within the statutory timescales of 20 working days.

### **Records Management Policy**

The policy has been updated to include reference to the Data (Use and Access) Act 2025. Amendments have been made to the Information Asset Owners' roles and responsibilities.

<b>Policies and other considerations, as appropriate</b>	
Council Priorities:	A Well-Run Council.
Policy Considerations:	As detailed within the report.
Safeguarding:	Protecting people's data is considered to be safeguarding our community.
Equalities/Diversity:	N/A.
Customer Impact:	Policies will assist to protect the customer from Information Security incidents.
Economic and Social Impact:	Policies will assist to protect the customer from any negative economic impacts.
Environment, Climate Change and Zero Carbon	N/A.
Consultation/Community/Tenant Engagement:	N/A.
Risks:	As part of its Corporate Governance arrangements, the Council must ensure that Risk management is considered and satisfactorily covered in any report put before elected Members for a decision or action. The purpose of this report is to set out the review undertaken by Information Governance Framework authors and detail the changes made. As part of this, the Framework is reviewed annually.
Officer Contact	Paul Stone Strategic Director of Resources  Paul.stone@nwleicestershire.gov.uk



# Data Protection Policy

Item	Details
Reference:	Information Governance-1 DPP
Status:	Final
Originator:	Head of Legal & Support Services
Owner:	Data Protection Officer
Version No:	1:2
Date:	24 September 2024

Key policy details

Approvals

Item	Date of Approval	Version No.
Consulted with N/A		
Reviewed by Audit and Governance Committee	7 August 2024	1:1
Approved by Cabinet	24 September 2024	1:1
Consulted with Internal Audit	October 2025	1:2

The policy owner has the authority to make the following minor changes without approval.

- **Operational Changes** - any modification in data protection procedures or required alignments with other documents within the Information Governance Framework.
- **Regulatory Decisions** - when Court or regulatory decisions impact information security practices.
- **Legislation and Guidance Changes** - If there are changes in legislation or regulatory guidance related to data protection the policy owner should review and update this policy accordingly.

Policy Location

This policy can be found at NWLDC’s website and the Sharepoint page under current policies tab.

Equality Impact Assessment (EIA)

Completed by	Completion date
Fay Ford	1 June 2024
Laurent Flinders	14 October 2025

Revision History

Version Control	Revision Date	Summary of Changes
1:1	July 2024	Creation of Document
1:2	October 2025	Update to include the Data (Use and Access) Act 2025 Implementation of CCTV and Surveillance Camera Technologies Update to the Data Protection Principles to include Accountability Update to Data Subject rights to include automated decision making

Policy Review Plans

This policy is subject to a scheduled review once every year or earlier if there is a change in legislation or local policy that requires it.

**Distribution**

Title	Date of Issue	Version No.
Distributed to Cabinet	24 September 2024	1:1
Published on NWLDC Website	27 September 2024	1:1

**Data Protection Policy**

**1. Introduction**

North West Leicestershire District Council ('the Council') has responsibilities under the Data Protection Act 2018(DPA 2018), UK General Data Protection Regulation (UK GDPR), Data (Use and Access) Act 2025 (DUAA), Local Government Acts and the Human Rights Act 1998 to protect rights of privacy and ensure that personal data is sufficiently protected when it is being processed.

The Council is required as part of its overall information governance structure to ensure that appropriate controls are implemented and maintained in the collection and use of personal information pertaining to its customers, clients and staff and that these are in accordance with the requirements of the current data protection law (the DPA 2018 and the UK GDPR along with other legislation).

In most cases the Council will be the data controller for the personal data it processes. A data controller is the organisation or person who determines and controls the purpose for the processing of personal data. In some cases, the Council may be a joint data controller with another organisation.

There may also be circumstances in which the Council has appointed a third party to process data on its behalf and in such circumstances that party will be a data processor but the Council will remain the data controller.

This policy sets out the Council's approach to complying with the above legislation in relation to data protection and forms part of the Council's Information Governance Framework, which applies to all staff including employees, councillors, agency staff, contractors, volunteers or any other persons who have access to, or use the Council's information concerning personal data.

**2. Scope**

This policy forms part of the Council's Information Governance Framework, which applies to all staff including employees, councillors, agency staff, contractors, volunteers or any other persons who have access to, or use the Council's information.

The scope of this policy requires compliance with the principles defined in law.

**Personal data** is defined as:

Any information related to an identified or identifiable living natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identifications number,

location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person (Article 4 UK GDPR).

**Special category personal data** is defined as personal data relating to any of the following (Article 9 UK GDPR):

- Racial or ethnic origin.
- Political opinions.
- Religious or Philosophical beliefs.
- Trade Union membership.
- Genetic or biometric data for the purpose of uniquely identifying a natural person.
- Data concerning health.
- Sex life or sexual orientation.

**Criminal Offence data** is personal data relating to criminal convictions and offences or related security measures (Article 10 UK GDPR).

Section 10 of the Data Protection Act provides the framework for processing data relating to criminal convictions and offences.

Criminal offence data can only be processed:

- Under the control of official authority, or
- If authorised by domestic law - this means that one of the conditions in schedule 1 of the DPA is met.

All personal data must be protected. Special category personal data and criminal offence data may require special protection measures.

### 3. Principles of Good Practice

The UK GDPR includes seven key principles outlined in Article 5, which must be adhered to whenever personal data is processed. Processing includes obtaining, recording, using, holding, disclosing and deleting personal data.

All employees processing personal data must ensure they adhere to the principles as defined in the data protection law which require that personal data is:

- Used fairly lawfully and transparently.
- Used for specified, explicit and legitimate purposes.
- Used in a way that is adequate, relevant and limited to only what is necessary.
- Accurate and where necessary kept up to date.
- Kept for no longer than is necessary for the purposes for which it was collected.
- Handled in a way that ensures appropriate security including protection against unlawful or unauthorised processing, access, loss destruction or damage.
- Accountability- As a data controller the Council is responsible for complying with the above principles and must be able to demonstrate compliance.

### 4. Access and use of Personal Data

This policy applies to everyone that has access to personal data and includes any third party or individual who conducts work on behalf of North West Leicestershire District Council or who has access to personal data for which the council is responsible and who

will be required contractually or otherwise to comply with this policy.

The Policy is also applicable to Members who create records in their capacity as representatives of the Council.

It is an offence for any person to knowingly or recklessly obtain, procure or disclose personal data, without the permission of the data controller.

All data subjects are entitled to:

- Be informed about how data is being used.
- Access personal data.
- Have incorrect data updated.
- Have data erased.
- Stop or restrict the processing of data.
- Data portability (allow data subjects to get and reuse data for different services).
- Object to how data is being processed in certain circumstances.
- Not be subject to a decision based solely on automated processing, including profiling, which produces legal or similarly significant effects.

The above rights are not absolute and only apply in certain circumstances

The Council will process all personal data in accordance with the relevant legislation. Where the Council is seeking to pursue a new project or process that involves the use of personal data, a data protection impact assessment will be carried out to assist the Council in systematically analysing, identifying and minimising the data protection risks.

The Council will only process personal data where it complies with the data protection principles under the legislation and in doing so will only process the minimum personal data required for the intended purpose. The Council will also seek to use anonymised data where appropriate to do so in order to avoid the retention of personal data where it is not necessary to retain it.

In the collection and retention of personal data, the Council will take reasonable steps to ensure that the personal data held is accurate, up-to-date and not misleading. All personal data will be retained in accordance with the Council's retention schedule.

The Council holds an information asset register, which includes information about data processing activities and any systems that process personal information.

Personal data will be processed and stored by the Council in accordance with the Council's IT Security Policy. Where the Council appoints a third party to process personal data on its behalf, it will enter into a data processing agreement with the third party to ensure that the personal data is sufficiently protected. The Council will ensure that information processed by third parties is done so in line with legal requirements and good practice.

The Council has privacy notices which explain why it collects personal data, how that personal data is used and shared (if applicable), and the rights that people have over their personal data.

## **5. Sharing Personal Data**

There may be a need for the Council to share personal data that it holds with another

party, in which case it will only do so where it has a legal obligation, power or permission to do so. Where appropriate, individuals will be informed that their personal data is being shared and any personal data shared will be undertaken confidentially and securely.

The Council will ensure that data sharing agreements are in place (where appropriate) to set out the terms on which personal data will be shared with another party. The Council also maintains a register of data sharing arrangements.

Where personal data is being transferred, the Council will endeavour not to transfer personal data outside of the European Union, to third countries or international organisations unless there is a legal requirement to do so or it can be evidenced that appropriate safeguards are in place as required by data protection legislation. In the event that international transfers are being considered, a data protection impact assessment will be undertaken.

Personal data within the Council will only be accessed by those employees that need to access the information for their role and business need. There may be circumstances in which it is appropriate to limit access to certain personal data to specific members of staff, due to the sensitive nature of the personal data and/or how it is being used.

## **6. Information Security Incidents**

The Council has a procedure for reporting, logging and investigating information security incidents. Where such information security incidents indicate that there has been a breach of data protection legislation, the Council will consider whether it is appropriate and necessary to report the breach to the Information Commissioner's Office in accordance with the Council's procedure.

All incidents of a personal data breach must be reported to the Data Protection Officer via the [staff portal](#). As much information as possible should be provided and reported as soon as or within '24hrs' of the incident being identified.

An information security incident includes but is not restricted to the following:

- The loss or theft of data or information.
- The transfer of data or information to those who are not entitled to receive that information.
- Attempts (either failed or successful) to gain unauthorised access to data or information storage or a computer system.
- Changes to information or data or system hardware, firmware or software characteristics without the Council's knowledge.
- The unauthorised use of a system for the processing or storage of any data by any person.

## **7. CCTV and Surveillance Camera Technologies**

Surveillance Cameras Systems are recognised as all forms of technology that are able to capture, record and process images of persons and/or other forms of personal data.

The Council has a Surveillance Camera Technologies Procedure that sets out the deployment, use and management of Surveillance Camera System to ensure that all legal, regulatory and ethical frameworks are complied with.

This Policy in conjunction with the Surveillance Camera Technologies Procedure will ensure the key principles of surveillance are adhered to including, but not limited to:

- Surveillance must be necessary, proportionate and justified.
- Systems must have a defined purpose (e.g crime prevention, public safety)
- Data Protection Impact Assessments (DPIAs) must be completed before deployment and reviewed annually.
- Clear signage and public awareness for overt systems.

This Data Protection Policy and the Surveillance Camera Procedure shall apply to all forms of Surveillance Camera Technologies operated by the Council, including the following:

- CCTV
- Automatic Number Plate Recognition (ANPR)
- Body worn cameras.
- Unmanned aerial systems (UAS)
- Vehicle mounted CCTV systems
- Mobile CCTV systems
- Facial Recognition Systems
- CCTV algorithms/analytics

If the Council introduces, or seeks to introduce, new forms of surveillance technology that capture Personal Data but are not listed above, the provisions of this Data Protection Policy will apply, and the Council will consider whether this policy requires amendments to take account of the specifics of the new technology.

The operation of Surveillance Camera Systems will be undertaken with regards to the following legislation:

- Data Protection Act 2018 (DPA 2018)
- UK General Data Protection Regulation (UK GDPR)
- The Human Rights Act 1998
- The Regulation of Investigatory Powers Act 2000
- Freedom of Information Act 2000 (FOIA)
- The Surveillance Camera Code of Practice under the Protection of Freedoms Act 2012 (Popham 2012)

A central register of all surveillance systems will be held by the Councils Data Protection Officer & ICT Team Manager to oversee compliance.

### **Further Information**

The Information Commissioner's Office (ICO) is the independent authority set up to monitor compliance with the Data Protection Act and General Data Protection Regulation. It also issues guidance and good practice notes. You can contact the ICO here [Information Commissioner's Office \(ICO\)](#).

The ICO can consider complaints about an organisations failure to comply with the Act and regulations following the initial reply from that organisation.





# Information Security Policy

Item	Details
Reference:	Information Governance-1-ISP
Status:	Final
Originator:	Head of Legal and Support Services
Owner:	ICT Manager
Version No:	1:1
Date:	5 January 2026

## Key policy details

### Approvals

Item	Date of Approval	Version No.
Consulted with N/A		
Reviewed by Audit and Governance Committee	7 August 2024	1:1
Approved by Cabinet	24 September 2024	1:1

The policy owner has the authority to make the following minor changes without approval.

- **Operational Changes** - any modification in information security or technology procedures or required alignments with other documents within the Information Governance Framework.
- **Regulatory Decisions** - when Court or regulatory decisions impact information security practices.
- **Guidance Changes** - If there are changes in regulatory guidance related to information security the policy owner should review and update this policy accordingly.

### Policy Location

This policy can be found on the Council's website.

### Equality Impact Assessment (EIA)

Completed by	Completion date
Fay Ford	August 2024

### Revision History

Version Control	Revision Date	Summary of Changes
1:1	24 September 2024	Creation of Document
1.2	5 January 2026	Revised

### Policy Review Plans

This policy is subject to a scheduled review once every year or earlier if there is a change in legislation or local policy that requires it.

This policy will be reviewed annually, or sooner should significant events or developments necessitate an update.

### Distribution

<b>Title</b>	<b>Date of Issue</b>	<b>Version No.</b>
Distributed to Cabinet	24 September 2024	1:1
Published on NWLDC Website	27 September 2024	1:1

## **Information Security Policy**

### **1. Introduction**

This Information Security Policy outlines the Council's commitment to protect North West Leicestershire District Council's ("The Council") information assets against all internal, external, accidental or deliberate threats and minimise risks related to information security. Information is a critical asset for the Council. The security of information assets, as well as the supporting processes, systems and networks, is essential to maintaining operational effectiveness, reputation, financial accuracy and legal compliance.

The Council is subject to a wide variety of sophisticated security threats, including malware, hackers and computer-assisted fraud. The dependence on data, information systems and services means that the Council is vulnerable to these threats.

The requirement to interconnect the Council's network with suppliers and partners, alongside the growing use of Cloud services, makes security increasingly complex.

Information security is characterised as the preservation of:

- Confidentiality - ensuring that information is only available to those who have authorisation to have access.
- Integrity - safeguarding the accuracy and completeness of information and processing methods.
- Availability - ensuring that authorised users have access to information and associated assets when required.

The confidentiality, integrity and availability of Council data are vital to its operations and public trust.

Information security management is an ongoing cycle of activity aimed at continuous improvement in response to changing threats and vulnerabilities. It can be defined as the process of protecting information from unauthorised access, disclosure, modification or destruction and is vital for the protection of information and the Council's reputation.

The Council has a statutory obligation to have sound information security arrangements in place. The Data Protection Act 2018 emphasises the importance of technical and organisational measures to ensure secure processing of personal data. The security principle under the UK GDPR emphasises processing personal data securely through appropriate technical and organisational measures.

This document should be read in conjunction with the Council's ICT and Security Procedure.

### **2. Scope**

This policy forms part of the Council's Information Governance Framework, which applies to all staff including employees, councillors, agency staff, contractors, volunteers or any other persons who have access to, or use the Council's information systems and data. It applies to all information assets as defined in the Council's Records Information Management Policy.

Application of this policy applies throughout the information lifecycle from acquisition/creation, through to utilisation storage and disposal. It should be read in conjunction with the Council's internal procedures, including the ICT Cyber and Security Procedure.

### **3. Responsibilities**

#### **The Senior Information Risk Owner (SIRO)**

- is responsible for managing Information Security within the authority.

#### **The IT Manager**

- is responsible for the implementation of this policy.

#### **All employees**

- must adhere to this policy and report any security incidents promptly
- are responsible for protecting information assets and following security best practices.

### **4. Authorised Use**

Access to information for which the Council is responsible is permitted in support of the Council's areas of business or in connection with a service utilised by the Council. Authorised users are defined as Council employees, elected members, authorised contractors, temporary staff and partner organisations.

### **5. Acceptable use**

All users of ICT systems and information for which the Council is responsible must agree to, and abide by, the terms of the Council's Internet and Email Access – Conditions of Use policy document.

### **6. Information Classification**

All information must be handled in a way appropriate to its sensitivity, in accordance with the Information Classification Procedure.

### **7. Access Control**

The Council will ensure that:

- Users are only granted access to the IT systems and data necessary to fulfil their role;
- Remote access services are configured to minimise opportunities for unauthorised access or denial of service;
- All IT equipment is adequately secured to prevent theft and critical IT infrastructure is physically secured to prevent unauthorised access;
- All IT systems are designed, configured and managed to minimise opportunities for unauthorised access or denial of service;
- The use of passwords is managed to minimise the risk of unauthorised

- access to IT systems or data;
- Controls are applied to prevent unauthorised access to information stored on removeable media; and
- Third party access to Council systems is authorised and controlled and third parties with such access must adhere to the Information Governance Framework, including other information governance policies.

## **8. IT Software and Equipment**

The Council will ensure that:

- All hardware and software is kept up to date to minimise the likelihood of security vulnerabilities being exploited;
- IT equipment is properly configured and managed to reduce the risk of malware and other security threats;
- Resources are hosted in cloud computing environments that are maintained to an acceptable level of security as deemed by the ICT Team Manager;
- All software is licenced and only installed by IT staff;
- Controls are implemented to reduce the risk to the confidentiality, integrity and availability of IT systems and data caused by malicious software (malware);
- Systems are monitored to ensure malicious activity is detected; and
- Controls are implemented to minimise the impact of any system unavailability;
- Procedures are implemented to minimise the Council's exposure to fraud, theft or disruption of its systems such as segregation of duties, dual control, peer review or staff rotation in critical susceptible areas; and
- Data protection is integrated into the Council's processing activities and business practices from the design stage right through the lifecycle (data protection by design and by default); and
- Data is held on a network directory where possible and that routine backup processes capture the data.

## **9. Incident Response**

Breaches of this policy and/or security incidents can be defined as events which could have, or have resulted in, loss or damage to Council assets, or an event which is in breach of the Council's security procedures and policies. All Council employees, councillors, agency staff, contractors, volunteers or any other persons who have access to, or use the Council's information systems and data have a responsibility to report security incidents and breaches of this policy as quickly as possible through the Council's Data Breach and Information Security Incident Procedure. The Council will take appropriate measures to remedy any breach of the policy and its associated procedures and guidelines through the relevant frameworks in place. In the case of an individual then the matter may be dealt with under the disciplinary process and advice will be sought from the Council's Human Resources team.

## **10. Security Training and Awareness**

The Council is committed to promoting safe working practices. All employees will receive security awareness training commensurate with the classification of information and systems to which they have access. Staff working in specialised roles will receive

appropriate training relevant to their role. Relevant information security policies, procedures and guidelines will be accessible and disseminated to all users. It remains the employees' responsibility to ensure they are adequately informed of information security policies and procedures.

## **11. Compliance with Legal and Contractual Obligations**

The Council will abide by all UK legislation relating to information storage and processing including:

- Data Protection Act 2018
- UK General Data Protection Regulation 2018
- The Freedom of Information Act 2000
- The Environmental Information Regulations 2004
- The Computer Misuse Act 1990
- The Human Rights Act 1998
- The Copyright Designs and Patents Act 1988

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# Information Governance Framework

Item	Details
Reference:	Information Governance -1-IGF
Status:	Final
Originator:	Head of Legal & Support Services
Owner:	Data Protection Officer
Version No:	1:2
Date:	24 September 2024

Key policy details

Approvals

Item	Date of Approval	Version No.
Consulted with N/A		
Reviewed by Audit and Governance Committee	7 August 2024	1:1
Approved by Cabinet	24 September 2024	1:1
Consulted with Internal Audit	October 2025	1:2

The policy owner has the authority to make the following minor changes without approval.

- **Operational Changes** - any modification in data protection procedures or required alignments with other documents within the Information Governance Framework.
- **Regulatory Decisions** - when Court or regulatory decisions impact information security practices.
- **Legislation and Guidance Changes** - If there are changes in regulatory guidance related to data protection the policy owner should review and update this policy accordingly.

Policy Location

This policy can be found at the Council’s website and Sharepoint page under current policies tab.

Equality Impact Assessment (EIA)

Completed by	Completion date
Fay Ford	1 June 2024
Laurent Flinders	14 October 2025

Revision History

Version Control	Revision Date	Summary of Changes
1:1	July 2024	Creation of Document
1:2	October 2025	<ul style="list-style-type: none"><li>• Update to Surveillance Camera Technologies Responsible Officers</li><li>• Inclusion of the following legislation: Privacy and Electronic Communications 2003 (PECR) Data (Use and Access) Act 2025</li><li>• Amendment to the Policies and Procedure section under the Information Governance Framework</li></ul>

		<ul style="list-style-type: none"><li>Amendment to the Surveillance Camera System Senior Responsible Officer. This information is covered in the Surveillance Camera Technologies Procedure</li></ul>
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Policy Review Plans

This policy is subject to a scheduled review once every year or earlier if there is a change in legislation or local policy that requires it.

Distribution

Title	Date of Issue	Version No.
Distributed to Cabinet	24 September 2024	1:1
Published on NWLDC website	27 September 2024	1:1

Information Governance Framework

1. Introduction

North West Leicestershire District Council (the “Council”) processes information in a variety of ways in order to effectively and efficiently deliver services to its customers. The Council recognises that good information management is key to ensuring that information is used appropriately and that the relevant legislation and guidance is complied with. It is of paramount importance that information is efficiently managed and that appropriate accountability, standards, policies and procedures provide a robust governance framework for effective information management.

This Information Governance Framework captures the Council's approach to holding, obtaining, recording, using and sharing information, as well as how the Council ensures that sufficient technical and organisational measures are in place to safeguard it. It includes the principles of information governance, policies and procedures, roles and responsibilities and training requirements.

2. Scope

This Information Governance Framework and the documents within it apply to all staff including employees, councillors, agency staff, contractors, volunteers or any other persons who have access to, or use the Council’s information. It applies to all types of information and data, both electronic and manual, which is held, processed or transmitted by the Council.

Information includes all paper and electronic records, whether that be raw or analysed data, informal or formal documents, customer or other records and any other type of content.

Non-compliance with this Framework and associated policies could potentially expose the Council and/or its customers to unacceptable risk.

3. Principles

Information governance spans a variety of activities that the Council undertakes. The following principles apply to all information held by the Council and form the foundation of good information governance:

1. Information Rights - the Council has legal obligations to provide information when requested.
2. Records Management - the Council must retain information for an appropriate period of time and manage records effectively.
3. Data Protection - the Council is required to have appropriate safeguards in place to protect our information, especially personal data.
4. Information Security - the Council must ensure that it has technical measures in place to ensure that the handling of its information is secure.



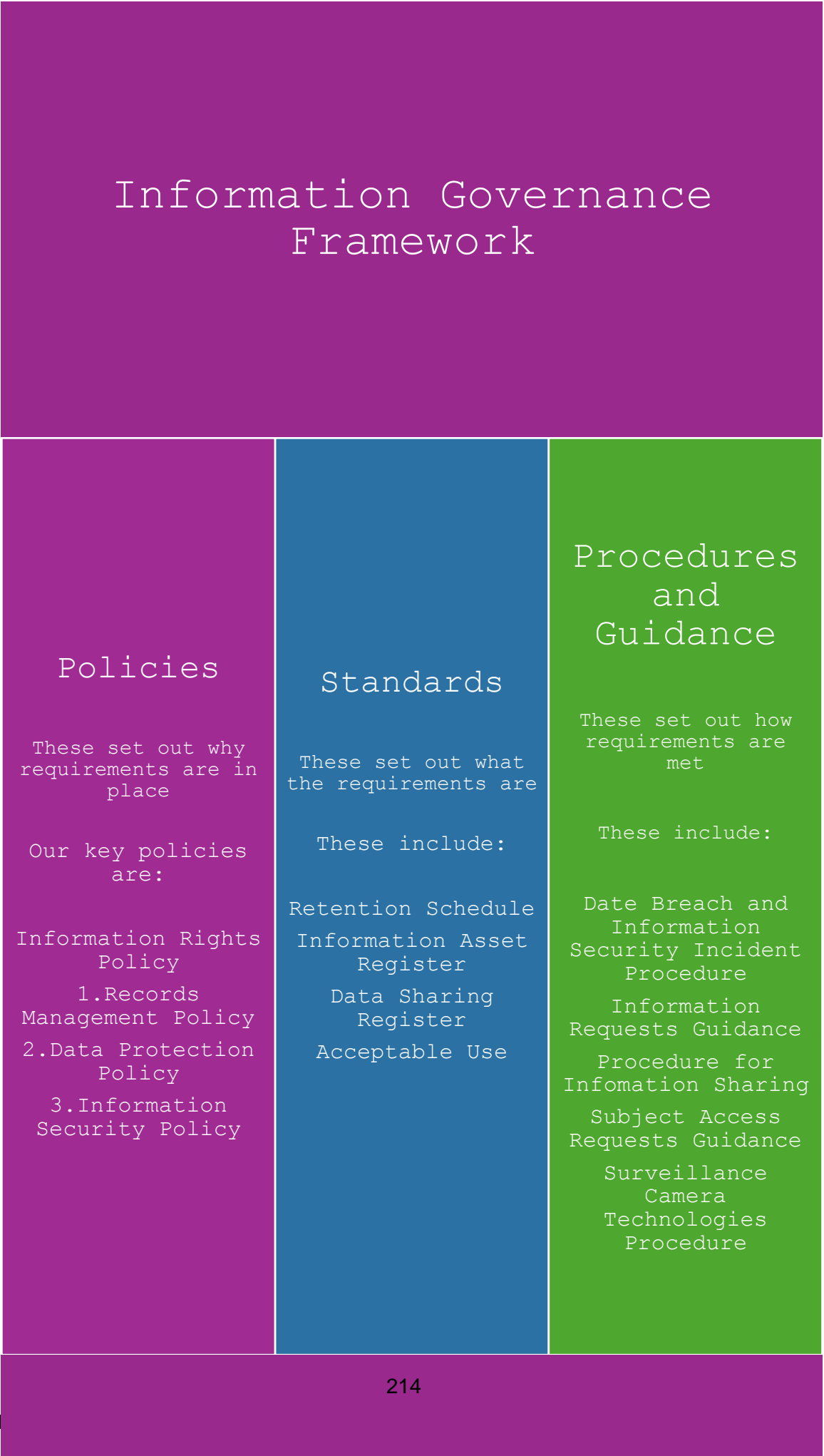
It is important that staff understand what information they need to do their job and how these principles apply to the information they handle.

#### 4. Policies and Procedures

In line with the above principles, this Information Governance Framework includes four key policies:

1. Information Rights Policy
2. Records Management Policy
3. Data Protection Policy
4. Information Security Policy

Underpinning these policies are internal standards, procedures and guidance that set out how the policy requirements will be achieved.



## 5. Roles and Responsibilities

The **Senior Information Risk Owner (“SIRO”)** is the Head of Legal and Support Services.

The SIRO has the following responsibilities:

- To be accountable for risk management in relation to information governance at the Council;
- To take overall ownership of the organisation's information risk approach, including the information governance framework; and
- To oversee the Data Breach and Information Security Incident Procedure and the Council's compliance in relation to dealing with information security incidents (data breaches).

The SIRO is supported by the Council's **Data Protection Officer (“DPO”)**, who has the following key responsibilities:

- To monitor compliance across the organisation to ensure that the Council meets its obligations under data protection legislation and applicable guidance;
- To ensure that the Council develops, implements, reviews and updates measures to comply with data protection legislation;
- To ensure that the Council has an appropriate training programme to make members of staff aware of their responsibilities in relation to information governance and data protection;
- To deal with any complaints in relation to the processing of personal data;
- To be responsible for the Council's approach to dealing with information security incidents and ensure that any personal data breaches are fully investigated and reported through the appropriate channels if appropriate; and
- To act as the contact point for the ICO on issues relating to the processing of personal data and to co-operate with the ICO in relation to any enquires and/or investigations.

The DPO is part of the **Information Governance Team** that manages information governance on a day-to-day basis across the organisation and supports staff in how they handle information.

### Information Asset Owners

Information Asset Owners are team managers with responsibilities for service areas. Team managers in their capacity as Information Asset Owners are responsible for ensuring that staff and contractors know of their responsibilities, understand and follow procedures for handling, releasing and disposing of information. They will consult with the DPO as required.

## **IT Security**

The ITC team manager is responsible for Information security for the Council.

## **6. Training and Guidance**

All staff must complete annual training on data protection. This training is delivered electronically via an e-module for the majority of staff. Where members of staff do not have IT access, alternative arrangements are in place.

Training specific to managers will be delivered to Team Managers and Corporate Leadership Team (CLT) as part of the Council's annual Corporate Governance Programme, as and when required.

Training for specific service areas will also be delivered on an ad hoc basis, as and when circumstances demand.

The Council has an internal information governance toolkit for staff to use to access the documents within the framework, including relevant procedures and guidance.

In addition to the above, the Information Governance Team promote good information governance via a variety of methods, including internal blogs, bulletins and where necessary, corporate emails.

## **7. Monitoring and Review**

This Information Governance Framework will be reviewed each year to coincide with the review of the Council's Corporate Governance policies. It will also be updated and/or amended as necessary to reflect changes in legislation and best practice.

## **8. Relevant Legislation**

The following legislation is relevant to this Information Governance Framework:

- The UK General Data Protection Regulation
- Data Protection Act 2018
- Human Rights Act 1998
- Protection of Freedoms Act 2012
- Freedom of Information Act 2000
- Environmental Information Regulations 2004
- Local Government Acts
- Computer Misuse Act 1990
- Privacy and Electronic Communications 2003 (PECR)
- Data (Use and Access) Act 2025



# Information Rights Policy

Item	Details
Reference:	Information Governance -1-IRP
Status:	Final
Originator:	Head of Legal and Support Services
Owner:	Data Protection Officer
Version No:	1:2
Date:	24 September 2024

**Key policy details**

## Approvals

Item	Date of Approval	Version No.
Consulted with N/A		
Reviewed by Audit and Governance Committee	7 August 2024	1:1
Approved by Cabinet	24 September 2024	1:1
<b>Consulted with Internal Audit</b>	<b>20 October 2025</b>	<b>1:2</b>

The policy owner has the authority to make the following minor changes without approval.

- **Operational Changes** - any modification in information rights procedures or required alignments with other documents within the Information Governance Framework.
- **Regulatory Decisions** - when Court or regulatory decisions impact information rights practices.
- **Legislation and Guidance Changes** - If there are changes in regulatory guidance related to information rights the policy owner should review and update this policy accordingly.

## Policy Location

This policy can be found on the Council's website and the Sharepoint page under current policies tab.

## Equality Impact Assessment (EIA)

Completed by	Completion date
Fay Ford	1 June 2024
Laurent Flinders	14 October 2025

## Revision History

Version Control	Revision Date	Summary of Changes
1:1	July 2024	Creation of Document
1:2	October 2025	Update to include Data (Use and Access) Act 2025 Inclusion of timescales under Data Protection rights Inclusion of timescales under the FOI & EIR

## Policy Review Plans

This policy is subject to a scheduled review once every year or earlier if there is a change in legislation or local policy that requires it.

**Distribution**

<b>Title</b>	<b>Date of Issue</b>	<b>Version No.</b>
Distributed to Cabinet	24 September 2024	1:1
Published on website	27 September 2024	1:1

**Information Rights Policy****1. Introduction**

Under the Data Protection Act 2018 individuals have various rights in relation to the information that North West Leicestershire District Council (the “Council”) processes about them.

Members of the public can also request information from the Council under the Freedom of Information Act 2000(FOI) The Environmental Information Regulations 2004 apply to all information which relates to the environment, in its broadest sense, including land, air, water, soil, buildings, animals and people, pollution of all kinds, waste, health and safety. This also includes reports, measures and analysis of environmental information. Whereas the Freedom of Information Act 2000 applies to all other information.

This policy sets out the Council’s approach to complying with this legislation in relation to information rights.

**2. Scope**

This policy forms part of the Council’s Information Governance Framework, which applies to all staff including employees, councillors, agency staff, contractors, volunteers or any other persons who have access to, or use the Council’s information.

It covers:

- Requests from the public (FOI, EIR).
- Data Protection and privacy rights (UK GDPR & Data Protection Act).

**3. Principles****Transparency**

- The Council will be transparent about its information holding and processes.
- Privacy Notices will be made available to individuals.

**Access to information**

- The Council will respond promptly to requests for information under FOI and EIR.
- Requests for personal data will be handled in accordance with the UK GDPR and the Data Protection Act.

**4. Collection, Use and Retention of Information**

The Council collects information, including personal information, in order to operate as a local authority and to deliver services to members of the public. Where it is appropriate for information to be made publicly available, the Council will seek to do so by publishing

it on its website and/or making it available by other means. In the case of some information, it will not be appropriate to share the information publicly e.g. where the information is confidential and/or there is a right to privacy.

In accordance with the legislation, the Council will only retain information for as long as necessary and will ensure that all information is held with appropriate levels of security. The Council maintains a retention schedule that sets out how long it will keep each type of information for.

## **5. Personal Information**

The Council processes personal data only where necessary, proportionate and the requirements of data protection legislation are met. It handles all personal data in accordance with its Data Protection Policy.

Individuals that the Council holds personal data about have the following rights:

- The right to be informed about how and why their data is being used.
- The right of access to their own personal information held by the Council.
- The right of rectification where their data is inaccurate or not up to date.
- The right to erasure of their data.
- The right to restrict the processing of their data by the Council.
- The right to object to processing of their data by the Council.
- The right to have their data 'ported' to another organisation.
- Rights in relation to automated decision making and profiling.

The rights of individuals in relation to their personal data will depend on the purposes for which the Council is processing that data, which are set out in the Council's privacy notice(s).

Requests in relation to data subject rights can be made via the Council's website and the Council will respond to such requests as soon as possible. This should be no later than one calendar month, from the date the request is received. Sometimes we may need to extend the timeframe for response where the request is large and/or complex, in which case we will advise the requestor as soon as possible. In some cases, we may ask the requestor to clarify or refine their request to enable us to provide an appropriate response.

The Council will endeavour to provide any information in the format requested, where it is reasonable and practicable to do so.

## **6. Other Information**

The Council holds a range of information that any member of the public can submit a request to obtain a copy of, under either the Freedom of Information Act 2000 or the Environmental Information Regulations 2004 (or both). Information requests for such information can be made via the Council's website.

Where reasonable and practical to do so, information will be made publicly available on the Council's website or by other means.

If there are any charges or restrictions on use in relation to the information requested, then the requestor will be notified accordingly.

The Council will seek to respond to requests for information as soon as possible but in any event within the statutory timescales. The statutory timescales for requests made under the Freedom of Information Act 2000 and Environmental Information Regulations 2004 is 20 working days. Should there be a need to extend a deadline for any reason, the requestor will be notified.

Where a requestor is dissatisfied with the outcome of their request, it is open to them to request an internal review. Internal reviews will be carried out by another member of staff, independent to the officer that provided the initial response.

A requestor has the right to complain the Information Commissioner's Office if they remain dissatisfied with the outcome following an internal review.

## **7. Relevant Legislation**

The following legislation is relevant to this policy:

- The UK General Data Protection Regulation
- Data Protection Act 2018
- Human Rights Act 1998
- Freedom of Information Act 2000
- Environmental Information Regulations 2004
- Local Government Acts
- Data (Use and Access) Act 2025

8. This Policy will be updated and or amended as necessary to reflect the changes in legislation and best practice.





# Records Management Policy

Item	Details
Reference:	Information Governance -1-RMP
Status:	Final
Originator:	Head of Legal & Support Services
Owner:	Data Protection Officer
Version No:	1:2
Date:	24 September 2024

**Key policy details**

## Approvals

Item	Date of Approval	Version No.
Consulted with N/A		
Reviewed by Audit and Governance Committee	7 August 2024	1:1
Approved by Cabinet	24 September 2024	1:1
Consulted with Internal Audit	October 2025	1:2

The policy owner has the authority to make the following minor changes without approval.

- **Operational Changes** - any modification in data protection procedures or required alignments with other documents within the Information Governance Framework.
- **Regulatory Decisions** - when Court or regulatory decisions impact information security practices.
- **Legislation and Guidance Changes** - If there are changes in regulatory guidance related to data protection the policy owner should review and update this policy accordingly.

## Policy Location

This policy can be found at NWLDC's website and on the Sharepoint page under current policies tab.

## Equality Impact Assessment (EIA)

Completed by	Completion date
Fay Ford	August 2024
Laurent Flinders	October 2025

## Revision History

Version Control	Revision Date	Summary of Changes
1:1	July 2024	Creation of Document
1:2	October 2025	Updated Legislation Data (Use and Access) Act 2025 Amendment made to the Information Asset Owners (IAO) roles and responsibilities.

## Policy Review Plans

This policy is subject to a scheduled review once every year or earlier if there is a change in legislation or local policy that requires it.

## Distribution

Title	Date of Issue	Version No.
Distributed to Cabinet	24 September 2024	1:1
Published on NWLDC Website	27 September 2024	1:1

## Records Management Policy

### 1. Introduction

North West Leicestershire District Council's ("The Council") records support effective service delivery, provide evidence of its activities and decisions, helps the Council to make informed decisions, comply with relevant legislation, meet business and regulatory requirements and maintain the corporate memory. It is important that the Council manages its records appropriately to ensure that it complies with data protection legislation and is able to locate information when required. Systematic management of records protects the Council's most important information and improves business resilience and efficiency.

This policy establishes guidelines for the management, retention and disposal of data records within the Council. It sets out the Council's lifecycle approach to records management and the expectations for all employees in managing information effectively.

### 2. Scope

This policy forms part of the Council's Information Governance Framework, which applies to all staff including employees, councillors, agency staff, contractors, volunteers or any other persons who have access to, or use the Council's information.

This policy applies to all records that the Council holds, including the following:

- Documents (including hand-written, typed, and annotated copies).
- Paper based files.
- Computer files (including word processed documents, databases, spreadsheets and presentations).
- Maps and plans.
- Electronic mail messages (email).
- Web pages (on either the intranet and internet).
- Faxes.
- Brochures and reports.
- Forms.
- Audio and video tapes including CCTV and voicemail / voice recording systems.

### 3. Use

All information must be used consistently, only for the intentions for which it was intended and never for an individual employee's personal gain or purpose. If in doubt employees should seek guidance from the Data Protection Officer.

**Disclosure** - only specific information required should be disclosed to authorised parties and always in accordance and with strict adherence to the Data Protection Act. There are a range of statutory provisions that limit, prohibit or set conditions in respect of the disclosure of records to third parties and similarly arrange of provisions that require or permit disclosure.

### 3.1 Storage of Records

There is an Information Asset Register/ Record of Processing Activities.

The Council has an Information Asset Register/ Record of Processing Activities that identifies the assets owned by the Council and location of the same. It is subject to annual review and any risk found will be reported to the Senior Information Risk Owner (SIRO).

### 3.2 Retention

The retention period varies dependant on the type of information being stored. All NWLDC Records retention periods should be detailed in the Information Asset Register and can be checked in the Corporate Retention Schedule available as part of the Council's Information Governance Framework.

The information must be relevant, fit for purpose it was intended and only retained for as long as it is genuinely required.

**3.3 Disposal** - It is particularly important under Data Protection legislation that the disposal of records, which is defined as the point in their lifecycle when they are either transferred to an archive or destroyed, is undertaken in accordance with clearly established policies which have been formally adopted by the Council.

**3.4 Transfer** - The mechanisms for transferring information from one organisation to another should be tailored to the sensitivity of the material contained within the records and the media on which they are held. The DPO can advise on appropriate safeguards.

## 4. Relevant Legislation

The Council is committed to continuously improving the way it responds to information requests that fall under specific statutory regimes.

The UK General Data Protection Regulation  
The Data Protection Act 2018  
The Freedom of Information Act 2000  
The Environmental Information Regulations 2004  
The Data (Use and Access) Act 2025

The following legislation is also relevant to this policy:

- Human Rights Act 1998
- The Local Government (Records) Act 1962 - this gave Local Authorities limited discretionary power to hold their records in local archives
- The Local Government Act 1972 - sets out the basic requirement for local authorities to 'make proper arrangements' to keep good records

## 5. Information Management Framework

NWLDC has implemented a framework of processes, procedures, standards and training materials together with defined roles and responsibilities that has been established, in order to support compliance with this policy so that:

- i) Appropriate information and documents are captured as records;
- ii) Records can be easily accessed by those who need them;
- iii) Records are available for as long as they are required in accordance with legislation and listed;
- iv) Records are disposed of appropriately when no longer required in line with legal and regulatory obligations;
- v) Records will be appropriately marked and kept securely and protected from accidental loss or destruction.

## **6. Roles And Responsibilities**

### **The Senior Information Risk Owner (SIRO)**

The Council has appointed the Monitoring Officer as the SIRO. The SIRO has responsibility for ensuring that effective systems and processes are in place to address the Information Governance agenda.

The SIRO is the overall owner of the information risk within the Council and acts as the focal point for information risk management within the Council including resolution of any risk issues raised by IAO. The SIRO will report annually to the Audit and Governance Committee on the content of the SIRO Report regarding information risks.

### **Information Asset Owners (IAO)**

Each Information Asset will have a relevant team manager as an Information Asset Owner.

The information asset includes records associated with the operation of the directorate function. Key decisions about the management of information will be made by the IAO.

### **Data Protection Officer (DPO)**

The DPO appointed under statutory GDPR obligations, is responsible for monitoring the Council's compliance with data protection legislation and its compliance with its own policies in relation to the protection of personal data. Monitoring of this policy will be overseen by the DPO. In the event of identification of high risks, the DPO will escalate to the appropriate level of management.

### **All Staff**

All Council employees are responsible for any records that they create or use in the course of their duties. It is the responsibility of all employees to adhere to this policy when handling all types of Council information.



## NORTH WEST LEICESTERSHIRE DISTRICT COUNCIL

AUDIT AND GOVERNANCE COMMITTEE – WEDNESDAY, 4  
FEBRUARY 2026

<b>Title of Report</b>	<b>CORPORATE RISK UPDATE</b>	
<b>Presented by</b>	Paul Stone Director of Resources	
<b>Background Papers</b>	<a href="#"><u>Corporate Risk Update - Audit and Governance Committee 12 November 2025</u></a>	<b>Public Report:</b> Yes
<b>Financial Implications</b>	There are no financial implications to be considered.	
	<b>Signed off by the Section 151 Officer:</b> yes	
<b>Legal Implications</b>	There are no legal implications to be considered.	
	<b>Signed off by the Deputy Monitoring Officer:</b> yes	
<b>Staffing and Corporate Implications</b>	There are no staffing and corporate implications to be considered.	
	<b>Signed off by the Head of Paid Service:</b> yes	
<b>Purpose of Report</b>	To provide Committee members with an update in respect of the Council's corporate risk register in accordance with the Committee's Terms of Reference which is to monitor progress in addressing risk related issues reported to the Committee.	
<b>Recommendations</b>	<b>THAT THE AUDIT AND GOVERNANCE COMMITTEE NOTES THE LATEST CORPORATE RISK REGISTER AND PROVIDES COMMENTS TO INFORM THE WORK OF THE COUNCIL'S CORPORATE RISK GROUP.</b>	

**1.0 BACKGROUND**

- 1.1 As part of the agreed Risk Management approach this report presents the latest version of the Corporate Risk Register which was reviewed by officers of the Corporate Risk Group in December 2025. In line with the Risk Management Policy, members of this Committee are to receive periodic updates on risks monitored through the Corporate Risk Register

## 2.0 RISK REGISTER

2.1 The updated Risk Register can be found at Appendix 1. Of note are updates in respect of:

- CR2 – residual score updated. Narrative updated to reflect 2024/25 Statement of Accounts publication and details of Provisional Finance Settlement 2026/27
- CR5 – updated to reflect training that has taken place
- CR10 – narrative in respect of existing controls updated.

2.2 Out of the 17 active risks, one is red, seven are amber and nine are green. There have been some narrative changes, and these are shown as tracked changes (red text)

2.3 The Director of Resources acts as the lead for corporate risk and is satisfied that the main risks posed to the organisation have been captured within the risk register and that control measures to mitigate these risks are appropriate. The report is based on an update in February 2026, any further update on significant changes in risk will be provided at the meeting.

2.4 The Audit and Governance Committee is asked to review and note this risk update and provide any feedback they wish to be considered by the Corporate Risk Group at its next meeting.

Policies and other considerations, as appropriate	
Council Priorities:	A Well-Run Council
Policy Considerations:	None.
Safeguarding:	None.
Equalities/Diversity:	None.
Customer Impact:	None.
Economic and Social Impact:	None.
Environment, Climate Change and Zero Carbon	None.
Consultation/Community/Tenant Engagement:	None.
Risks:	The Council manages its risks within existing budgets. Effective risk management protects the Council from insurance and/or compensation claims, fraud, and a range of other financial and non-financial risks.
Officer Contact	Paul Stone Director of Resources <a href="mailto:paul.stone@nwleicestershire.gov.uk">paul.stone@nwleicestershire.gov.uk</a>

# CORPORATE RISK REGISTER

## FEBRUARY 2026

Appendix 1

Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk Score			Likelihood	Impact	Risk Score
CR1	<b>Safeguarding</b>  <b>Risk</b> Death/serious harm to a vulnerable person receiving a Council service and safeguarding compliance is not followed.  <b>Consequence</b> A serious case review arising from death/serious harm to a customers and staff. Reputational damage to Council. Loss of confidence in ability of Council to deliver services. Ensuring compliance with Safeguarding legislation and practise.	4	3	12	Treat	Head of Community Services, Housing and Head of HR & Organisational Development.	3	2	6
231									
Existing Controls	<ul style="list-style-type: none"> <li>An identified Corporate Leads: Head of Community Services and Head of HR and Org Development</li> <li>An identified team responsible for Safeguarding (Community Safety) with responsibility embedded into Team Leader role and Community Safety Officer- Safeguarding Lead officer</li> <li>An agreed Safeguarding Policy refreshed as required. Updated in 2024, refreshed in 2025</li> <li>An identified group of Designated Safeguarding Officers (DSO's) and Safeguarding Service advisors</li> <li>A mandatory training programme for DSOs and service advisors every three years and quarterly team meetings, updates and training</li> <li>A mandatory online training programme is in place for all staff with refresher training carried out every three years.</li> <li>Safer Recruitment training is carried out for managers and safer recruitment is included within the Recruitment Guidelines.</li> <li>The DBS and Barring Policy is in place and up to date.</li> <li>A quarterly senior management review by the Head of Community Services of all cases to check progress/close cases.</li> <li>Annual report to CLT and Corporate Scrutiny as required by exception.</li> <li>A case management review meeting by Environmental Health &amp; Community Safety Team Manager and Community Safety Team Leader to ensure all cases progressed with the Safeguarding lead officer.</li> <li>Commitment to raise awareness of the scale and extent of modern slavery in the UK and ensure our contracts and supplies don't contribute to modern day slavery and exploitation.</li> <li>A computerised system of reporting and managing reports introduced in 2019, ensures constant reminders of new cases, sending alerts at all points in the procedure.</li> </ul>								

## CORPORATE RISK REGISTER

### FEBRUARY 2026

	<ul style="list-style-type: none"><li>• There is now a requirement for suppliers to provide details of their safeguarding policies or agreed to adopt the Council's safeguarding policies as part of the Council's tender process.</li><li>• Health and Safety Policy</li><li>• Managers within the relevant services have a legal requirement to conduct regular risk assessments.</li><li>• Staff induction training.</li><li>• Annual reminders to complete/update health and safety risk assessments</li><li>• Review of the referral process for safeguarding referrals has been implemented in 2024/2025</li><li>• Review of the performance indicators for the safeguarding referral service has been implemented</li><li>• Training provided for new DSO's and refresher training for existing DSO's in July and August 2025. Safeguarding lead officer continues with meeting all DSO's and provides relevant updates and information sharing, best practice etc.</li></ul>		
Planned mitigating actions		Delivery timescales	Ongoing
		Reason for delay in delivery	
Comments and progress on actions	Stable		

## CORPORATE RISK REGISTER

### FEBRUARY 2026

Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR2	<p><b>Management of Council finances</b></p> <p><b>Risk</b></p> <p>Reduced funding from Government. Increased demand for services, coupled with high inflation and pay awards has led to a funding gap over the medium term. Government plans reduction in business rates share to the Council. Changes to the local authority financial settlement. Economic downturn / recession. Commercial opportunities not progressed. Changing rent policies. The new Food Waste collections to be introduced in 2025/26 has a risk of insufficient revenue funding from Government being provided.</p> <p>The Council's consultations in respect of Business Rates Retention and the Fair Funding Review issued in 2025, suggest that the Council may face significant losses in terms of business rates growth.</p> <p>The Council's finance system, Unit4, requires enhancements following implementation in April 2023 to ensure that financial information is timely and accurate to support decision making.</p> <p><b>Consequence</b></p> <p>Possible cessation of services or reduction of services provided.</p> <p>Central government intervention and special measures if Council issues a S114 notice.</p> <p>Inability to deliver Council Delivery Plan as resources are restrained.</p> <p>Potential staff redundancies.</p> <p>Funding of external groups is withdrawn.</p> <p>Potential breach of statutory duties/ability to deliver objectives compromised.</p>	4	3	12	Treat	Head of Finance	2	2	4

CORPORATE RISK REGISTER

FEBRUARY 2026

<div>Existing Controls</div> <div>234</div>	<ul style="list-style-type: none"> <li>Regular financial reporting to CLT and quarterly to Cabinet. Improved narrative on reports to Cabinet as well as additional reporting which tracks progress against savings targets.</li> <li>Audit and Governance Committee have received regular reports regarding the Council’s progress in respect of completing the Statement of Accounts for 2023/24 and 2024/25, the last report being considered by the Audit and Governance Committee on 12 November 2025.</li> <li>Financial Regulations form part of the Council’s Constitution. Contract Procedure Rules were updated and approved by full Council in February 2025 to reflect the Procurement Act 2023 which was introduced on 24 February 2025.</li> <li>Financial planning processes are documented and reviewed regularly.</li> <li>No risky investments.</li> <li>Capital is funded from the Council’s business rates growth.</li> <li>Enhanced governance around capital strategy spending, monitored/scrutinised by Capital Strategy Group.</li> <li>Monthly Statutory Officer meeting.</li> <li>Robust level of general fund and earmarked reserves.</li> <li>External support for technical finance/accounting i.e. Arlingclose (Treasury Management) and PSTax (VAT).</li> <li>Medium Term Financial Plan in place and is updated as part of the budget setting process.</li> <li>A clear financial strategy was established as part of the budget setting for 2023/24.</li> <li>Head of Finance monitoring of Local Government funding reviews - business rates review not expected until 2026/27 and fair funding review delayed again.</li> <li>Funding advisor engaged.</li> <li>Participation in Business Rates Pooling.</li> <li>Accessing external funding where appropriate.</li> <li>Income collection procedures in Revenues and Benefits Service and Housing sound. Leicestershire Revenues and Benefits Partnership has two trained officers working solely on Council Tax Reduction Scheme Fraud and act as Single Point of Contact for Department of Work and Pensions (DWP) referrals.</li> <li>Capital Strategy to use business rates reserve to fund the capital programme</li> <li>Transformation Programme in train to support the closing of the funding gap.</li> <li>Contingency budget was created in 2025/26 budget to manage the risk of insufficient ongoing revenue funding for food waste</li> <li>The Statement of Accounts 2021/22 and 2022/23 were signed off by Audit Committee on 9 December 2024.</li> <li>The Council has agreed provisional dates for completion of the Statement of Accounts 2023/24 and 2024/25 with the external auditors, Azets, of 31 August 2025 and 30 November 2025 respectively.</li> <li>The Council is liaising actively with officials from Government in order to negate a ‘cliff edge’ funding loss over the medium term.</li> <li>The Council responded to the Fair Funding Review 2.0 Consultation, details of which were reported to Cabinet in September 2025.</li> <li>Work is ongoing with S151 Officers across the county to consider the financial implications of moving to Local Government Reorganisation. The group meets on a regular basis.</li> <li>In response to recent delayed payment of invoices to some suppliers, the Council has implemented temporary resource. The implementation of an automated invoice payment system in September 2025 will speed up the payment of invoices. Where appropriate, the Council is working with suppliers to ensure prompt payment.</li> <li>The Council has an internal Steering Group in place to oversee enhancements to the Unit4 system.</li> <li>Priorities have been identified for Unit4 enhancements and work has been ongoing with the implementation partner to implement necessary changes.</li> </ul>
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CORPORATE RISK REGISTER

FEBRUARY 2026

	<ul style="list-style-type: none"><li>A dedicated temporary Project Manager has been employed to oversee system enhancements</li><li>The support contract for the Unit4 system has been renewed with a new supplier.</li><li>Statement of Accounts 2024/25 published on 15 January 2026</li><li>Provisional Finance Settlement 2026/27 provides a three year finance settlement. The Council can set a balanced budget for each of the next three financial years whilst also building reserves to support one-off investment.</li></ul>		
Planned mitigating actions	<ul style="list-style-type: none"><li>Address internal control weaknesses identified in a range of finance audits</li><li>Action Plan developed to address financial management weaknesses which is monitored by the Finance Leadership Team</li><li>Unit 4 to be developed to provide timely and accurate budget monitoring for all key stakeholders. Project manager with Unit 4 experience employed to address outstanding issues with priorities identified.</li><li></li></ul>	Delivery timescales	April 2027
		Reason for delay in delivery	
Comments and progress on actions	<b>Stable</b> A project board oversees the financial systems work.		

## CORPORATE RISK REGISTER

### FEBRUARY 2026

Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR3  236	<p><b>The employment market provides unsustainable employment base for the needs of the organisation.</b></p> <p><b>Risk</b></p> <p>The Council is exposed to strategic and operational risks due to an unsustainable external employment market that fails to meet its workforce needs. Limited availability of skilled candidates, increased competition, and shifting labour market dynamics hinder recruitment and retention efforts. <b>Consequences</b></p> <p>This may lead to prolonged vacancies, reduced service delivery capacity, increased reliance on agency staff, higher employment costs, and challenges in maintaining statutory and strategic commitments</p> <p>The Council is unable to perform its statutory duties and/or deliver the Council Delivery Plan.</p> <p>The Council's partners are unable to perform duties.</p> <p>Use of external resources at a significantly higher cost</p>	2	4	8	Treat	Head of HR and OD	2	2	4
Existing Controls	<ul style="list-style-type: none"> <li>• Advance planning to mitigate this risk;</li> <li>• Non pay benefits improved during the last year to attract and develop the right skills and promoting existing staff talent through secondments and tailored development programmes. IIP silver award maintained in 2025. New focus on apprenticeships development to allow the Council to 'grow our own' and to tackle ageing workforce distribution.</li> <li>• Ability to divert resources from other services, bringing in additional resources from other sources (e.g. Agencies, Consultants, Voluntary/ Community sector etc.) would be activated.</li> <li>• Market conditions are tested through recruitment processes, some challenges in some specialist areas. Market supplements and other measures are applied as needed where there are recruitment difficulties in some professional areas.</li> <li>• The Council can offer a package of additional benefits to enhance the recruitment offer.</li> </ul>								

CORPORATE RISK REGISTER

FEBRUARY 2026

	<ul style="list-style-type: none"> <li>Mitigations in place for variety of staffing related aspects - e.g. mental health awareness, overall wellbeing work etc.</li> <li>The Council has developed innovative partnering relationships with other sectors including the private sector to make posts uniquely attractive.</li> <li>The Council's recruitments processes have been reviewed to make the process easier.</li> <li>Recruitment and retention discussed at CLT in February 2024 and a sub-group has been established to consider potential future improvements to inform and update a new People Plan.</li> <li>Work is underway at a national and regional level working with East Midlands Councils and the Local Government Association to promote the local government sector. National campaign to launch in November 2024.</li> <li>New agency request process to reduce reliance on agency workers and ensure permanent recruitment takes place.</li> <li>Utilising specialist agencies for hard to fill roles</li> </ul>		
<div>Planned mitigating actions</div> <div>237</div>	<ul style="list-style-type: none"> <li>Constantly reviewing its advertising strategies.</li> <li>Specialist journals and their associated websites are also used depending on the role.</li> <li>Social media is also used for advertising roles.</li> <li>Retention project underway with LGA to support and encourage retention</li> <li>Recruitment Refresh which includes:               <ul style="list-style-type: none"> <li>Reviewing and updating our application form and interview process</li> <li>Setting up HR clinics</li> <li>Improving the content on our website and social media channels regarding recruitment and promoting NWLDC as an employer</li> <li>Updating the Council's recruitment policy and creating guidelines for managers.</li> </ul> </li> </ul>	Delivery timescales	April 2026
		Reason for delay in delivery	
Comments and progress on actions	Stable		

## CORPORATE RISK REGISTER

### FEBRUARY 2026

Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR4	<b>Personal data breach</b>  <b>Risk</b> Loss or unlawful use of personal data constituting a breach of data protection legislation. Systems not in place to protect sensitive data. Staff are not properly trained in managing information and do not follow internal procedures.  <b>Consequences</b> Monetary penalties from Information Commissioners Office (ICO), adverse publicity, private litigation and personal criminal liability of officers.	4	3	12	Treat	Head of Legal and Support Services	2	2	4
238									
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>Policies and procedures are in place and rolled out to all staff</li> <li>The Information Governance polices have been reviewed and brought together under an Information Governance Framework which was approved by Cabinet in September 2024</li> <li>Corporate Governance training is undertaken annually and includes information governance as appropriate to reflect changes in legislation. eLearning module updated and rolled out as mandatory annual training for all staff. Information Governance training delivered to leaders in November 2023.</li> <li>The Council has a dedicated Senior Information Risk Officer (SIRO) and Data Protection Officer (DPO).</li> <li>Quarterly meetings with Information Governance team and SIRO</li> <li>Annual SIRO report considered by Audit and Governance Committee in April 2025 – provided overview of the Council's compliance in relation to regulatory requirements, management of information risk across the Council and work done over the year.</li> <li>Training on information governance and data protection was delivered to the Corporate Leadership Team and Extended Leadership Team in November 2024 as part of the Corporate Governance training programme.</li> </ul>								
	<ul style="list-style-type: none"> <li>Information Governance Team to cooperate with the supervisory authority and monitor compliance with Data Protection laws.</li> </ul>			<b>Delivery timescales</b>		Ongoing			

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Planned mitigating actions	<ul style="list-style-type: none"><li>Quarterly meetings with Information Governance team and SIRO to continue</li><li>Annual SIRO report 2025/26 to be taken to Audit and Governance Committee in April 2026</li><li>Information Governance Framework will be reviewed in 2025/26 alongside other corporate governance policies.</li><li>Corporate Governance training programme in November 2025 to include an update on information governance and data protection</li></ul>	Reason for delay in delivery	
Comments and progress on actions	Stable		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR5  240	<p><b>Procurement and management of contracts</b></p> <p><b>Risk</b></p> <p>Contracts have not been adequately secured and administered. This can lead to a range of issues, including suboptimal terms, potential legal disputes, and financial losses. Legal and procurement teams are not consulted when contractors are engaged. Procurement procedures are not followed. The Council contributes to modern slavery via its contracts and supplies. Insufficient resources to monitor and implement contractual arrangements.</p> <p>The Council fails to meet the requirements of the Procurement Act 2023.</p> <p><b>Consequences</b></p> <p>Council liable to incur additional costs, contract overrun, litigation and potential health &amp; safety issues as well as service disruptions.</p> <p>Failure to meet the requirements of the Procurement Act 2023 may lead to fines, sanctions or other legal actions, as well as reputational damage to the Council.</p>	3	3	9	Treat	Strategic Director of Resources	2	3	6
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>• Oversight board structure in place to oversee major project work and compliance group now in place to oversee these elements of contracted work.</li> <li>• Corporate procurement support and legal team to support where necessary on contract management.</li> <li>• Review of procurement compliance undertaken leading to enhanced contract register and updated strategy</li> <li>• Processes have been reviewed and procurement templates revised.</li> <li>• V4 have been employed as the Council's Procurement partner to provide day-to-day advice and support.</li> <li>• A refreshed Procurement Strategy was approved by Cabinet on 25 March 2025.</li> <li>• Contract Procedure Rules updated and approved by Council in February 2025 to reflect the Procurement Act 2023.</li> <li>• Procurement Officer and V4 meet quarterly with Directors to discuss pipeline projects</li> </ul>								

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	<ul style="list-style-type: none"> <li>A suite of procurement training has taken place throughout 2025 to ensure officers are aware of the changes to processes as a result of the introduction of the Procurement Act 2023.</li> </ul>		
Planned mitigating actions	<ul style="list-style-type: none"> <li>Procurement toolkit to be produced to cover majority of lower value procurements with high value and complex procurements to be supported by specialised function.</li> <li></li> <li>Implement wider procurement response outside of financial to determine the competency of a contractor to undertake work – Health and Safety (H&amp;S) competency, training, quality, environmental etc</li> <li>Review of the Contract Procedure Rules as part of the constitution review to address any changes required since they have been operating in practice</li> <li>Contract management training for relevant officers to be delivered</li> <li>Housing Revenue Accounty (HRA) Procurement Officer to be recruited to support the service in the development of housing contracts</li> </ul>	Delivery timescales	December 2025
		Reason for delay in delivery	
Comments and progress on actions	Stable		

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### FEBRUARY 2026

Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR6	<b>Emergency response</b>  <b>Risk</b> Failure to respond to an emergency event in an appropriate manner. Lack of planning, training and exercising of Emergency plans.  <b>Consequences</b> General public at risk of harm or unable to access relevant services (e.g. emergency accommodation or rest centre).	3	3	9	Treat	Head of Human Resources and Organisation Development	2	2	4
242									
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>Business continuity plans have been reviewed and updated at Head of Service level as part of the 2025/26 business plans process. LRF and Council emergency plans and arrangements are being constantly updated and have been used during recent storm flooding events that have affected the district in late 2023 and early 2024. Exercises also take place at regional and national level for a variety of emergency planning scenarios.</li> <li>The LRF partnership arrangement with all Leicestershire and Rutland authorities provides resilience during civil emergency situations.</li> <li>Business Continuity exercises show the readiness of the Council to deal with emergencies. System of ICO / FLM duty rotas is in place and continued reassessment for ongoing incidents. COVID experience shows capability and ability to perform.</li> <li>LRF delivered training to the Corporate Leadership Team in 2024</li> <li>Senior managers attend LRF situational based training.</li> <li>ICO's and FLM's issued with guidance documentation to support their roles.</li> <li>Continual development training and updates provided by Local Resilience Forum</li> </ul>								
					<b>Delivery timescales</b>	Ongoing			

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Planned mitigating actions		Reason for delay in delivery	
Comments and progress on actions	Stable		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR7	<b>Cyber-attack</b>  <b>Risk</b> Systems not in place or kept current to deflect any foreseeable cyber-attack, including those attackers using generative AI, which is increasing in the industry. Limited staff awareness of possible threats. Lapse in security awareness and basic processes from a technical AI and human perspective  <b>Consequences</b> Business as usual” would not be possible. Cost of repelling cyber threat and enhancing security features.	4	4	16	Treat	Head of ICT	2	2	4
244									
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>The Council receives security and cyber-attack feeds daily from various sources including LGA (local government association), NCSC (National Cyber Security Centre), EWARPG (East Midlands Warning, Advise and Reporting Group), ACD (Active Cyber Défense) early warning system, this helps us remain on the front foot when it comes to being alerted to potential vulnerabilities and cyber-attacks.</li> <li>Fully resilient network environment in place with no single points of failure for core systems. Systems which are running on premise have a daily off-site backup regime. In the case of on-premises systems which become unavailable for any reason, services would need to revert to their service BCP's to resume service.</li> <li>Yearly IT security health check and PEN (penetration) testing is carried out, by an Identity Attack Surface Management (IASME) security accredited supplier, with remediation action plan in place to mitigate any risks found. In 2024 the Council had 0 critical, 5 high, 15 medium and 31 Low issues. These have been remediated with only 2 medium risks remaining. The Council has also passed our Public Services Network (PSN) accreditation for 24/25 and working on 25/26 renewal, due in Dec 2025.</li> <li>Phishing campaigns run four times a year to test staff security awareness and feedback results to CLT, with improvement plans in place for those who have not passed the test. Campaigns will now include members as they were excluded previously. The quarterly results from these phishing campaigns shows that we are moving in the direction when it comes to user security awareness and education.</li> <li>Quarterly Cyber security awareness training held for staff and new starters, to protect staff at home and in the office.</li> <li>Yearly mandatory information security training conducted for all staff on the Skills gate training system.</li> <li>New business systems are run in remote fully resilient data centres and existing systems are being progressively migrated to cloud computing centres</li> <li>Diversity of environments used to avoid single point of failure risk, with backups now in the cloud, for Office 365 and storage data.</li> <li>Improved business recovery arrangements have been implemented to minimise recovery time.</li> </ul>								

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	<ul style="list-style-type: none"> <li>• Accreditation to Cyber Essentials and the Public Services Network.</li> <li>• Latest audit / assessments all confirm secure environment with reasonable assurance. Some formalisations of processes required and review of backups restoration window.</li> <li>• Purchase of external vulnerability scanner now in place. This allows the Council to scan and monitor its external perimeter daily and proactively mitigate issues. Cloud Centre of Excellence (CCOE) latest scan showed 36 medium and 92 Low Vulnerabilities, which the Council is working to mitigate using the tool which it has been purchased.</li> <li>• An annual external IT audit assessed the organisation’s IT arrangements in a range of areas against best practice. The outcome of the audit in 2024 was, limited assurance, with two critical recommendations and twelve mediums, The two high recommendations have been resolved, as well as the nine mediums. One remediation is due for completion in December.</li> <li>• The Council has signed up to the Cyber Assessment framework (CAF), which is another cyber assessment carried by Cabinet Office. This has now been completed successfully, and phase two of the CAF framework assurance is commencing.</li> <li>• Backups are now stored in the cloud as “offline backups”, this is for all Council data and Office 365 tenancy</li> <li>• Active Directory (AD) password complexity has increased from eight characters to 12 characters. This makes it harder for password to be cracked</li> <li>• Replacement of firewalls now in place providing NEXGEN protection</li> <li>• Password protection now implemented so that when staff change AD passwords, they are checked against a Microsoft database of known weak passwords. This will prevent the use of insecure and weak password in the Council.</li> <li>• One Internal audit recommendations <u>remaining to be completed by December 2025</u></li> <li>• IT risk register has been updated to capture specific cyber risks and mitigations.</li> </ul>		
Planned mitigating actions	<ul style="list-style-type: none"> <li>• Need a list of business-critical systems in order of restoration priority, in conjunction with Corporate Leadership Team (CLT_</li> <li>• Introduction of Microsoft Co-Pilot AI, AI governance controls, and guard rails required before implementation of AI</li> <li>• Review AI threat landscape and attack vector</li> </ul>	Delivery timescales	Ongoing
		Reason for delay in delivery	
Comments and progress on actions	<p><b>Stable</b></p> <p>Development of Cyber Security Strategy document as per external audit recommendation completed</p> <p>Good progress on keeping staff and the business secure.</p>		

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### FEBRUARY 2026

Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR8	<b>Project Management Processes</b>  <b>Risk</b> Projects are poorly managed. Failure of proposed projects could result in failure to achieve overall objectives. Inefficient use / waste of resources.  <b>Consequences</b> Failure to implement project management techniques. Poor corporate oversight of projects. Inadequate controls on expenditure and poor budget monitoring. Inadequate monitoring of external contracts. Failure to engage project management expertise when required	2	3	6	Treat	Director of Resources	2	2	4
246									
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>Greater use of professional project managers for key projects.</li> <li>Work ongoing to address project methodologies deployed across the Council.</li> <li>Greater use of external / non-subject board members.</li> <li>Board structure covering all major projects in place.</li> <li>Properly convened project teams with PID and project plan in place, including project risk registers. Progress on corporate projects scrutinised by CLT. Implementation of contract management framework for outsourced services.</li> <li>Scrutiny of quarterly monitoring reports on capital expenditure.</li> <li>Deploying Internal Audit to audit individual projects and assess project management effectiveness.</li> <li>Scrutiny of risk registers or project management framework of individual projects by Corporate Risk Group.</li> <li>Project management guidance has been developed and published, as well as a suite of templates</li> <li>Guidance has been developed to ensure that projects report to the appropriate boards or steering groups.</li> <li>Project Management Training was delivered to key officers in September 2024.</li> </ul>								

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Planned mitigating actions	<ul style="list-style-type: none"><li>A schedule of all projects across the Council has been developed and will be monitored by the Transformation Steering Group</li><li>E-learning module is being developed</li><li>Key communication to all staff on the decision-making process across the organisation</li><li>A range of internal steering groups are in place for major projects/initiatives</li><li>Review of contractor selection and management to ensure competency</li></ul>	Delivery timescales	April 2026
		Reason for delay in delivery	
Comments and progress on actions	Stable		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR9	<p><b>Ultra vires decisions/Local authority failure</b></p> <p><b>Risk</b></p> <p>Council makes ultra vires (beyond the Council's powers and functions) decisions or those which it does not have the correct permissions to undertake. Staff / Members proceeding without established governance arrangements. Failure to consult with Legal / Monitoring Officer.</p> <p>There is greater focus from Government and regulators on the local government sector. There is a risk of an impact of an adverse external assessment on the Council. If this risk materialised it could impact on service delivery, performance levels, governance, reputation and decision-making arrangements. Greater focus on the local government sector from Government and regulators following high profile council 'failures'.</p> <p><b>Consequences</b></p> <p>Potential challenge to decision/litigation against the Council, resulting in increased costs / compensation. Financial, reputational, legal and political damage to the Council.</p>	4	3	12	Treat	Head of Legal and Support Services	1	4	4
248									
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>Constitution reviewed annually – 24/25 review completed, and Constitution approved at Council in Feb 25.</li> <li>Legal advice provided to officers and legal implications considered in reports to members as appropriate.</li> <li>Statutory Officer checks take place on reports to Council, Cabinet, Scrutiny, Licensing, Planning and Audit and Governance Committees</li> <li>Advice provided to members by the MO/Dep MO as needed on matters being considered by Council/Committees.</li> <li>Policies and procedures in place, governance processes are documented and in operation, ongoing assessments and reviews are performed.</li> <li>Completion of the Annual Governance Statement.</li> <li>Corporate governance training on decision making provided in 2023 to CLT/ELT and on report writing process in 2024</li> <li>The Council has in place a range of controls including financial procedures, governance framework, performance management framework, project management methodology, strategies, controls underpinning its operations, clear communication with staff, Statutory officer meetings and internal audit plan.</li> </ul>								

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	<ul style="list-style-type: none"> <li>• “Golden triangle” of Statutory Officers is in place with monthly meetings of Statutory Officers taking place</li> <li>• Recognised in case study by the LGA for having good governance in place</li> <li>• LGA Peer Review completed June 2024</li> <li>• Internal audits of finance functions completed. Finance Leadership Team meet regularly to track recommendations.</li> <li>• Where specific regulatory regimens are in place additional oversight and control implemented – e.g. Housing Improvement Board</li> <li>• The Council has completed the Office for Local Government Best Value Self-Assessment and is performing well against the measures.</li> <li>• Corporate Governance Training delivered to Managers in November 2024</li> <li>• “in session” video in respect of Governance/decision-making recorded and shared with staff in January 2025.</li> <li>• Governance toolkit for officers updated with guidance on decision-making and internal governance processes</li> </ul>		
<b>Planned mitigating actions</b>  249	<ul style="list-style-type: none"> <li>• Annual review of Constitution 2025/26 has commenced</li> <li>• Legal advice provided to officers and legal implications considered in reports to members as appropriate.</li> <li>• Statutory Officer checks to take place on reports to Council, Cabinet, Scrutiny, Licensing, Planning and A and G Committees</li> <li>• Guidance and training to be provided to report authors</li> <li>• Corporate Governance Training to be provided to Managers in November 2025</li> <li>• Report authors guide to be refreshed and rolled out for officers</li> <li>• Programme of governance training, including detailed training on decision-making to be delivered to relevant staff in 2025/26</li> <li>• Member training programme being developed and delivered to members, including in relation to specific roles e.g. Audit and Governance Committee members</li> </ul>	<b>Delivery timescales</b>	Ongoing
		<b>Reason for delay in delivery</b>	
<b>Comments and progress on actions</b>	<b>Stable</b>		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR10	<b>Fraud</b>  <b>Risk</b>  Council is subject to serious fraud, corruption or theft. Lack of checks and balances within financial regulations. Poor budget / contract management. Poor monitoring of / adherence to financial systems. Changes in working practises causing unintended risk/exposure.  <b>Consequences</b>  Financial, reputational and political damage to Council.	4	3	12	Treat	Strategic Director of Resources, Heads of Service and all Team Managers.	2	3	6
250									
Existing Controls	<ul style="list-style-type: none"><li>A policy framework that includes Anti-Fraud and Corruption Policy, Confidential Reporting (Whistleblowing) Policy and Anti-Money Laundering Policy. Policies refreshed annually. Approved by Cabinet in September 2025.</li><li>The Internal Audit annual planning process takes into account high risk areas, which considers fraud risks. Fraud risks are considered as part of specific audits and, if detected, additional work will be directed towards the identification of consequent fraud or other irregularities. The Council is also subject to External Audit. Internal control and governance arrangements such as segregation of duties, schemes of delegation, bank reconciliations of fund movements, and verification processes.</li><li>Participation and strengthening of involvement in National Fraud Initiative (mandatory)</li><li>Information on how to report fraud is on the website including relevant links.</li><li>A Fraud module is available on Skillgate and is d refreshed tevery two years.</li></ul>								
Planned mitigating actions	<ul style="list-style-type: none"><li>Fraud discussions and promotion of Fraud policies to be included by internal audit when attending team meetings.</li></ul>			Delivery timescales		Ongoing			
				Reason for delay in delivery					

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR13	<b>Political Administration</b>  <b>Risk</b> No overall control of the Council following the May 2023 elections could lead to instability in the decision-making process which could impact adversely on service delivery. The election in May 2023 changed the political make-up of the Council.  <b>Consequences</b> Financial, reputational and political damage to the Council. Slower decision making.	3	3	9	Treat	Chief Executive	2	3	6
251									
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>There has been extensive work by officers to work with all Groups to minimise the impact. This work has been supplemented by external engagement with the Local Government Association. The work undertaken to date includes regular briefings with all Groups, a member induction programme, a continuing training programme for councillors, clarity on the roles of councillors on each committee and engaging with staff to raise their awareness in dealing with/responding to/working with councillors.</li> <li>The Strategy Group meets fortnightly to review and steer strategic initiatives. Core membership includes the Leader, Deputy Leader, and Chief Executive, with other alliance members invited as needed. The Chief Executive also holds regular meetings with opposition members to ensure broader engagement.</li> <li>The Council has in place a range of controls including financial procedures, governance framework, performance management framework, project management methodology, strategies, controls underpinning its operations, clear communication with staff, Statutory officer meetings and internal audit plan. Monthly Statutory Officer meetings</li> <li>Scrutiny protocol developed and being trialled to improve relationship between Cabinet and Scrutiny now that the Scrutiny Committees are chaired by opposition members</li> </ul>								
	Continued engagement with all groups/members.			<b>Delivery timescales</b>		ongoing			

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Planned mitigating actions	<ul style="list-style-type: none"><li>Advice provided to members on Constitution to enable members to undertake their roles.</li></ul>	Reason for delay in delivery	
Comments and progress on actions	Stable		

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR15	<b>Climate Change/Zero Carbon Delivery</b>  <b>Risk</b>  Inability to deliver programme due to resource / financial / operational / procedural process. Inability to gain action by partners  <b>Consequences</b>  The failure of the Council to achieve carbon neutrality for its operations by 2030 and carbon neutrality for the District by 2050. This may have long term impacts on both the financial picture of the council and the ability of key service provision in the long term.	3	4	12	Treat	Head of Community Services	2	2	4
253									
Existing Controls	<ul style="list-style-type: none"><li>Achievement of the carbon reduction ambitions are mainly vested in the Council’s Zero Carbon Policy and Roadmap. The Action Plan contains planned and programmed actions and will be reviewed annually. It will quantify the estimated net financial costs and net carbon savings associated with the contents of the Plan. Attaining the targets in the Plan is one of the Council Delivery Plan Key Performance Indicators. Whilst the action plan has been agreed it does contain several actions where funding has not been committed. The Strategy and Plan have identified the main carbon emissions sources. The Council will be alive to the many and various windfall opportunities for interventions in between the annual Plan revisions where these are considered likely to make significant impacts on reducing emissions. Emerging statute and government policy will exert significant influence over the Council’s operations and indirect influence in relation to climate change.</li></ul>								
Planned mitigating actions	<ul style="list-style-type: none"><li>Work is ongoing to understand the costs of zero carbon delivery which in turn will help to understand the risks.</li><li>An Environment Policy was agreed by Cabinet in January 2026.</li></ul>			Delivery timescales		April 2026			
				Reason for delay in delivery					
Comments and progress on actions	Stable								

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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR16	<p><b>Changes in national priorities and legislative/regulatory change</b></p> <p><b>Risk</b></p> <p>Changes in national priorities given the new Government elected in July 2024. This could include changes in delivery of statutory services. Changes in Legislation (e.g., Employment Rights Bill 2024)</p> <p><b>Consequences</b></p> <p>Council may not have the necessary resources to deliver on key projects. Projects may adversely affect local residents.</p> <p>Introduction of new statutory duties may change the strategic direction of the Council, entail additional workload for officers, change the way existing services are delivered and increase financial pressures.</p>	3	3	9	Treat	Chief Executive	2	2	4
254									
<b>Existing Controls</b>	<ul style="list-style-type: none"> <li>Briefings to officers on relevant changes</li> <li>Working alongside other stakeholders and partner organisations to keep informed of developments such as the Local Government Association, District Councils Network and Leicestershire Chief Executives Group</li> <li>A range of officers are actively involved in the business case development for Local Government Reorganisation (LGR) in Leicestershire. Significant communication and engagement has taken place with key stakeholders</li> <li>Members are briefed and debate has taken place at the full Council meeting in respect of LGR</li> <li>Staff have been provided with regular updates and a staff hub has been established to share information as LGR proposals are developed.</li> <li>The Council is promoting public consultation the North, City, South website, where residents can review the proposals and provide feedback. The consultation period runs form 9 June to 20 July 2025.</li> </ul>								

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	<ul style="list-style-type: none"><li>Performance Team to provide regular updates on progress in respect of the Local Government Outcome Framework (LGOF) as these progress and are finalised and to facilitate benchmarking/self-assessment against the agreed metrics.</li><li>HR team undertake regular CPD to identify the impact of changes to legislation on policy and Practice</li><li></li></ul>		
Planned mitigating actions	<ul style="list-style-type: none"><li>Circulation of relevant briefings to key officers on proposed/new legislation</li><li>Effective business continuity planning</li><li>Regular updates to Members on developments and potential changes in legislation</li><li>Coordination and sharing of information with other local authorities through various networks and forums</li><li>Continued staff, member and stakeholder engagement on LGR as proposals develop.</li><li>Final LGR submission made by 28 November deadline. Awaiting government response.</li></ul>	Delivery timescales	Ongoing
		Reason for delay in delivery	
Comments and progress on actions	Stable		

255

Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR17	<div>Housing Landlord Function</div> <div>Risk</div> <div>That the Council fails to deliver services in compliance with the new regulatory standards and the longer-term arrangements for the service.</div> <div>Consequences</div>	3	4	12	Treat	Head of Housing	2	3	6

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	Loss of control of service provision , loss of function, unlimited fines, reputational and political risk.								
Existing Controls	<ul style="list-style-type: none"><li>Control over the major areas of compliance exist in general sense – achieved through system control, process and evidenced through auditing processes and self-assessment</li><li>Greater burdens to provide assurance that performance management is robust, and intervention taken when performance drops. Assurance the data is correct, timely and is being seen and understood by the appropriate governing body</li><li>High level of external oversight and reporting to regulatory bodies – including engagement with the same on regular basis</li><li>Adherence to policy and improvement of policy in line with new guidance and process from regulator</li><li>Comprehensive Audit Plan for service in place</li><li>Increased member oversight via Housing Improvement Board</li><li>Self Assessment against new housing standards completed and outcome fed into revised Improvement Plan</li></ul>								
Planned mitigating actions	<ul style="list-style-type: none"><li>Housing Improvement Plan in place and regularly reviewed with oversight from Cabinet, Scrutiny and Housing Improvement Board – this sets out a phased improvement plan to address regulatory change and service change as a whole</li><li>Engagement of external bodies to assist with third party view and development of detailed plans in areas of focus featured in the Improvement Plan.</li><li>The Council recently underwent its first inspection by the Regulator of Social Housing in August 2025, resulting in a C2 consumer grade, published in November 2025. The council has begun developing action plans to address these issues as part of its ongoing housing improvement programme.</li><li></li></ul>			Delivery timescales	April 2026				
				Reason for delay in delivery					
Comments and progress on actions	Stable								

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CR18

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Existing Controls	<ul style="list-style-type: none"> <li>Corporate Health and safety policy in place and reviewed annually.</li> <li>Supporting policies, Fire, Legionella, Asbestos, Lone Working, Managing Violent persons (PVP) in place.</li> <li>Teams undertake risk assessments and record on the SHE Assure system to identify and implement controls to reduce risk.</li> <li>Health and safety training programme implemented with further development progressing.</li> <li>Health and safety discussion forms part of regular meetings with CLT, Management Teams, JTUCC and Union safety reps.</li> <li>CLT members have received Health and safety Leadership training</li> <li>Health Surveillance (Noice and hand arm vibration)</li> </ul>		
Planned mitigating actions	<ul style="list-style-type: none"> <li>Further development of a H&amp;S management system in line with ISO 45001</li> <li>Introduction of H&amp;S guidance notes and introduction of H&amp;S page as a single point to access H&amp;S information.</li> <li>Social media campaign planned to highlight that the Council will not tolerate threatening behaviour</li> <li>Consideration of body cams for front line staff where appropriate</li> <li>Consideration of call recording on all telephony platforms</li> <li>Structural alteration to the Customer Centre where areas of risk have been identified</li> <li>Overarching corporate review of policies relating to these areas.</li> </ul>	Delivery timescales	<ul style="list-style-type: none"> <li>April 2026</li> <li></li> </ul>
		Reason for delay in delivery	
Comments and progress on actions	Stable		

		Inherent Risk			Residual Risk
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## CORPORATE RISK REGISTER

### FEBRUARY 2026

Ref	Risk description	Likelihood	Impact	Risk score	Risk Response	Risk Owner	Likelihood	Impact	Risk score
CR20	<b>Local Plan</b> <b>Risk</b> The preparation and implementation of the Local Plan may face significant delays and challenges due to a combination of factors including loss of staff, insufficient capacity, insufficient budget, lack of political ownership, non-compliance with legal requirements, potential legal challenges, environmental issues, changes in housing requirements, administrative shifts, delays in critical studies, slow responses from statutory consultees, infrastructure policy constraints, lack of support for specific provisions, changes in national approaches, and incomplete transport modelling. <b>Consequences</b> These issues collectively threaten the deliverability, viability, and timely completion of the Local Plan, potentially leading to unmet needs, increased costs, and compromised development strategies.	3	4	12		Head of Planning and Regeneration	2	3	6
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Existing Controls	<ul style="list-style-type: none"><li>Local Plan Project Board oversees preparation of Local Plan and meets quarterly.</li><li>Risk register reviewed at Project Board meetings.</li><li>Portfolio Holder and Shadow Portfolio Holder briefed on a monthly basis.</li><li>Key pieces of evidence commissioned or in process of being commissioned.</li></ul>								
Planned mitigating actions	<ul style="list-style-type: none"><li>Additional capacity has been commissioned and is in place using salary underspend on vacant post and grant provided by government.</li></ul>			Delivery timescales	April 2026				
				Reason for delay in delivery					

## CORPORATE RISK REGISTER

### FEBRUARY 2026

Comments and progress on actions	New
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Ref	Risk description	Inherent Risk			Risk Response	Risk Owner	Residual Risk		
		Likelihood	Impact	Risk score			Likelihood	Impact	Risk score
CR21 261	<b>Driver and fleet compliance</b> <b>Risk</b> Non-compliance with DVSA, Health and Safety at Work Act, and corporate manslaughter legislation. Failure to meet conditions of the O-Licence including vehicle safety, driver hours, and record-keeping. <b>Risk</b> <b>Consequences</b> Fines, licence revocations, criminal charges, and director liability.	4	4	16	Treat	Chief Executive/Director of Communities	4	4	16
Existing Controls	<ul style="list-style-type: none"> <li>New starter checks to include DVLA check from Oct 2025</li> <li>Maintenance and servicing of vehicles</li> <li>Health and wellbeing (including eyesight) is monitored in waste</li> <li>Transport manager in post</li> </ul>								
	<ul style="list-style-type: none"> <li>Monitoring of driver behaviour</li> <li>Organisation wide monitoring of health and wellbeing</li> </ul>			Delivery timescales		Ongoing			

**CORPORATE RISK REGISTER**  
**FEBRUARY 2026**

Planned mitigating actions	<ul style="list-style-type: none"><li>• Driver training</li></ul>	Reason for delay in delivery	
Comments and progress on actions	Stable		

Assessing the likelihood of exposure

1. Low	Likely to occur once in every ten years or more
2. Medium	Likely to occur once in every two to three years
3. High	Likely to occur once a year
4. Very High	Likely to occur at least twice in a year

Assessing the impact of exposure

1. Minor	Loss of a service for up to one day. Objectives of individuals are not met. No injuries. Financial loss over £1,000 and up to £10,000. No media attention. No breaches in Council working practices. No complaints / litigation.
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## CORPORATE RISK REGISTER

### FEBRUARY 2026

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<b>2. Medium</b>	Loss of a service for up to one week with limited impact on the general public. Service objectives of a service unit are not met. Injury to an employee or member of the public requiring medical treatment. Financial loss over £10,000 and up to £100,000. Adverse regional or local media attention - televised or newspaper report. Potential for a complaint litigation possible. Breaches of regulations / standards.
<b>3. Serious</b>	Loss of a critical service for one week or more with significant impact on the general public and partner organisations. Service objectives of the directorate of a critical nature are not met. Non-statutory duties are not achieved. Permanent injury to an employee or member of the public Financial loss over £100,000. Adverse national or regional media attention - national newspaper report. Litigation to be expected. Breaches of law punishable by fine.
<b>4. Major</b>	An incident so severe in its effects that a service or project will be unavailable permanently with a major impact on the general public and partner organisations. Strategic priorities of a critical nature are not met. Statutory duties are not achieved. Death of an employee or member of the public. Financial loss over £1m. Adverse national media attention - national televised news report. Litigation almost certain and difficult to defend. Breaches of law punishable by imprisonment.

**Risk matrix**

## CORPORATE RISK REGISTER

### FEBRUARY 2026

		Likelihood			
		1	2	3	4
Impact	4	4	8	12	16
	3	3	6	9	12
	2	2	4	6	8
	1	1	2	3	4

Traditionally in risk management there are four ways to mitigate the risks to the organisation, these being typically referred to as **Treat, Tolerate, Transfer and Terminate** and are known collectively as the “Four Ts”.

- **Tolerate** means the risk is known and accepted by the organisation. In such instances the senior management team should formally sign off that this course of action has been taken.
- **Transfer** means the risk mitigation is transferred i.e. it is passed to a third party such as an insurer or an outsourced provider, although it should be noted that responsibility for the risk cannot be transferred or eliminated.
- **Terminate** means we stop the process, activity, etc or stop using the premises, IT system, etc which is at risk and hence the risk is no longer relevant.
- **Treat** means we aim to reduce the likelihood of the threat materialising or else reduce the resultant impact through introducing relevant controls and continuity strategies.

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Likely to contain exempt information under paragraph(s) 3 of  
Part 1 of Schedule 12A of the Local Government Act 1972.

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