Blaby District Council
the heart of Leicestershire

DATE: 14 November 2025
MY REF: Audit & Corporate Governance Committee
YOUR REF:
CONTACT: Democratic Services
TEL NO: 0116 272 7708
EMAIL: committees@blaby.gov.uk

**To Members of the Audit and Corporate Governance Committee**

Cllr. Mark Jackson (Chairman)
Cllr. Dillan Shikotra (Vice-Chairman)

Cllr. Lee Breckon JP
Cllr. Alex DeWinter
Cllr. Richard Holdridge
Cllr. Roger Stead
Cllr. Jane Wolfe
Helen King (Independent Member)

Dear Councillor,

A meeting of the **AUDIT AND CORPORATE GOVERNANCE COMMITTEE** will be held in the Council Chamber - Council Offices, Narborough on **TUESDAY, 25 NOVEMBER 2025** at **5.30 p.m.** for the transaction of the following business and your attendance is requested.

Yours faithfully

**Gemma Dennis**
**Corporate Services Group Manager and Monitoring Officer**

# AGENDA

1. Apologies for Absence

2. Disclosures of Interest

   To receive disclosures of interests from Members (i.e. the existence and the nature of those interests in respect of items on this agenda).

3. Minutes (Pages 3 - 6)

   To approve and sign the minutes of the meeting held on 28 July 2025 (enclosed).

4. Annual Governance Statement 2024-25 (Pages 7 - 18)

   To consider the report of the Executive Director (Section 151 Officer) (enclosed).

5. Annual Audit Report 2024-25 (Pages 19 - 20)

   To consider the report of the Finance Group Manager (enclosed).

6. Internal Audit Progress Report 2025-26 Quarter 2 (Pages 21 - 38)

   To consider the report of the Shared Service Audit Manager (enclosed).

7. Risk Management Quarter 2 2025-26 (Pages 39 - 76)

   To consider the report of the Council Tax Income & Debt Manager (enclosed).

8. Audit & Corporate Governance Committee Work Programme (Pages 77 - 80)

# AUDIT AND CORPORATE GOVERNANCE COMMITTEE

Minutes of a meeting held at the Council Offices, Narborough

**MONDAY, 28 JULY 2025**

**Present:-**

Cllr. Mark Jackson (Chairman)

| | | |
|---|---|---|
| Cllr. Lee Breckon JP | Cllr. Roger Stead | Cllr. Jane Wolfe |
| Cllr. Richard Holdridge | Cllr. Jane Wolfe | Helen King (Independent Member) |

**Officers present:-**

| | | |
|---|---|---|
| Sarah Pennelli | - | Executive Director - S.151 Officer |
| Joanne Davis | - | Accountancy Services Manager |
| Kerry Beavis | - | Shared Service Audit Manager |
| Nicole Cramp | - | Democratic & Scrutiny Services Officer |
| Avisa Birchenough | - | Democratic & Scrutiny Services Officer |

**Also in attendance:-**

Cllr Cheryl Cashmore – Finance, People and Transformation Portfolio Holder and Deputy Leader.

**Apologies:-**

Cllr. Dillan Shikotra

## 65. DISCLOSURES OF INTEREST

No disclosures were received.

## 66. MINUTES

The minutes of the meeting held on 28 April, as circulated, were approved and signed as a correct record.

## 67. INTERNAL AUDIT ANNUAL REPORT 2024/25

Considered – Report of the Shared Service Audit Manager.

**DECISION**

That the report be noted.

Reason:

To comply with the Public Sector Internal Audit Standard.

## 68. INTERNAL AUDIT PROGRESS REPORT Q1 2025/26

Considered – Report of the Shared Service Audit Manager.

**DECISION**

That the Internal Audit Progress Report be noted.

Reason:

To keep the Audit and Corporate Governance Committee informed of progress and recent Internal Audit findings and recommendations, in line with the Global Internal Audit Standards in the Public Sector.

## 69. UNAUDITED STATEMENT OF ACCOUNTS 2024/25

Considered – Report of the Accountancy Service Manager.

**DECISION**

That the financial performance for 2024/25 be accepted.

Reason:

To give Members the opportunity to comment and ask questions in respect of the Council's financial performance, and unaudited accounts for 2024/25.

## 70. RISK MANAGEMENT Q1 2025/26

Considered – Report of the Council Tax Income & Debt Manager.

**DECISION**

That the latest information in respect of the Council's major corporate risks be accepted.

Reason:

The overview of the Council's risk management processes is a key responsibility of the Audit and Corporate Governance Committee. It is important that members are aware of the corporate risks and their potential impact on Council business, and that they review the control measures in place to mitigate risks.

## 71. AUDIT & CORPORATE GOVERNANCE COMMITTEE WORK PROGRAMME

Members accepted the items on the Audit & Corporate Governance Committee Work Programme.

**DECISION**

That the Audit & Corporate Governance Committee Work Programme be noted.

Reason:

It is appropriate that the Audit & Corporate Governance Committee set the Work Programme for the year.

**THE MEETING CONCLUDED AT 6.16 P.M.**

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**Blaby District Council**

**Audit & Corporate Governance Committee**

| | |
|---|---|
| **Date of Meeting** | 25 November 2025 |
| **Title of Report** | 6 Month Progress Report on Actions Arising from Annual Governance Assurance Review |
| **Report Author** | Executive Director (Section 151 Officer) |

## 1. What is this report about?

1.1 This report provides an update on the progress being made against the actions arising from the Annual Governance Assurance Review.

## 2. Recommendation(s)

2.1 That the report be noted.

## 3. Reason for Decision(s) Recommended

3.1 That the Audit & Governance Committee Members have sight of the progress being made against actions that were noted in the Annual Governance Assurance Review.

## 4. Matters to consider

4.1 Background

A review of the systems of governance in respect of 2024/25 financial year was carried out and the findings summarised in the review of effectiveness section of the Annual Governance Statement 2024/25.

The assurance review identified examples of assurances in respect of those governance arrangements which are key to mitigate against significant risks to the achievement of the corporate objectives of the Council.

From the review several actions arose and these have been listed in appendix A of this report and progress noted against each.

4.2 Relevant Consultations

None

4.3 Significant Issues
None

4.4 In preparing this report, the author has considered issues related to Human Rights, Legal Matters, Human Resources, Equalities, Public Health Inequalities and there are no areas of concern.

## 5. Environmental impact

5.1 No Net Zero and Climate Impact Assessment (NZCIA) is required for this report.

## 6. What will it cost and are there opportunities for savings?

6.1 There are no cost implications specifically arising from this report.

## 7. What are the risks and how can they be reduced?

7.1

| Current Risk | Actions to reduce the risks |
|---|---|
| That actions arising from the governance assurance review are not progressed. | Listing the actions with input from the Senior Leadership team and monitoring of the actions periodically ensures there is focus placed on progress being made. |

## 8. Other options considered

8.1 None considered.

## 9. Appendix

9.1 Appendix A – 6 Month Progress Report on Actions Arising from Annual Governance Assurance Review November 2025

## 10. Background paper(s)

10.1 Report to Cabinet Executive 23rd June 25, Annual Governance Statement 2024/25

## 11. Report author's contact details

Sarah Pennelli Executive Director (S151 Officer)
Sarah.pennelli@blaby.gov.uk 0116 272 7650

**Appendix A**

# 6 Month Progress Report on Actions Arising from Annual Governance Assurance Review

**November 2025**

## Assurance and evidence in support of the Council's annual governance statement (Assessment Score 1 – 10 where 10 represents very best value)

### Core Principal 1: A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

| **Supporting Principle 1 : Behaving with Integrity &<br>Supporting Principle 2 : Demonstrating Strong Commitment to ethical Values** |
|---|

| The local code should reflect the requirement of local authorities to: | Action | Progress Made |
|---|---|---|
| 2 Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles) | **Action** – To continue to reinforce the values detailed within the new Blaby District Plan: honesty, openness and treating people fairly. | The values continue to be reinforced around the organisation both when considering updates to policies but also when it is recognised that behaviours are contrary to the organisational values. |
| 4 Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively | **Action** – Training of staff when responding to complaints with a balanced view. | SLT discussions have fed into how responses to customer complaints can be improved. Lessons learnt are now being more readily reported to drive improvement and training utilising Skillgate is currently being considered. |
| 2. Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation | **Action** – Culture audit to be carried out by internal audit. | Culture audit planned within Internal Audit Programme. |

## Core Principal B: Ensuring openness and comprehensive stakeholder engagement

### Supporting Principle 2 : Engaging Comprehensively with Institutional Stakeholders

| The local code should reflect the requirement of local authorities to: | | Action | Progress Made |
|---|---|---|---|
| 3. | Ensuring that partnerships are based on: trust, a shared commitment to change, a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit | **Action** – Longer-term review of both the Lightbulb Service and Housing Enablement Team (HET). Both services with partners require new arrangements from April 2026. | LGR coming forward have impacted in the requirement for a future long-term agreement. Agreements have now been made for shorter a time period given the potential impact of LGR. |

### Supporting Principle 3 : Engaging Stakeholders effectively, including individual citizens and service users

| | | | |
|---|---|---|---|
| 2. | Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement | **Action** – Build on the development of the Communications Strategy and ensure engagement with all. | Action has been taken to proactively communicate decisions made to provide transparency. LGR has been the particular focus during the first half of this year with Blaby leading on the public engagement for the LGR proposal. |
| 4. | Implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account. | **Action** – Build on the development of the Communications Strategy and ensure engagement with all stakeholders regarding the proposals for LGR. | LGR has been the particular focus during the first half of this year with Blaby leading on the public engagement for the LGR proposal, with high geographical engagement from Blaby residents (18%). |
| 6. | Taking account of the interests of future generations of tax payers and service users | **Action** – ensure that the LGR engagement reaches young people and seldom heard groups and individuals to ensure their views are included in the decision-making process. | One of the focus groups for the LGR engagement was specifically for young people. A Youth Council member was invited to represent Blaby. |

## Core Principal C: Defining outcomes in terms of sustainable economic, social, and environmental benefits

### Supporting Principle 1 : Defining outcomes

| The local code should reflect the requirement of local authorities to: | | Actions | Progress Made |
|---|---|---|---|
| 1. | Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions | **Action** – Continue to deliver actions to deliver the Blaby Plan taking into consideration the LGR Proposal. | The Blaby Plan is continuing to be progressed with most initiatives continuing to be delivered recognising that the actions contribute to the long-term benefit of the district that will continue to be felt by residents after LGR has taken place. Mid-year progress report of the Blaby Plan reported to Cabinet Executive 20th November 2025. |
| 4. | Identifying and managing risks to the achievement of outcomes | **Action** – Continue to embed the new business planning, data intelligence and risk management process utilising the I-Plan system. | I-Plan continues to be used to monitor service planning, project management, risk management and the Blaby Plan progress. Service Planning utilising I-Plan is currently being utilised for it's 3rd year and its use is becoming embedded in the organisation as we adapt it's use to meet the organisations needs. |

### Supporting Principle 2 : Sustainable economic, social and environmental

| | | | |
|---|---|---|---|
| 2. | Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints | **Action –** Continue to Brief all members, regarding Council finance incorporating Fair Funding, Business Rates and financial implications of government driven waste initiatives. | Officers are continuing to monitor the changing financial picture and the Autumn Statement and Settlement are awaited to be able to be in a position to give all Members an update on the impact of Fair Funding, Business Rate changes and funding relating to food waste and recycling. The Scrutiny of the Budget in January 2026 will be an opportunity when all the financial information from the funding changes can be shared with Members. |

## Core Principal D: Determining the interventions necessary to optimise the achievement of the intended outcomes

**Supporting Principle 2 : Planning interventions**

| The local code should reflect the requirement of local authorities to: | | Examples of evidence: | Progress Made |
|---|---|---|---|
| 5. | Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured | **Action** – Develop and provide extra value from the new business planning, data intelligence and risk management process utilising the I-Plan system and external data to inform KPI's and improvements to services. | I-Plan continues to be used to monitor service planning, project management, risk management and the Blaby Plan progress. Service Planning utilising I-Plan is currently being utilised for it's 3rd year and its use is becoming embedded in the organisation as we adapt it's use to meet the organisations needs. KPI's are reviewed as part of the Service Planning process, which is currently underway, to ensure the right KPI's are being monitored. |
| 6. | Ensuring capacity exists to generate the information required to review service quality regularly | **Action** – Develop and provide extra value from the new business planning, data intelligence and risk management process utilising the I-Plan system and external data to inform KPI's and improvements to services. | As above. |

**Supporting Principle 3 : Optimising achievement of intended outcomes**

| The local code should reflect the requirement of local authorities to: | | Actions | Progress Made |
|---|---|---|---|
| 2. | Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term | **Action** – Continue to increase the financial awareness of budget managers to monitor and ensure that budget is tailored and trimmed with services delivered efficiently and effectively. | The finance team have provided specific sessions for budget managers about the budget process in order to enhance and support financial awareness. |

## Core Principal E: Developing the entity's capacity, including the capability of its leadership and the individuals within it

**Supporting Principle 1 : Developing the entity's capacity &**
**Supporting Principle 2 : Developing the capability of the entity's leadership and other individuals**

| The local code should reflect the requirement of local authorities to: | | Actions | Progress Made |
|---|---|---|---|
| 2. | Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how the authority's resources are allocated so that outcomes are achieved effectively and efficiently | **Action** - Use benchmarking information to enhance the performance framework and support decision making. | Work continues to explore avenues where up to date benchmarking data helps to highlight areas for improvement. |
| 4. | Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources | **Action** – Build on work already carried out on policy updates and development and retention/recruitment initiatives, including East Mids pilot scheme being carried out by EMC. | Blaby have actively engaged with the EMC initiative and attended the DeMontfort University Careers Fair in October. |
| 7. | Holding staff to account through regular performance reviews which take account of training or development needs | **Action** - Continue to progress the programme of training for people managers across the authority with the employment of Learning & Organisational Development resource to develop a programme of development across the organisation. | Learning & Development Resource has recently been appointed to the organisation and this will strengthen the development initiatives across the organisation. We continue to provide opportunities for staff to undergo Institute of Management training, the DCN staff development programme, Solace training programmes and will be looking to send a group of individuals on the EMC challenge next year. |
| 8. | Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing | **Action –** Undertake staff survey and monitor sickness levels. | The staff survey is still to be actioned. |

## Core Principal F : Managing risks and performance through robust internal control and strong public financial management

### Supporting Principle 1 : Managing risk

| The local code should reflect the requirement of local authorities to: | | Actions | Progress Made |
|---|---|---|---|
| 1. | Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making | **Action** – build on progress made to utilise the new I-Plan system to record risks and ensure lower level risks are managed across the organisation. | I-Plan is utilised for risk monitoring and more work is needed to ensure the lower-level risks have the right level of focus and recording. |

### Supporting Principle 2 : Managing Performance

| The local code should reflect the requirement of local authorities to: | | Actions | Progress Made |
|---|---|---|---|
| 1. | Monitoring service delivery effectively including planning, specification, execution and independent post implementation review. | **Action** – Develop and provide extra value from the new business planning, data intelligence and risk management process utilising the I-Plan system and external data to inform KPI's and improvements to services. | I-Plan continues to be used to monitor service planning, project management, risk management and the Blaby Plan progress. Service Planning utilising I-Plan is currently being utilised for it's 3rd year and its use is becoming embedded in the organisation as we adapt it's use to meet the organisations needs. KPI's are reviewed as part of the Service Planning process, which is currently underway, to ensure the right KPI's are being monitored. |
| 4. | Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement | **Action** – Need to ensure track outcomes on project delivery. | Project management recording continues to improve and closure reports assist in providing a route to track outcomes. |

### Supporting Principle 3 : Robust internal control

| | | | |
|---|---|---|---|
| 4. | Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor | **Action** – Carry out a self- assessment against the Best Value Framework. | As self-assessment has commenced with key officers from around the council inputting into the process. |

| | | | |
|---|---|---|---|
| 5. | Ensuring an audit committee or equivalent group or function which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment that its recommendations are listened to and acted upon | **Action –** Build on the progress made working towards compliance of the Council's Audit & Governance Committee with the CIPFA Practical Guidance for Local Authorities and Police (CIPFA, 2022). | Consideration is being given as to further training and updates that will form an element of this action. |

**Supporting Principle 4 : Managing Data**

| The local code should reflect the requirement of local authorities to: | | Actions | Progress Made |
|---|---|---|---|
| 3. | Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring | **Action** - Improve the use and reference to data during the decision-making process. | The use of Power-BI is assisting officers extracting data easily from our systems to aid decision making. This is in its early stages but already benefits can be seen. |

**Supporting Principle 5 : Strong public financial management**

| The local code should reflect the requirement of local authorities to: | | Actions | Progress Made |
|---|---|---|---|
| 1. | Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance | **Action** – Build upon the training that has been provided for budget managers to ensure they understand their responsibilities to manage their budget and can re-forecast accurately during the year. | The finance team have provided specific sessions for budget managers about the budget process in order to enhance and support financial awareness. A stable finance team has also assisted in providing budget monitoring support for budget managers across the council. |

## Core Principal G : Implementing good practices in transparency, reporting, and audit to deliver effective accountability

**Supporting Principle 3 : Assurance and effective accountability**

| The local code should reflect the requirement of local authorities to: | | Actions | Progress Made |
|---|---|---|---|
| 4. | Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement | **Action**: Implementation of decision to extract the Council from the ICT partnership to provide a complete level of assurance | Completed – ICT brought back in house successfully in July 2025. |

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**Blaby District Council**

**Audit and Corporate Governance Committee**

| | |
|---|---|
| **Date of Meeting** | 25 November 2025 |
| **Title of Report** | **Annual Audit Report 2024/25** |
| **Report Author** | Finance Group Manager |

## 1. What is this report about?

1.1 The report enables the Council's external auditors, Azets to present the Annual Audit Report.

1.2 To draw attention to the key messages from the auditors, included within the Auditor's Report.

## 2. Recommendation(s)

2.1 That the Annual Audit Report is acknowledged and approved.

## 3. Reason for Decision(s) Recommended

3.1 The Audit and Corporate Governance Committee should be made aware of the contents of any reports from the external auditors.

## 4. Matters to consider

4.1 Background

Azets set out their proposals for the planned audit work in respect of the 2024/25 financial year and this was presented to Members on 28th April 2025.

The Council's Draft Financial Statement for 2024/25 was published on 30th June 2025 and the audit of the accounts began mid-September 2025.

At the time of writing this report the audit is still ongoing. The Auditors are required to complete and publish their Annual Report by 30th November 2025.

The Auditor's Annual Report is attached at Appendix A. The report provides commentary on the adequacy of the Council's value for money arrangements as well as matters such as the Council's Financial sustainability and the Annual Governance Statement.

## 5. What will it cost and are there opportunities for savings?

5.1 No direct costs arising from this report.

## 6. What are the risks and how can they be reduced?

6.1

| Current Risk | Actions to reduce the risks |
|---|---|
| The detailed risks are set out in the Annual Audit Report (Appendix A). | See Appendix A. |

## 7. Other options considered

7.1 None

## 8. Other significant issues

8.1 In preparing this report, the author has considered issues related to Human Rights, Legal Matters, Human Resources, Equalities, Public Health Inequalities, and Climate Local and there are no areas of concern.

## 9. Appendix

9.1 Appendix A – Auditor's Annual Report (To follow)

## 10. Background paper(s)

None.

## 11. Report author's contact details

Katie Hollis Finance Group Manager
Katie.hollis@blaby.gov.uk 0116 272 7739

**Blaby District Council**

**Audit & Corporate Governance Committee**

| | |
|---|---|
| **Date of Meeting** | 25 November 2025 |
| **Title of Report** | **Internal Audit Progress Report 2025/26 Quarter 2** |
| **Report Author** | Shared Service Audit Manager |

## 1. What is this report about?

1.1 The purpose of this report is to inform the Committee of the progress against the Internal Audit plan for 2025/26 and to highlight incidences of any significant control failings or weaknesses that have been identified between 1 July 2025 and 11 November 2025.

## 2. Recommendation

2.1 To note the Internal Audit progress report and comment as appropriate.

## 3. Reason for Decision Recommended

3.1 To keep the Audit and Corporate Governance Committee informed of progress and recent Internal Audit findings and recommendations, in line with the Global Internal Audit Standards in the Public Sector.

## 4. Matters to consider

4.1 Background

The Global Internal Audit Standards in the Public Sector require that the Council's Audit and Corporate Governance Committee approve the audit plan and monitor progress against it.

The Standards require that the Audit and Corporate Governance Committee receive periodic reports on the work of internal audit.

The Audit and Corporate Governance Committee approved the 2025/26 audit plan on 28 April 2025. This is the second progress report for 2025/26.

4.2 Progress Report

The Internal Audit Progress Report for the period from 1 July 2025 and 11 November 2025 is attached at Appendix 1.

4.3 Relevant Consultations

The report was reviewed by the Senior Leadership Team on 28 October 2025

4.4 Significant Issues
None

4.5 In preparing this report, the author has considered issues related to Human Rights, Legal Matters, Human Resources, Equalities, Public Health Inequalities and there are no areas of concern.

**5. Environmental impact**

5.1 N/A

**6. What will it cost and are there opportunities for savings?**

6.1 No costs or opportunities for savings in the context of this report.

**7. What are the risks and how can they be reduced?**

7.1 There are no risks relating directly to this report.

**8. Other options considered**

8.1 Not applicable.

**9. Appendix**

9.1 Appendix 1 – Internal Audit Progress Report 2025/26 Quarter 2

**10. Background paper(s)**

10.1 Global Internal Audit Standards

Application note: Global Internal Audit Standards in the UK Public Sector

Internal Audit Plan 2025/26

**11. Report author's contact details**

Kerry Beavis Shared Service Audit Manager
Kerry.beavis@blaby.gov.uk

**Appendix 1**

# INTERNAL AUDIT SHARED SERVICE

## Blaby District Council

## Internal Audit Progress Report 2025/26 Q2

## 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 since 1 June 2025.

## 2 Internal Audit Plan Update

2.1 The 2025/26 audit plan is included at Appendix A for information and shows the audits in progress.

Since the last update report three final reports have been issued, this completes the 2024/25 audit plan.

The executive summaries for the final reports are included at Appendix B.

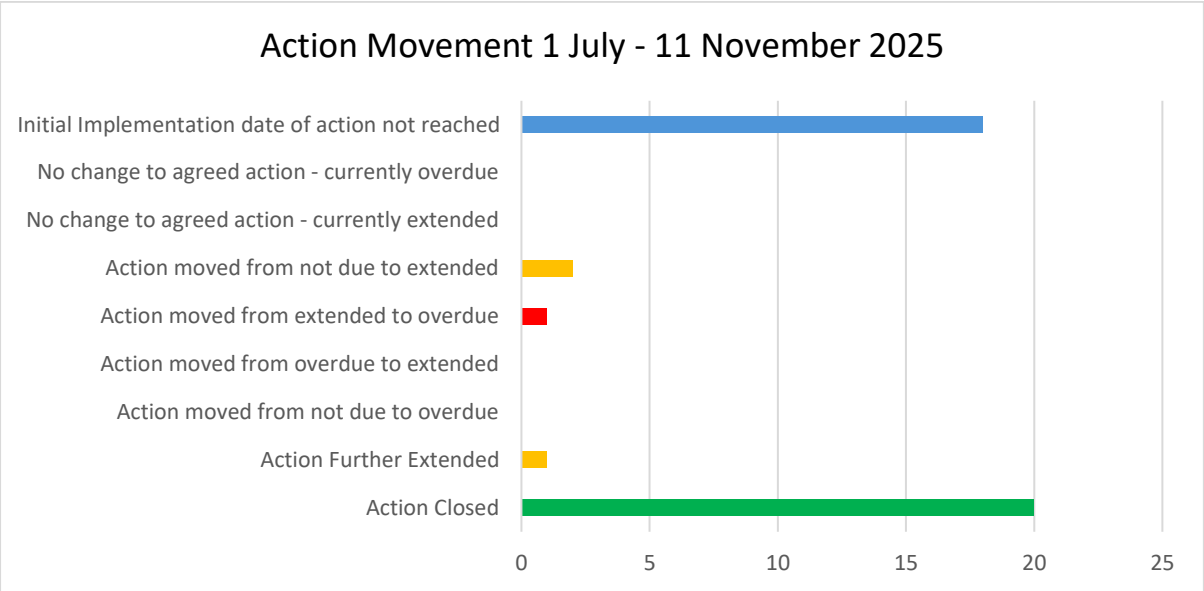
## 3 Internal Audit Recommendations

3.1 Internal Audit monitor and follow up all critical, high and medium priority recommendations. Further details of overdue and extended recommendations are detailed in Appendix C for information.

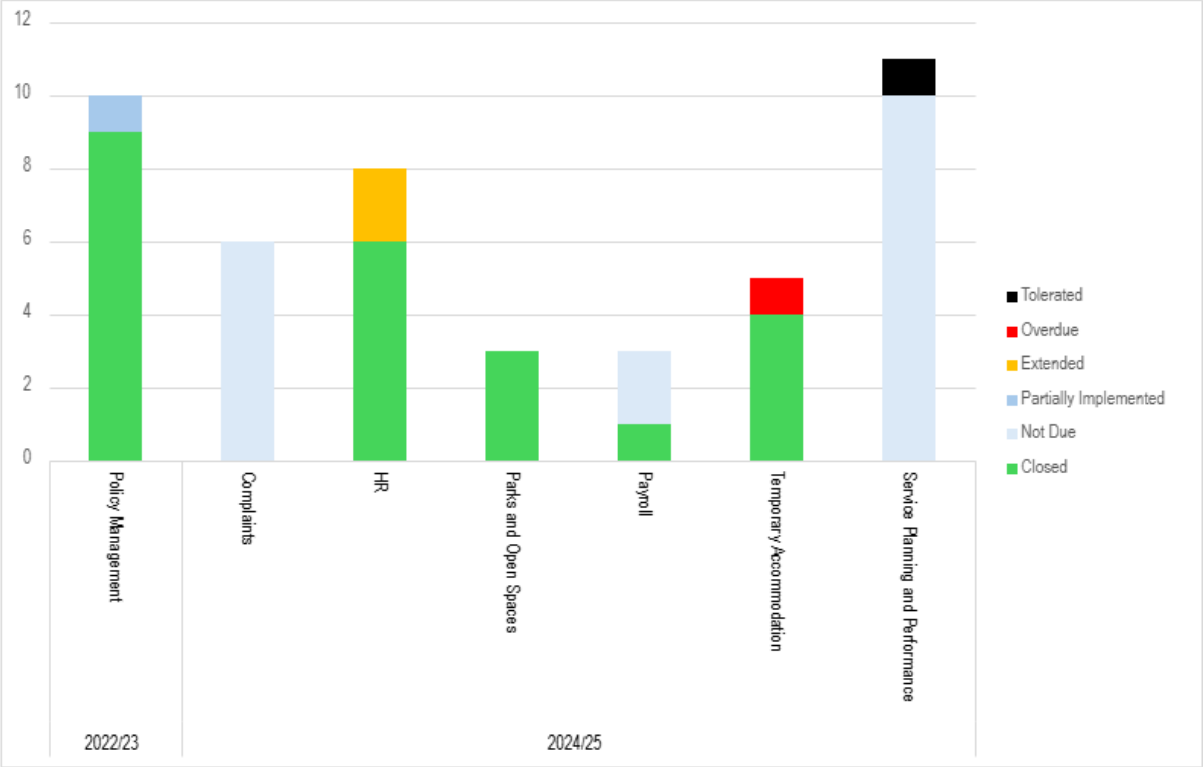
| Year | Not Due | | Extended | | Overdue | |
|---|---|---|---|---|---|---|
| | High | Medium | High | Medium | High | Medium |
| 22/23 | - | - | 1 | - | - | - |
| 24/25 | 2 | 16 | 1 | 1 | 1 | - |

## 4 Internal Audit Performance Indicators

4.1 Progress against the agreed Internal Audit performance targets are documented in Appendix D. There are no areas of concern at this stage.




## Implementation of Actions by Audit



**Appendix A**

# 2025/26 AUDIT PLAN PROGRESS

| Audit Area | Type | Planned Days | Actual Days | Status | Assurance Level | Recommendations | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | C | H | M | L | |
| IT Key Controls | Audit | 10 | | TBC | | | | | | |
| Food Waste Project | Advisory | 3 | | As required | | | | | | |
| Disabled Facilities Grant Determinations | Grant | 3 | 3 | Completed | N/A | | | | | |
| Green Strategy | Audit | 10 | 1 | In progress | | | | | | |
| Home Support Grant | Audit | 5 | | Q3 | | | | | | Cancelled due to service provision changes. Time will be used for advisory time for Lightbulb |
| Licensing (Street Trading) | Audit | 10 | | Q4 | | | | | | |
| Data Protection | Audit | 15 | 0.5 | Engagement Planning | | | | | | Due to start early December |
| Key Financial Systems | Audit | 49 | 0.5 | Engagement Planning | | | | | | |
| Insurance | Audit | 8 | 5 | In progress | | | | | | |
| Benefits Subsidy | Advisory | 5 | 3 | As required | | | | | | |
| Community Development | Audit | 12 | | Q3 | | | | | | |
| UKSPF | Audit | 8 | 1 | In progress | | | | | | |
| Planning (2 audits) | Audit | 30 | 0.5 | Engagement Planning | | | | | | |
| Culture | Audit | 15 | 0.5 | Engagement Planning | | | | | | |
| Fleet Management and Grey Fleet | Audit | 10 | 2.5 | In progress | | | | | | |
| Procurement and Contract Management | Audit | 15 | 15 | In progress | | | | | | |
| Devolution and LGR Support | Advisory | 4 | | As required | | | | | | |
| **Outstanding Audits from 2024/25** | | | | | | | | | | |
| Customer Complaints | Audit | 8 | 13.5 | Completed | Reasonable | - | - | 6 | 1 | |
| Taxi Licensing | Audit | 8 | 15 | Completed | Reasonable | - | 2 | 1 | 1 | |
| Service Planning & Performance | Audit | 8 | 20 | Completed | Limited | - | 1 | 10 | 1 | |

**APPENDIX B**

## SUMMARY OF FINAL AUDIT REPORTS ISSUED SINCE THE START OF QUARTER 2 2025/26

## CUSTOMER COMPLAINTS

| REASONABLE ASSURANCE | |
|---|---|
|  | A generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. |

Key Findings

Areas of positive assurance identified during the audit:

- There is a Complaints, Comments and Compliments Policy and a Vexatious and Unreasonably Persistent Customer Policy in place and these are regularly reviewed.
- Information in relation to the Complaints Policy and process is published on the Council's website and relevant signposting to appropriate organisations and services.
- Complaints are being recorded within the House on the Hill System.
- Ombudsman complaints are handled in accordance with policy.
- System access is adequately controlled.

The main areas identified for improvement are:

- Complaints handling procedures and training are introduced to ensure complaints are handled in accordance with policy.
- Complaints handling performance data should be published to publicly show learning.
- Procedures are introduced to support the Vexatious and Unreasonably Persistent Customer Policy and manage and monitor unreasonable complainants.
- Lessons learnt should be recorded and shared to improve service delivery.

- Performance data is reported to senior management on a regular basis and to Scrutiny Committee annually in accordance with policy.

| Recommendation | Priority | Response/Agreed Action | Officer Responsible | Implementation Date |
|---|---|---|---|---|
| 1. Complaints handling procedures, guidance and document templates are updated and corporate training is rolled out to ensure complaints are handled consistently and in accordance with policy. | Medium | Existing guidance notes will be reviewed and updated to ensure key step by step processes for internal staff are available.<br>A corporate training module is available via SkillGate. Awareness of this will be widened and increased. Specific roles within the organisation will be identified to complete mandatory training and consideration will be given to the need for ongoing refresher training.<br>Links to the training, templates and process guides will be included in a new complaint response form integrated within the complaints database. | Business Systems, Performance & Information Manager and Senior Information Governance Officer | March 2026 |
| 2. The Corporate Complaints Policy is reviewed and amended to ensure it is clear when the informal stage should or should not be applied, what timeframes should be applied when extending response times and what information should be included in complaint responses to ensure a consistent approach.<br><br>In conjunction with this review, management should satisfy itself that Blaby's policy aligns with the Local Government and Social Care Complaints Handling Code, as this is considered best practice for | Medium | Only stage zero cases that come directly into the Information Governance (IG) Team are recorded on HOTH. Also, depending on the nature of the complaint, it is agreed that some are to begin at formal stage 1, skipping stage 0.<br>We will consider the removal of stage 0 (service level) from the complaints process in line with the LGSC Ombudsman Code.<br>We will introduce complaint responses templates.<br>Introduce a complaint response submission form to ensure responses are reviewed by the IG Team for compliance with the prescribed template before they are sent to the complainant.<br>We will specify maximum extension dates for complaint responses within our policy and our staff process guides. This will include a caveat that these may be extended further in extenuating circumstances. | Business Systems, Performance & Information Manager and Senior Information Governance Officer | March 2026 |

| | | | | |
|---|---|---|---|---|
| good quality complaint outcomes. | | | | |
| 4. Performance data is published to publicly show learning from complaints and to demonstrate that the Council are open to fair challenge and improving services as a result. | Medium | Performance data will be published at least annually.<br>This data is now more accessible to Information Governance staff via a new Power BI report. | Business Systems, Performance & Information Manager and Senior Information Governance Officer | March 2026 |
| 5. A process is put in place to manage and monitor unreasonable complainants ensuring they are dealt with in accordance with the policy. | Medium | There is a policy which includes procedural aspects, but there isn't a detailed internal process.<br>A process/procedure will be developed to ensure vexatious status is applied appropriately, that restrictions are known and accessible to relevant staff, communications with vexatious individuals are stored in a central repository to provide resilience and that restrictions are reviewed in accordance with the policy. | Business Systems, Performance & Information Manager and Senior Information Governance Officer | March 2026 |
| 6. Processes are put in place to enable services to undertake analysis on complaint outcomes and establish root causes, and share lessons learnt, leading to a better customer experience and a reduction in complaints going forward. | Medium | PowerBi reporting will be used to provide feedback to managers and SLT that lessons learnt are being recorded, are realistic, and have been implemented.<br>This improved accountability should drive service improvement and respect for the purpose of the complaints process (to learn and improve). This will be included in the updated staff process guides and template responses that lessons learnt need to be recorded for partially and upheld complaints. | Business Systems, Performance & Information Manager and Senior Information Governance Officer | March 2026 |
| 7. Complaints statistics and performance data are reported to senior management on a regular basis and reported to the Council's Scrutiny Commission on an annual basis, in accordance with the Complaints Policy. | Medium | Performance has been reported to Senior Management through iPlan and now via a new Power BI report.<br>Processes will be put in place to ensure that the formal annual performance report is scheduled in to be seen by Scrutiny Committee to ensure this does not get overlooked and published on the council's website. | Business Systems, Performance & Information Manager and Senior Information Governance Officer | March 2026 |

## TAXI LICENSING

| REASONABLE ASSURANCE | |
|---|---|
|  | A generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. |

### Key Findings

Areas of positive assurance identified during the audit:

- Policies, procedures and guidance are in place, up to date and available to all relevant officers. Information is also available on the council website for members of the public.
- The process for the issuing of taxi licences is compliant with the relevant taxi licensing regulations and follows best practice guidance issued by the Department for Transport.
- Licences are processed in an efficient and effective manner.

The main areas identified for improvement are:

- Ensuring there is accurate and complete recording of information for Taxi Licensing applications.
- Having staff who are trained to carry out proactive Enforcement duties.
- Including Safeguarding questions in the Knowledge Test.

| Recommendation | Priority | Response/Agreed Action | Officer Responsible | Implementation Date |
|---|---|---|---|---|
| 1.The introduction of a checklist detailing the information required to be received and recorded for Taxi Licences should be introduced.<br><br>This would enable officers to monitor any documents that may be required/ outstanding/ information that is to be uploaded to IDOX or recorded on Uniform. | High | Introduction of a checklist is agreed - whilst the correct documents were found on site when searched for by a member of the team, they were not easily located during the audit.<br><br>A validation form and checklist was already available on IDOX for staff to follow, however this has now been extended into a word document with direct links to each licence type. | Licensing Team Leader | Completed for Taxi Licensing – the team will now continue to extend for other Licence types. |
| 3.A review should be undertaken to identify proactive enforcement action that should be in place.<br><br>When identified the service should look to train additional officers to perform these duties. | High | This recommendation is not supported; a review of the current situation has been undertaken. Taxi licensing is only one part of the Licensing function. Multiple other officers are authorised to undertake licensing enforcement checks across Environmental Health.<br><br>In addition in terms of enforcement activity - In house MOT testing has been introduced which has vastly improving the standard of vehicles. Further taxi enforcement checks have been undertaken with partners. | Group Manager Environmental Health, Housing & Community Services | N/A |
| 4.Include questions relating to Safeguarding in the Knowledge Test to ensure drivers have an awareness of Safeguarding prior to obtaining their licence. | Medium | Agreed - Safeguarding questions have now been incorporated into the knowledge test which is taken prior to applying for a licence. | Licensing Team Leader | Completed |

## SERVICE PLANNING AND PERFORMANCE

| LIMITED ASSURANCE | |
|---|---|
|  | Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited. |

**Key Findings**

Areas of positive assurance identified during the audit:

- Documented procedures and templates have been produced and made available to staff through iPlan.
- All staff have been trained and supported to develop service plans and input performance data.

The main areas identified for improvement are:

- Actions and measures should link to the strategic themes within the Blaby District Plan.
- Targets, status and value for measures should be recorded on performance monitoring for each type of measure/ project to ensure that data is measured consistently and effectively.
- Risk management should be embedded in the Service Planning and Reporting process.
- A more robust and consistent process for performance monitoring of iPlan data should be implemented.

| Recommendation | Priority | Response/Agreed Action | Officer Responsible | Implementation Date |
|---|---|---|---|---|
| 1. All users must have their own unique login and all generic accounts must be suspended/ deleted. | Medium | This carries minimal risk and has been the case since the inception of the system with no issues to date (2.5 years). Management's view is that this would present an unnecessary additional cost to BDC following a review and consideration of the recommendation. | Service Manager | Complete – Agreed to Tolerate Risk |
| 2. iPlan functionality for linking corporate objectives to strategic themes is explored. | High | Management considers that this observation is incorrect. Service plans do link to the strategic themes. However, following further discussions with Internal Audit the Group Manager Corporate Services & Monitoring Officer will review the District Plan. | Service Manager | November 2025 |
| 3. Consideration is given to changing the current review procedure to reflect the risk appetite of the authority and the score/priority level of each individual risk. | Medium | We will develop a process for escalation of service level risks to a corporate level. | Service Manager | November 2025 |
| 4. A review of the prioritisation scales is undertaken to ensure that all measures and projects that may impact on the operation of the corporate and service delivery of the authority are monitored, analysed and reported upon appropriately. | Medium | Monitoring the progress of actions and measures beneath the priority 1 level takes place within project/strategy boards, SLT or via the line management structure in SM/GM catch ups. This includes those which are not of political interest. | Service Manager | January 2026 |
| 5. There should be a mechanism in place to ensure that service plans are developed with consideration of the impact on other service areas. | Medium | Communications, Transformation, performance and systems and Grants actively take part in service planning with other services. Going forward we will ensure that other key support services are as engaged. | Service Manager | November 2025 |

| | | | | |
|---|---|---|---|---|
| 6. A process is put in place to ensure that priority levels for projects and performance measures are subject to scrutiny prior to input to iPlan and this should be consistent across the organisation. | Medium | This process exists, with an annual review with the exec team which provides an opportunity to challenge & scrutinise. There are regular reviews between GMs & SMs which provide an opportunity to challenge and review the priority level of items as and when they are added, or if they need review due to other circumstances. In addition, there is discussion at SLT about priority for projects periodically and when they are initiated.<br>IT is considered that there will continuous engagement with the exec team, GM's and SMs to that this will continue to improve. | Service Manager and SLT | Ongoing |
| 7. For each measure/ project a target, status and value is recorded to ensure that performance can be relevantly tracked, managed and monitored. | Medium | Priority 1 and 2 measures have meaningful targets and thresholds set so that they return a status.<br><br>Prior to setting targets for P3-P5 measures the value, meaning and purpose of these measures must be reviewed. | Service Manager | January 2026 |
| 8. Managers are required to formulate the risks associated with their service plans and ensure that each action can be linked to both relevant risks and performance measures. The framework and procedure documents are updated to reflect this. | Medium | Service level risk processes could be improved with training and steps are already being taken to implement this. | Service Manager | November 2025 |
| 9. The service level risks are updated and reviewed in line with corporate guidance. | Medium | There is already user guidance for iPlan which explains how to update risks, we will review this to ensure it remains fit for purpose. | Service Manager | November 2025 |
| 10. Measures, project actions and risks are regularly reviewed by senior managers to monitor progress and ensure that data and progress commentary are updated by service managers as expected. | Medium | Senior managers are already aware of this, and the recommendation is already in the process of being implemented via 1-1s. | Service Manager | Ongoing |

| | | | | |
|---|---|---|---|---|
| 12. Business planning and performance is included as a mandatory standing agenda item for SLT meetings, all 1-2-1's with service and group managers, and monthly team meetings, to embed the process at all levels throughout the organisation and ensure consistency. | Medium | This is included as a standing item for SLT bi-monthly, and business planning and performance is a standing item for all 1-1s. Management will continue to ensure that there is full and meaningful engagement on iplan. | Service Manager | ongoing |

## OVERDUE RECOMMENDATIONS AS AT 11 NOVEMBER 2025

| Audit Year | Audit | Recommendation | Priority | Response/ Agreed Action | Responsible Officer | Due Date | 1st Follow up comments | Extension Date | Second Follow up comments | Extension Date | Further Management update | Further Extension date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024/25 | Temporary Accommodation | 4. The arrangement for the provision of temporary accommodation is appropriately formalised through either the completion of a full procurement exercise or the approval of a waiver of procurement legislation. | High | We need to ensure that accommodation is sourced and provided at extremely short notice and sometimes there are no options available with our regular supplier, therefore flexibility in finding alternatives is key. The main booking platform “click travel” does have a contract in place and exemptions are being explored in relation to this area. | Housing Services Manager | Aug-25 | Aug-25 Possible exemptions are being explored therefore an extension requested. An update will be provided following the completion of the exercise. | | | | | |

## EXTENDED RECOMMENDATIONS AS AT 11 NOVEMBER 2025

| Audit Year | Audit | Recommendation | Priority | Response/ Agreed Action | Responsible Officer | Due Date | 1st Follow up comments | Extension Date | Second Follow up comments | Extension Date | Further Management update | Further Extension date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022/23 | Policy Management | 2. HR policies reflecting current legislation, corporate values and industry best practice should be produced for all key employment areas. These should be supported by relevant procedure documents | High | Agreed.<br>A process and timetable to produce the key documents will be in place within six months. | Human Resources Strategic Manager | Jul-23 | Aug-23 No response received | | Sep-23 All HR policies have been imported to iPlan. A timeline for reviewing/producing (including prioritisation) the HR policies for all key employment areas with supporting procedure documents will now be agreed. | | An action plan has been developed that details dates of when all HR policies, procedures and guidance are to be reviewed and updated. Audit will monitor the action plan and, if there is slippage, this will be reported to Audit and Corporate Governance Committee.<br><br>June-25<br>The majority of policies and procedures have now been updated, finalised and published. There are five policies/ procedures that have been updated but further consultation is required prior to them being finalised and published. This will be completed over the next few months with the expected completion date of all policies being finalised by March 2026. Audit will continue to monitor the progress of this and where there are further delays this will be reported to the committee.<br><br>Sep-25: Further policy updates completed and uploaded to iBlaby. Other policies are being emailed to TU reps for review and feedback prior to being agreed and subsequently published. Please note that the action plan became unwieldy so needs to be rationalised and therefore we will develop a new one and share with auditors to enable tracking progress. | ~~Apr-25~~<br><br>Mar-26 |
| 2024/25 | HR | 9. A formal policy on the use of market supplements should be implemented. The policy should be supported by a detailed procedure in respect of the full process for market supplements and further awards. | High | Key elements currently required by the CE and Directors to consider Market Supplements i.e. evidence of recruitment difficulties and examples of market salaries will be considered to be developed into a process. This will be considered by SLT and updated as appropriate. | HR Services Manager/ Group Manager ICT and Transformation | Oct-25 | Nov-25 - There is a first draft process document in place which is currently being amended and transferred to the process template to be fit for purpose. Extension requested to Dec-25. | Dec-25 | | | | |
| 2024/25 | HR | 10. Review dates are monitored via the HR/Payroll system. | Medium | This will be reviewed in conjunction with Finance. | HR Services Manager | Oct-25 | Nov-25 - This is included within the iTrent enhancements project and will be aligned with phase 2 of the project. The implementation date needs to be extended to align with the project implementation date. | Mar-26 | | | | |

**Appendix D**

# 2025/26 INTERNAL AUDIT PERFORMANCE

| Performance Measure | Position as at 11/11/2025 | Comments |
|---|---|---|
| Achievement of the Internal Audit Plan | 0% | |
| Quarterly Progress Reports to Management Team and Audit and Standards Committee | On track | |
| Follow up testing completed in month agreed in final report | On track | |
| Annual Opinion Report | Achieved | |
| 95% Customer Satisfaction with the Internal Audit Service | 100% | Based on ten returns for 2024/25 |
| Compliance with Global Internal Audit Standards in the UK Public Sector | | |
| Completion of planned QAIP audits and all actions arising are implemented. | | |
| To provide an efficient and compliant audit service | | Audits have yet to reach a milestone for performance reporting. |
| • Fieldwork is completed within two months of the start date. | | |
| • Management Debriefs are scheduled within 2 weeks of audit being completed. | | |
| • *Management Responses are received within 2 weeks of the debrief meeting. | | |
| • Draft audit reports are issued within 1 week of receipt of full management responses | | |
| • Final audit reports are issued within 1 week of draft audit reports. | | |
| *, **Agreed actions are completed and result in the desired outcomes. | | |
| • 100% of high priority | | |
| • 90% of medium | | |

*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.

**Blaby District Council**

**Audit & Corporate Governance Committee**

| | |
|---|---|
| **Date of Meeting** | 25 November 2025 |
| **Title of Report** | **Risk Management Quarter 2 2025/26** |
| **Report Author** | Council Tax Income & Debt Manager |

## 1. What is this report about?

1.1 The report provides Audit and Corporate Governance Committee with an update in relation to the Council's Corporate Risk Register up to 30th September 2025.

## 2. Recommendation(s)

2.1 That the latest information in respect of the Council's major corporate risks is accepted.

## 3. Reason for Decision(s) Recommended

3.1 The overview of the Council's risk management processes is a key responsibility of the Audit and Corporate Governance Committee. It is important that members are aware of the corporate risks and their potential impact on Council business, and that they review the control measures in place to mitigate risks.

## 4. Matters to consider

4.1. Background

The management of risk is a critical success factor in terms of an organisation achieving its objectives. The Audit and Corporate Governance Committee, supported by Internal Audit, has the role of evaluating the effectiveness of the Council's risk management procedures, and commenting upon areas of improvement as appropriate.

Risks are assessed for their impact on the Council's business, and the likelihood that those risks might arise. Scores for impact and likelihood are combined using a "5x5" matrix to arrive at a rating of high, medium, or low.

| Risk Score | Matrix Category |
|---|---|
| 16-25 | High |
| 9-15 | Medium |
| 1-8 | Low |

Further information is contained within the Risk Management Strategy which was presented to this Committee in July 2023.

4.2 Corporate Risk Register

The Corporate Risk Register captures the most significant current risks that have a potential impact on the Council's strategic aims and objectives. Updates on the latest corporate risks are presented to Audit and Corporate Governance Committee every quarter.

Corporate Risks are monitored by the Corporate Risk Group which comprises the Chief Executive, the Executive Directors, the Finance Group Manager, and the Council Tax Income and Debt Manager. The Corporate Risk Group met on 3rd September 2025 to review and update the Corporate Risk Register, ensuring that it properly reflects the current corporate risks and that actions are in place to mitigate those risks. A copy of the Corporate Risk Register is included at Appendix A, and this sets out each risk, an assessment of the degree of risk to the Council, and any control measures that are in place to mitigate the likelihood and impact of the risk occurring.

The following table summarises the number of corporate risks before any control measures are put in place (i.e., uncontrolled risks).

| **All Corporate Risks – Uncontrolled Rating Summary** | | | |
|---|---|---|---|
| Red | Amber | Green | Total |
| 15 | 12 | 0 | 27 |

The corporate risks, once control measures have been put in place, i.e., controlled risks, are as follows:

| **All Corporate Risks – Controlled Rating Summary** | | | |
|---|---|---|---|
| Red | Amber | Green | Total |
| 4 | 9 | 14 | 27 |

Since the last quarterly report to Audit and Corporate Governance Committee on 28th July 2025, 1 new risk has been added to the register in relation to Uncontrolled Use of Artificial Intelligence - R177. Following the ICT Service being brought back in house, all ICT risks have been reviewed and updated.

Overall, 15 high risks to the Council's business have been identified before any form of mitigation has been put in place. However, once control measures are considered, 11 of these are reduced to medium or low risk.

The latest review undertaken by the Corporate Risk Group has led to 1 risk score being increased and 2 risk scores being decreased.

Increased risk:

**R001 – Engagement of elected members negatively impacting on decision making process.**
This risk has been increased in view of an increase in social media posts which could potentially influence decisions.

Reduced risks:

**R017 – Failure of ICT systems.**
This risk has been reduced and the internal controls updated as the ICT service has been brought back in house. A case study on Blaby District Council bringing the ICT service back in house has been published in the Cyber Centre of Excellence for local public services.

**R018 – ICT security breaches and non-compliance with Government security standards.**
Following the ICT Service being brought back in house the internal controls have been updated and subsequently the risk rating has reduced.

4.3 Local Government Reorganisation (LGR) Risk Register

This register is fully incorporated into the Council's risk management procedures and is also subject to review by the Corporate Risk Group on a quarterly basis.

Since the last quarterly report to Audit and Corporate Governance Committee on 28th July 2025, no new risks have been added to the register.

The following table summarises the number of LGR risks before any control measures are put in place (i.e., uncontrolled risks).

| All LGR Risks – Uncontrolled Rating Summary | | | |
|---|---|---|---|
| Red | Amber | Green | Total |
| 2 | 1 | 0 | 3 |

The LGR risks, once control measures have been put in place, i.e., controlled risks, are as follows:

| All LGR Risks – Controlled Rating Summary | | | |
|---|---|---|---|
| Red | Amber | Green | Total |
| 0 | 3 | 0 | 3 |

Overall, 2 high risks to the Council's business have been identified before any form of mitigation has been put in place. However, once control measures are considered, both are reduced to medium or low risk.

The latest review undertaken by the Corporate Risk Group has led to no changes to the risk scores.

4.4 Service and Project Risk Registers

Service risks are those which are more related to operational and service delivery matters. They are maintained on a separate risk register and are subject to quarterly monitoring by Service Managers to ensure that they remain up to date and have not become obsolete. Group Managers will provide an overview of the service risks on a quarterly basis, but service risks will not be reported to Audit and Corporate Governance Committee other than in exceptional circumstances.

Project risks are managed through the Council's project management framework, with risk registers maintained for corporate projects and high-profile service projects. These are monitored through individual project teams and by the Senior Leadership Team sitting as Programme Board.

4.5 Significant Issues

In preparing this report, the author has considered issues related to Human Rights, Legal Matters, Human Resources, Equalities, Public Health Inequalities and there are no areas of concern

## 5. Environmental impact

5.1 In preparing this report, the author has considered issues related to Climate Local and there are no areas of concern.

## 6. What will it cost and are there opportunities for savings?

6.1 There are no direct financial implications arising from this report. However, financial implications may arise because of inadequate risk management, but with robust procedures in place they are minimised or removed

## 7. What are the risks and how can they be reduced?

7.1

| Current Risk | Actions to reduce the risks |
|---|---|
| If risks are not monitored, then the Council may not be aware of possible events arising. | Audit and Corporate Governance Committee receive regular reports on risk and advise Cabinet Executive as appropriate. |
| If risks are not effectively managed through mitigation, risks identified cannot be minimised and may have a significant impact on the Council. | Mitigating control measures are in place and monitored through Audit and Corporate Governance Committee, Corporate Risk Group and by Senior Leadership Team/Group Managers. |

## 8. Other options considered

8.1 None. It is a requirement of the Risk Management Strategy that regular reports are brought to Audit and Corporate Governance Committee.

## 9. Appendix

9.1 Appendix A – Corporate Risk Register

9.2 Appendix B – Local Government Reorganisation (LGR) Register

## 10. Background paper(s)

Risk Management Strategy 2023 – 2026.

## 11. Report author's contact details

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Sarabjit.Khangura@blaby.gov.uk — 0116 272 7646

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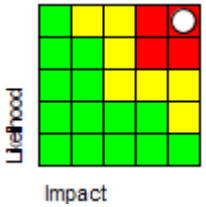
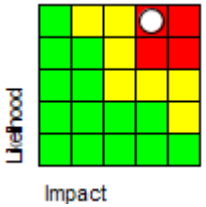
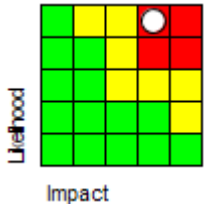
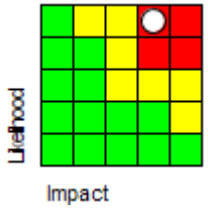
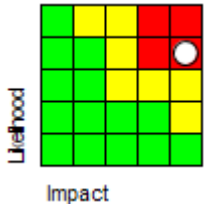
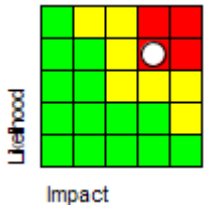
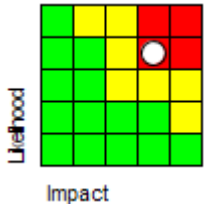
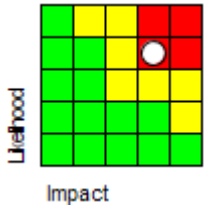
# Appendix A - Overview of Corporate Level Risks

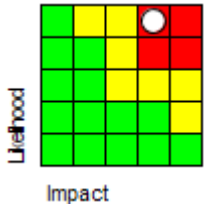
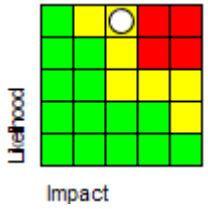
**Generated on:** 13 October 2025 13:21

| | | | | |
|---|---|---|---|---|
| **Risk Code & Title** | **R013 Failure to provide affordable housing and supporting infrastructure in the district in line with identified need.** | **Uncontrolled Risk Score** |  | **25** |
| **Consequence / Impact Description** | This would increase the level of homelessness cases and create additional pressure on the Council's services and finances. | **Current Controlled Risk Score** |  | **20** |
| **Internal Controls** | • Agreement on countywide housing distribution<br>• Council adoption of appropriate housing needs policies<br>• Feedback to consultation processes<br>• Input into Strategic Planning Groups<br>• Review of options to deliver affordable housing & balanced housing market | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

| | | | | |
|---|---|---|---|---|
| **Risk Code & Title** | **R071 Failure to provide appropriate temporary accommodation for homeless households** | **Uncontrolled Risk Score** |  | **20** |
| **Consequence / Impact Description** | We would see an increase in homeless households sleeping rough. | **Current Controlled Risk Score** |  | **20** |
| **Internal Controls** | • Continue to source alternative provision of temporary accommodation in the District | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

| | | | | |
|---|---|---|---|---|
| **Risk Code & Title** | **R007 Impact on financial position as a result of lack of certainty around future funding streams (i.e. Business Rates, Fair Funding, New Homes Bonus and Council Tax Equalisation), and cost of living crisis.** | **Uncontrolled Risk Score** |  | **20** |
| **Consequence / Impact Description** | There could be a negative impact on delivery of services affecting residents, businesses and resources. | **Current Controlled Risk Score** |  | **16** |
| **Internal Controls** | • Awareness & Understanding of national policy changes<br>• Balanced budget approved<br>• Deliver Action Plan of Commercialisation Strategy<br>• Maintain an awareness of changing priorities<br>• MTFS in place<br>• Strategy to maximise growth of Business Rates<br>• Working with significant partners<br>• Maintain adequate level of reserves<br>• Financial plan now in place with measures to reduce the budget gap. | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

| | | | | |
|---|---|---|---|---|
| **Risk Code & Title** | **R158 The Council is unable to meet its 5 year land supply target** | **Uncontrolled Risk Score** |  | **16** |
| **Consequence / Impact Description** | Without a 5 year Housing land supply, speculative development could take place across the district. There would be no control over development and to create the capacity of the 5 year housing land supply. The Council would not meet it's housing targets or operate with the new national planning framework. | **Current Controlled Risk Score** |  | **16** |
| **Internal Controls** | • Re-establish land supply through new local plan<br>• Ensure that Planning Committee are sufficiently well-trained to be able to approve favourable housing applications | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

| | | | | |
|---|---|---|---|---|
| **Risk Code & Title** | **R019 Cost of living crisis and other external factors impacting on services.** | **Uncontrolled Risk Score** |  | **20** |
| **Consequence / Impact Description** | Leading to an increased demand for the Council's services. | **Current Controlled Risk Score** |  | **15** |
| **Internal Controls** | • CAB service<br>• Earmarked reserve in place to support cases of serious hardship<br>• Communication with food banks to be able to provide support<br>• Supporting residents in times of crisis | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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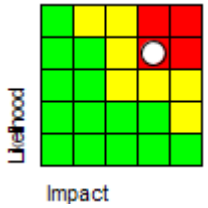
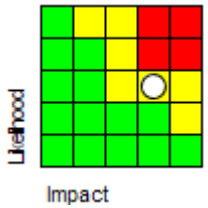
| **Risk Code & Title** | **R014 Impact on structural, legislative and budgetary changes in other Public Sector organisations (e.g. DWP, Health, NHS, Police, Leicestershire CC).** | **Uncontrolled Risk Score** |  | **16** |
| **Consequence / Impact Description** | There would be an impact on the Council's financial position & delivery of services. | **Current Controlled Risk Score** |  | **12** |
| **Internal Controls** | • Maintain awareness & respond to implications of emerging changes in public sector delivery organisations | **Latest Note** | There is no change to the risk rating. Risk title amended slightly. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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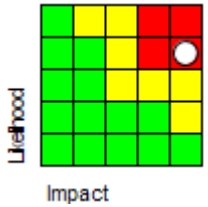
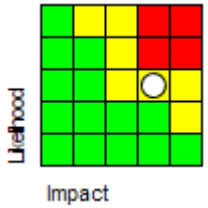
| **Risk Code & Title** | **R017 Failure of ICT systems.** | **Uncontrolled Risk Score** |  | **20** |
| **Consequence / Impact Description** | This would mean the Council is unable to deliver services. | **Current Controlled Risk Score** |  | **12** |
| **Internal Controls** | • Adoption of ITIL standards around service desk management.<br>• Internet provision resilience at both main sites (2x connections).<br>• Location agnostic (supported by the ability to securely work “anywhere you have an internet connection”)<br>• Zonal redundancy across the entirety of our ICT infrastructure.<br>• File storage resiliency, immutable backups and DR policies.<br>• Monthly privileged account review.<br>• Cyber security – Managed Endpoint Protection, Managed Infrastructure Protection, Security Operations Centre (24/7/365 monitoring), Zero Day Threat Alerts, CAF v4 best practice, Cyber Essentials accreditation, conditional access polices, geographical protection, phishing resistant MFA, phishing attack simulation, change management | **Latest Note** | This risk has been reduced and the internal controls updated as the ICT service has been brought back in house. A case study on Blaby District Council bringing the ICT service back in house has been published in the Cyber Centre of Excellence for local public services. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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| | procedures, end-user training, end-user reporting facility, device isolation, biometric device authentication.<br>• 3rd party IT health check / external threat scanning.<br>• Cloud presence – Patch management schedules, server & RBAC protection. | | |

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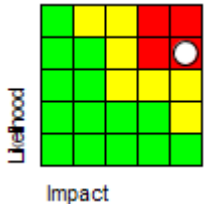
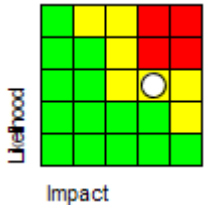
| **Risk Code & Title** | **R018 ICT security breaches and non-compliance with Government security standards.** | **Uncontrolled Risk Score** |  | **20** |
| **Consequence / Impact Description** | That there could be a cyber attack. | **Current Controlled Risk Score** |  | **12** |
| **Internal Controls** | • Cyber security – Managed Endpoint Protection, Managed Infrastructure Protection, Security Operations Centre (24/7/365 monitoring), Zero Day Threat Alerts, CAF v4 best practice, Cyber Essentials accreditation, conditional access polices, geographical protection, phishing resistant MFA, phishing attack simulation, change management procedures, end-user training, end-user reporting facility, device isolation, biometric device authentication.<br>• 3rd party IT health check / external threat scanning.<br>• PSN Accreditation.<br>• DWP MOU in place.<br>• Information governance process in place for reporting breaches. | **Latest Note** | This risk has been reduced and the internal controls updated as the ICT service has been brought back in house. A case study on Blaby District Council bringing the ICT service back in house has been published in the Cyber Centre of Excellence for local public services. | |
| | | **Latest Note Date** | 10 Oct 2025 | |

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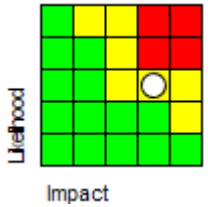
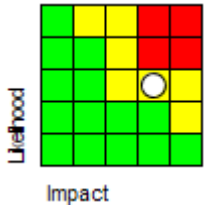
| **Risk Code & Title** | **R021 External factors influencing the Council's progress on achieving the 2030 net zero carbon reduction target.** | **Uncontrolled Risk Score** |  | **12** |
| **Consequence / Impact Description** | This would affect the Council's reputation and have a detrimental impact on the area and environment. | **Current Controlled Risk Score** |  | **12** |
| **Internal Controls** | • Carbon reduction action plan in place<br>• Dedicated officer working on "green" initiatives<br>• Cross service working group in place to maintain high profile and awareness<br>• Fleet replacement strategy under review<br>• Member steering group to be formed | **Latest Note** | There is no change to the risk rating. The net zero steering group is in progress and invitations have been sent for 2 meetings planned during September and November 2025. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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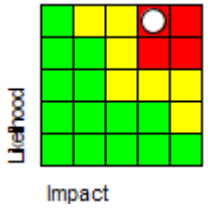
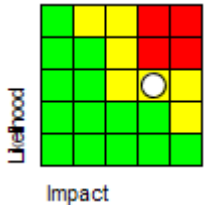
| **Risk Code & Title** | **R131 Effectiveness and Partners lose confidence in the Leicestershire Building Control Partnership delivery model.** | **Uncontrolled Risk Score** |  | **20** |
| **Consequence / Impact Description** | There is a risk that the Building Control Partnership will not meet its financial targets due to the current economic climate and downturn in the housing market, as well as additional training requirements in the wake of the Grenfell disaster. This could lead to financial losses affecting Blaby's financial position. | **Current Controlled Risk Score** |  | **12** |
| **Internal Controls** | • Quarterly Board Meetings<br>• Regular contact with members of the Partnership<br>• A review of recruitment and retention | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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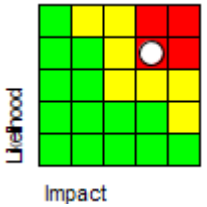
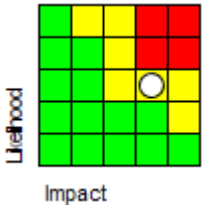
| **Risk Code & Title** | **R157 The Council is unable to deliver a new Local Plan** | **Uncontrolled Risk Score** |  | **16** |
| **Consequence / Impact Description** | There is a risk that the Council may not be able to adopt a new local plan if agreement cannot be reached over sites to be included that contribute towards our target land supply. Linked to R158. This could have an impact on the Council's reputation. | **Current Controlled Risk Score** |  | **12** |
| **Internal Controls** | • Identify additional sites for residential development<br>• Release appropriate sites for residential development through the development management process<br>• Progress the local plan in accordance with the Local Development Scheme<br>• Member training plan in place<br>• Resource in place to ensure delivery | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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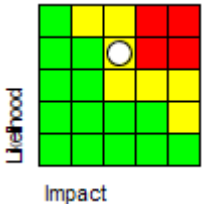
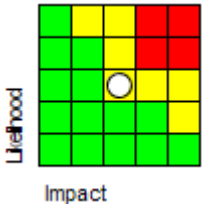
| **Risk Code & Title** | **R001 Engagement of elected members negatively impacting on decision making process** | **Uncontrolled Risk Score** |  | **12** |
| **Consequence / Impact Description** | This could lead to issues regarding proper decision making. | **Current Controlled Risk Score** |  | **9** |
| **Internal Controls** | • Cabinet & Leader awareness and development<br>• Code of conduct<br>• Member development strategy/ supporting roles & responsibilities<br>• Recruitment/member succession<br>• Audit & Corporate Governance Committee<br>• Training/Cabinet development<br>• Induction Programme for new members<br>• New, cross-party Whips Group in place.<br>• Additional training planned to be undertaken for the leader and cabinet members. | **Latest Note** | This risk has been increased in view of an increase in social media posts which could potentially influence decisions. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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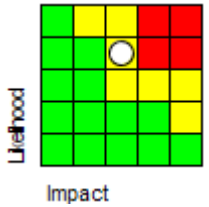
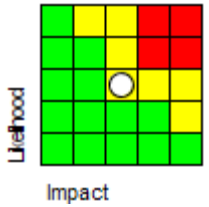
| **Risk Code & Title** | **R130 Delivery of the Hospital Enablement Team Model Becomes Unsustainable** | **Uncontrolled Risk Score** |  | **12** |
| **Consequence / Impact Description** | HET is fully externally funded. One of the funders may decide that they are unable to continue to support the service due to increasing financial pressures. However, the main risk is over loss of confidence in our ability to deliver the service, and alternative models might be explored. | **Current Controlled Risk Score** |  | **9** |
| **Internal Controls** | • Regular board meetings in place<br>• Recognition of partners' financial position<br>• Regular budget monitoring<br>• 100% external funding in place | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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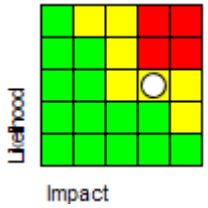
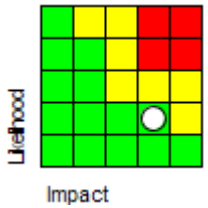
| **Risk Code & Title** | **R002 Blaby District Plan is not deliverable within available resources.** | **Uncontrolled Risk Score** |  | **12** |
| **Consequence / Impact Description** | If we do not deliver the corporate objectives the quality of life of residents and those who work in the district will not be improved. | **Current Controlled Risk Score** |  | **8** |
| **Internal Controls** | • All service plans aligned to Blaby District Plan objectives<br>• Be clear about expected outcomes<br>• Monitor delivery of Blaby District Plan<br>• Review Blaby District Plan priorities regularly<br>• Reserves give us a choice to put resources in should it be required | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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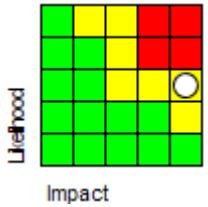
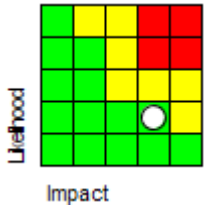
| **Risk Code & Title** | **R003 Failure to have effective safeguarding arrangements and a plan in place to safeguard children and vulnerable adults.** | **Uncontrolled Risk Score** |  | **15** |
| **Consequence / Impact Description** | Children and vulnerable adults may be placed in danger. | **Current Controlled Risk Score** |  | **8** |
| **Internal Controls** | • Active Member of District DSO Group<br>• Continuous training of designated officers, review of policies<br>• Ensuring enough trained officers are available<br>• Policies in place and effectively communicated to staff | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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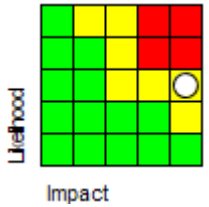
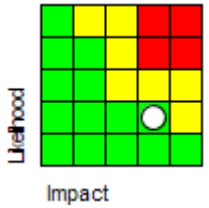
| **Risk Code & Title** | **R004 Failure to ensure adherence to internal control arrangements.** | **Uncontrolled Risk Score** |  | **15** |
| **Consequence / Impact Description** | Failure to ensure adherence to internal control arrangements would leave the council open to fraud, affecting reputation. If adequate fraud & corruption prevention arrangements are not in place this leaves the council open to potential financial losses, wrong doing, breaches of the councils procedures & policies & legal responsibilities. | **Current Controlled Risk Score** |  | **8** |
| **Internal Controls** | • Anti Fraud & Corruption/Benefit Fraud policies reviewed & adopted.<br>• Staff/Member training<br>• Employees adhere to governance procedures<br>• Ensure we do not employ staff with false records<br>• Use of NAFN bulletins to maintain awareness of latest threats<br>• Policies and procedures ensure segregation of duties | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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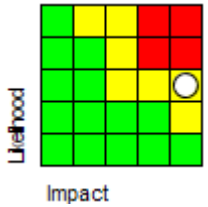
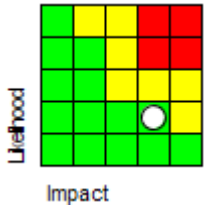
| **Risk Code & Title** | **R006 Lack of effective Emergency Planning and Business Continuity arrangements** | **Uncontrolled Risk Score** |  | **15** |
| **Consequence / Impact Description** | Service delivery would be negatively affected impacting on residents, businesses and staff. There could also be potential damage to the Council's reputation. | **Current Controlled Risk Score** |  | **8** |
| **Internal Controls** | • All key EP & BC documents on Resilience Direct<br>• Internal EP & BC working group meeting<br>• Periodic training with SLT & key officers of plans<br>• Out of hours Emergency Contact Centre Contract (First Call)<br>• Partnership with the Leicestershire Resilience Forum<br>• Senior Leadership Team On Call Rota | **Latest Note** | There is no change to the risk rating. The Health & Safety Officer has confirmed that 90% of the Business Continuity Plans have now been completed by Service Manager's and added to the Resilience Direct portal. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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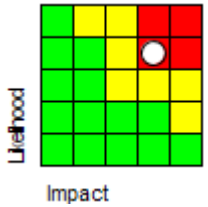
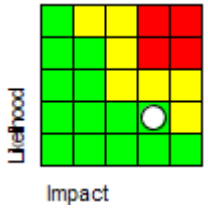
| **Risk Code & Title** | **R011 Failure to identify, record, monitor and report health and safety risks.** | **Uncontrolled Risk Score** |  | **16** |
| **Consequence / Impact Description** | There could be a negative impact on the health and safety of staff and residents. | **Current Controlled Risk Score** |  | **8** |
| **Internal Controls** | • Effective Health & Safety Committee<br>• Effective Health & Safety procedures<br>• Service blueprints<br>• Dedicated Health & Safety Officer | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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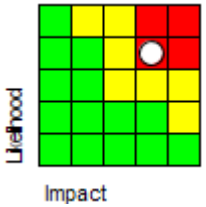
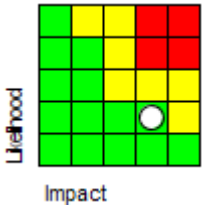
| **Risk Code & Title** | **R012 Closure, downsizing of premises or relocation of a major district employer.** | **Uncontrolled Risk Score** |  | **16** |
| **Consequence / Impact Description** | This may cause significant unemployment, retraining requirements and a potential loss of Business Rates. | **Current Controlled Risk Score** |  | **8** |
| **Internal Controls** | • Review the Council's Economic Development Strategy and resources<br>• Develop the work and skills capacity<br>• Engage regularly with businesses to understand requirements<br>• Work with authorities, landowners, developers & agents<br>• The establishment of business breakfasts, the Economic development group and Tourism partnership enables the council to have links into local businesses. Through these links it is possible to understand, and hear news about, potential business closure risks, whilst also assessing what more BDC can do to support businesses.<br>• A Business Board has been established which will add further capacity to business engagement capabilities. The first meeting is on 16th September 2025. | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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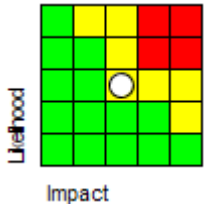
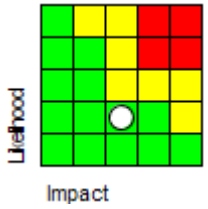
| **Risk Code & Title** | **R008 Failure to comply with legislation.** | **Uncontrolled Risk Score** |  | **9** |
| **Consequence / Impact Description** | The Council would not meet it's statutory obligations. | **Current Controlled Risk Score** |  | **6** |
| **Internal Controls** | • Constitution regularly reviewed and kept up to date<br>• Annual Governance Statement<br>• Independent Member Committees<br>• Skilled workforce<br>• Training/CPD<br>• The organisation promotes and demonstrates the principle and values of good governance | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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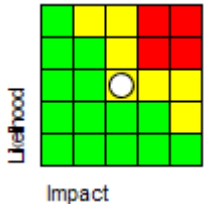
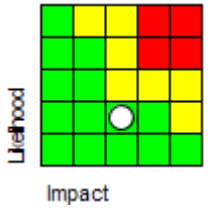
| **Risk Code & Title** | **R009 Contracts may fail to deliver intended outcomes if not managed effectively.** | **Uncontrolled Risk Score** |  | **9** |
| **Consequence / Impact Description** | If contracts are not managed effectively, improvements and efficiencies may not be delivered. | **Current Controlled Risk Score** |  | **6** |
| **Internal Controls** | • Ensure that effective contract management arrangements are put in place as part of procurement process.<br>• Manage SLM Contract through quarterly governance meetings.<br>• Awareness and contract management training delivered to staff involved with procurement.<br>• Development of working relationship with the Welland Procurement Unit.<br>• Review being undertaken of the contract regulations in the Constitution and additional guidance being shared with staff. | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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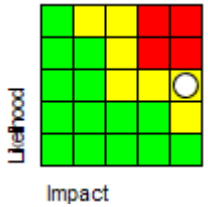
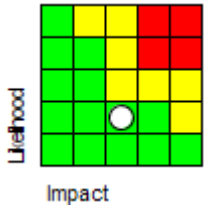
|---|---|---|---|---|
| **Risk Code & Title** | **R020 Elevated levels of methane from landfill site at Huncote Leisure Centre and surrounding site.** | **Uncontrolled Risk Score** |  | **15** |
| **Consequence / Impact Description** | The impact on the area and environment. | **Current Controlled Risk Score** |  | **6** |
| **Internal Controls** | • Additional monitoring and venting wells installed<br>• Regular communication with partners on site<br>• Trenches installed around perimeter of building, including a pump and pipework to drain water away to land at rear of site<br>• A further active ventilation stack to be installed to draw gas away from building<br>• A 24 hour service and maintenance contract which provides immediate response to concerns<br>• The children's centre has officially moved onto the Council's kit so there is only one in the building | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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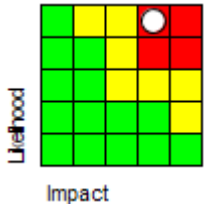
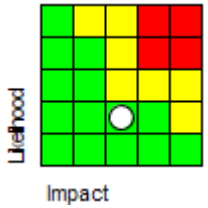
|---|---|---|---|---|
| **Risk Code & Title** | **R126 Impact of Industrial Action on Services & Residents** | **Uncontrolled Risk Score** |  | **20** |
| **Consequence / Impact Description** | Disruption to Council services impacting on residents and businesses in the District. | **Current Controlled Risk Score** |  | **6** |
| **Internal Controls** | • Alternative workforce where possible; mental health support in place; arbitration measures; regular communication to staff, members, and residents; SLT presence at depot<br>• Monitoring national trends<br>• Regular meetings with Unions - JCC - bi-annually; Unison - quarterly. | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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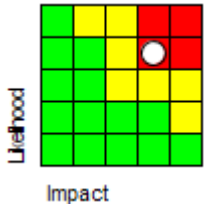
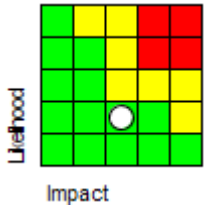
|---|---|---|---|---|
| **Risk Code & Title** | **R132 Delivery of the Lightbulb Model becomes unsustainable** | **Uncontrolled Risk Score** |  | **16** |
| **Consequence / Impact Description** | Unable to deliver the Lightbulb service to residents. | **Current Controlled Risk Score** |  | **6** |
| **Internal Controls** | • Regular board meetings in place<br>• Recognition of partners' financial position<br>• Regular monitoring of budget<br>• Meetings held with partners as part of the contract planning process<br>• Inclusion on Internal Audit Plan | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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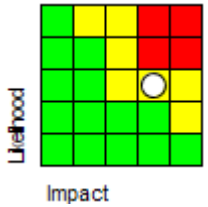
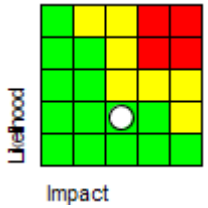
|---|---|---|---|---|
| **Risk Code & Title** | **R178 Procurement Advice provided is incorrect** | **Uncontrolled Risk Score** |  | **12** |
| **Consequence / Impact Description** | Procurement regulations are not adhered to affecting the Council's reputation and potentially legal consequences. | **Current Controlled Risk Score** |  | **6** |
| **Internal Controls** | • Knowledge maintained of relevant legislation<br>• Ongoing training provided for Managers and officers<br>• Legal team engaged early on in the process and throughout<br>• Contract Regulations are included within the Constitution | **Latest Note** | There is no change to the risk rating. Regular meetings being undertaken. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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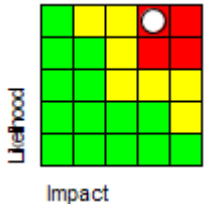
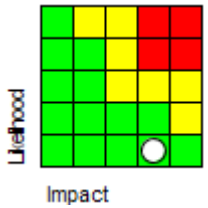
|---|---|---|---|---|
| **Risk Code & Title** | **R138 Unsuccessful Transition from LICTP Partnership to In House ICT Provision** | **Uncontrolled Risk Score** |  | **20** |
| **Consequence / Impact Description** | If BDC work is not resourced and / or prioritised by LICTP, then project delivery may be impacted and additional costs may be incurred. | **Current Controlled Risk Score** |  | **4** |
| **Internal Controls** | • A staged project plan is being followed which brings systems onboard over a period of time rather than in one instance<br>• Proof of Concept testing is progressing - this illustrates that Blaby infrastructure can support the systems that are planned to be transferred.<br>• Both internal and external system specialists have been engaged with/employed to assist with the transfer of individual systems E.g. such as NEC/Uniform | **Latest Note** | There is no change to the risk rating. Transfer of the Finance files is an outstanding issue. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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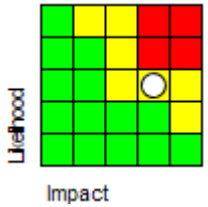
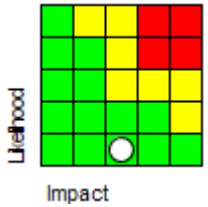
|---|---|---|---|---|
| **Risk Code & Title** | **R177 Uncontrolled Use of Artificial Intelligence** | **Uncontrolled Risk Score** |  | **12** |
| **Consequence / Impact Description** | Staff sharing council data without due oversight with Public domain AI services. Staff using AI tools without sufficient oversight and business sign-off. Staff using AI tools without sufficient knowledge of the implications of using AI tools | **Current Controlled Risk Score** |  | **3** |
| **Internal Controls** | • Establishment of AI Governance<br>• Ongoing user training and awareness of GDPR, data breaches and cyber security | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

# Appendix B - Overview of Local Government Reorganisation (LGR) Risks

**Generated on:** 13 October 2025 13:24

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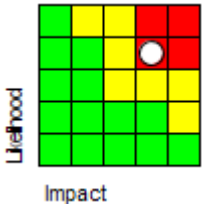
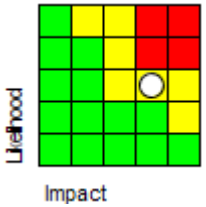
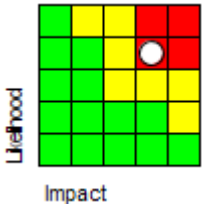
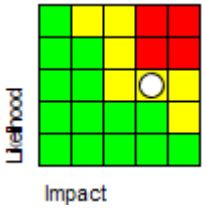
|---|---|---|---|---|
| **Risk Code & Title** | **R005 Failure to recruit and retain the right people for the right jobs** | **Uncontrolled Risk Score** |  | **16** |
| **Consequence / Impact Description** | The impact on delivering services to the residents and businesses of the District. | **Current Controlled Risk Score** |  | **12** |
| **Internal Controls** | • Learning and development provision, including skills and training needs analysis<br>• Supporting Employee Performance policies and practices<br>• Workforce planning including succession planning and use of market supplements where applicable. | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

| | | | | |
|---|---|---|---|---|
| **Risk Code & Title** | **R022 Officer and Member emotional wellbeing is impacted by ongoing service demand and financial pressures** | **Uncontrolled Risk Score** |  | **16** |
| **Consequence / Impact Description** | There could be an increase in the level of sickness absence and performance issues impacting on delivery of services. | **Current Controlled Risk Score** |  | **12** |
| **Internal Controls** | • Policies and procedures being revised and reviewed together with guidance documents for staff and managers<br>• Employee helpline in place for employees and Members<br>• Continuous review with teams and individuals<br>• Being flexible with working policies.<br>• Member Induction Programme.<br>• Improvement in signposting.<br>• Wellness action plans in place.<br>• Communication engagement strategy. | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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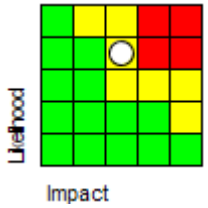
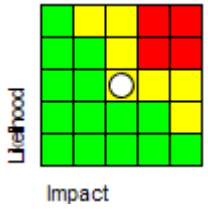
|---|---|---|---|---|
| **Risk Code & Title** | **R165 Business as Usual is Negatively Impacted Due to the Focus on Devolution** | **Uncontrolled Risk Score** |  | **12** |
| **Consequence / Impact Description** | Devolution focus means that our key business is no longer a priority and existing resources are stretched or key staff are demotivated due to uncertainty of future. | **Current Controlled Risk Score** |  | **9** |
| **Internal Controls** | • Staff are being kept informed and engaged.<br>• A £50,000 budget has been established for supporting the proposal stage.<br>• Consideration of the Corporate Plan/Projects and Priorities to enable capacity. | **Latest Note** | There is no change to the risk rating. | |
| | | **Latest Note Date** | 04 Sep 2025 | |

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# Audit & Corporate Governance Committee Work Programme

| Issue | Report Author |
|---|---|
| **6th October 2025 – Cancelled** | |
| **25 November 2025** | |
| Risk Management Q2 2025/26 | Council Tax Income & Debt Manager |
| External Auditors Annual Report | Azets Auditors |
| Quarterly internal audit update | Shared Service Audit Manager |
| 6 Month Annual Governance Progress Report | Executive Director (S151 Officer) |
| **9 February 2026** | |
| Quarterly internal audit update | Shared Service Audit Manager |
| Approval of 2024/25 Accounts (Azets) | Finance Group Manager/Azets Auditors |
| Risk Management Q3 2025/26 | Council Tax Income & Debt Manager |
| **27 April 2026** | |
| Audit Charter, Mandate and Strategy | Shared Service Audit Manager |
| Quarterly internal audit update | Shared Service Audit Manager |
| Annual Audit Plan 2026/27 | Shared Service Audit Manager |
| Audit & Corporate Governance Committee Annual Report 2025/26 | Shared Service Audit Manager |

| Issue | Report Author |
|---|---|
| Accounting Policies 2025/26 | Finance Group Manager |
| Risk Management Q4 2025/26 | Council Tax Income & Debt Manager |
| **July 2026 – Date TBC** | |
| Annual Audit Opinion Report | Shared Service Audit Manager |
| Quarterly Internal Audit Update Report | Shared Service Audit Manager |
| Unaudited Statement of Accounts 2025/26 | Finance Group Manager |
| Risk Management Q1 2025/26 | Council Tax Income & Debt Manager |
| **October 2026 – Date TBC** | |
| Quarterly Internal Audit Update Report | Shared Service Audit Manager |
| Risk Management Q2 2025/26 | Council Tax Income & Debt Manager |

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