



A meeting of the **CORPORATE GOVERNANCE COMMITTEE** will be held in the **CIVIC SUITE (LANCASTER/STIRLING ROOMS), PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, CAMBS, PE29 3TN** on **WEDNESDAY, 25 SEPTEMBER 2024** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

AGENDA

APOLOGIES

1. MINUTES (Pages 5 - 10)

To approve as a correct record the Minutes of the meeting of the Committee held on 9th July 2024.

Contact Officer: Democratic Services - (01480) 388169

2. MEMBERS' INTERESTS

To receive from Members declarations as to disclosable pecuniary, other registerable and non-registerable interests in relation to any Agenda item. See Notes below.

Contact Officer: Democratic Services - (01480) 388169

3. COMMUNITY GOVERNANCE REVIEW - GLATTON AND CONINGTON PARISHES (Pages 11 - 24)

To consider a request from Glatton Parish Council to undertake a Community Governance Review to review the parish boundary between Glatton and Conington parishes.

Contact Officer: L Jablonska - (01480) 388004

4. CODE OF CONDUCT COMPLAINTS - UPDATE (Pages 25 - 28)

To receive a report providing a summary and update of completed or ongoing complaints received regarding alleged breaches of the Code of Conduct under the Localism Act 2011 since the start of the year.

Contact Officer: L Jablonska - (01480) 388004

5. USE OF SURVEILLANCE UNDER THE REGULATION OF INVESTIGATORY POWERS ACT (RIPA) - INSPECTION REPORT UPDATE
(Pages 29 - 38)

To receive a report providing details of the Council's recent inspection by the Investigatory Powers Commissioner's Office (IPCO) together with the recommendations received.

Contact Officer: K Kelly - (01480) 388151

6. CORPORATE RISK REGISTER (Pages 39 - 70)

To receive a report on the Corporate Risk Register.

Contact Officer: O Morley - (01480) 388103

7. INTERNAL AUDIT SERVICE - PROGRESS REPORT (Pages 71 - 78)

To receive a report from the Internal Audit Manager providing an update on the work completed/undertaken by the Internal Audit Service.

Contact Officer: Y Khan - (01480) 388475

8. IMPLEMENTATION OF INTERNAL AUDIT ACTIONS (Pages 79 - 86)

To receive an update on the implementation of audit actions.

Contact Officer: Y Khan - (01480) 388475

9. WHISTLEBLOWING (POLICY, GUIDANCE AND CONCERNS RECEIVED) (Pages 87 - 96)

To consider a report by the Internal Audit Manager on the outcome of a review of the Whistleblowing Policy and Guidance and on the allegations received under the Policy in the year ending March 2024.

Contact Officer: Y Khan - (01480) 388475

10. CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT
(Pages 97 - 100)

To receive the Corporate Governance Committee Progress Report.

Contact Officer: Democratic Services - (01480) 388169

17 day of September 2024

Michelle Sacks

Chief Executive and Head of Paid Service

Disclosable Pecuniary Interests and other Registerable and Non-Registerable Interests.

Further information on [Disclosable Pecuniary Interests and other Registerable and Non-Registerable Interests is available in the Council's Constitution](#)

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The District Council also permits filming, recording and the taking of photographs at its meetings that are open to the public. Arrangements for these activities should operate in accordance with [guidelines](#) agreed by the Council.

Please contact Democratic Services, Tel: (01480) 388169 / email: Democratic.Services@huntingdonshire.gov.uk if you have a general query on any Agenda Item, wish to tender your apologies for absence from the meeting, or would like information on any decision taken by the Committee.

Specific enquiries with regard to items on the Agenda should be directed towards the Contact Officer.

Members of the public are welcome to attend this meeting as observers except during consideration of confidential or exempt items of business.

Agenda and enclosures can be viewed on the [District Council's website](#).

Emergency Procedure

In the event of the fire alarm being sounded and on the instruction of the Meeting Administrator, all attendees are requested to vacate the building via the closest emergency exit.

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HUNTINGDONSHIRE DISTRICT COUNCIL

MINUTES of the meeting of the CORPORATE GOVERNANCE COMMITTEE held in the CIVIC SUITE (LANCASTER/STIRLING ROOMS), PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, CAMBS, PE29 3TN on Tuesday, 9 July 2024

PRESENT: Councillor M J Burke – Chair.

Councillors J A Gray, D J Shaw, I P Taylor, C H Tevlin and P Webb – Independent Member.

APOLOGIES: Apologies for absence from the meeting were submitted on behalf of Councillors P J Hodgson-Jones, A R Jennings and T Sakhrani – Independent Member.

13 MINUTES

The Minutes of the meeting of the Committee held on 29th May 2024 were approved as a correct record and signed by the Chair.

14 MEMBERS' INTERESTS

No declarations were received.

15 UPDATE ON CODE OF CONDUCT AND REGISTER OF DISCLOSABLE PECUNIARY INTERESTS

With the aid of a report prepared by the Elections and Democratic Services Manager (a copy of which is appended in the Minute Book) the Committee were updated on the adoption of Codes of Conduct by Town and Parish Councils and the receipt and publication of register of interests forms on behalf of District, Town and Parish Councillors. Of the 71 Town and Parish Councils' Registers of Disclosable Interests, 35 were published in full, 36 had vacancies and 10 had Disclosable Pecuniary Interest Forms awaiting completion.

In response to a question by Councillor Taylor, the Monitoring Officer outlined the terms of the Protocol which had been adopted for dealing with complaints about parish councils. Complaints should be dealt with at the local level if at all possible, but they could be referred to the District Council if complainants remained dissatisfied. The District Council had to consider cost and public interest when reviewing complaints. Whereupon, the Committee

RESOLVED

that the contents of the report be noted.

16 ANNUAL REPORT ON COMPLIANCE WITH THE INFORMATION RIGHTS ACTS (FREEDOM OF INFORMATION ACT, ENVIRONMENTAL INFORMATION REGULATIONS AND GDPR) AND INFORMATION GOVERNANCE

The Committee received the annual report by the Information Governance Manager and Data Protection Officer on the Council's compliance with the Freedom of Information Act 2000 (FOIA), Environmental Information Regulations 2004 and the UK General Data Protection Regulation Act 2018. Information was also received on the Council's performance regarding protecting personal data in the period April 2022 to March 2023. A copy of the report is appended in the Minute Book.

Members' attention was drawn to the introduction of a new request management system half way through the year, the provision of updates to the Joint Information Governance and Security Board, the high quality of responses to enquiries and the significant increase in the number of FOIAs received.

Following questions by Councillor Shaw, it was reported that timeframes for Data Rights Requests were prescribed for the Council and that detailed analysis of the performance data had identified lessons in relation to the need to interrogate a number of different systems in order to provide full responses. Whereupon, it was

RESOLVED

that the report by the Information Governance Manager and Data Protection Officer on compliance with the information rights acts (Freedom of Information Act, Environmental Information Regulations and UK GDPR) and on Information Governance be received and noted.

17 REVIEW OF FRAUD INVESTIGATION ACTIVITY 2023/24

By means of a report by the Corporate Fraud Manager (a copy of which is appended in the Minute Book) the Committee were provided with a summary of the activity of the Council's Corporate Fraud Team in 2023/24. Having been reminded of the legal requirement annually to submit the report to the Committee, Members' attention was drawn to the value of the activities of the Team. Using the National Fraud Initiative's methodology the cases proven were valued at £255,048. It was pointed out that it was difficult to put a value on tenancy fraud, but that the Team had recovered nine properties. The outcome of a recent inspection of surveillance activity would be submitted to a future meeting of the Committee.

Councillor Taylor commended the recovery of social properties and then enquired why there was no reference to fly tipping. The Committee was informed that although fly tipping took place, the Council had to decide how it responded to it. Only covert surveillance was covered by the Regulation of Investigatory Powers Act.

Following a comment by Councillor Shaw about the recruitment of a Corporate Fraud Manager, the Revenues and Benefits Manager outlined the options that had been assessed to fill the role before deciding to recruit to the post. Whereupon, the Committee

RESOLVED

that the contents of the report be noted.

18 EXTERNAL AUDIT PLAN

The Committee gave consideration to a report by the Chief Finance Officer (a copy of which is appended in the Minute Book) to which was attached the External Audit Planning Report for the year ended 31 March 2024. It was planned that the Audit would start on 9th September 2024. In introducing the Plan, C Mellons, Partner, Ernst & Young LLP, outlined the potential for changes by the new Government, but confirmed the audit should be completed by the end of the calendar year. She also referred to the Risk Dashboard and, in particular, the valuation of land and buildings, and materiality levels.

In response to a question by Councillor Gray, it was confirmed that the Audit would focus on the value of both Property, Plant and Equipment and Investment Properties. Councillor Gray drew attention to the significant problem of obtaining valuations represented for the Council. Following a further question by Councillor Gray, the considerations taken into account when deciding how to use the National Audit Office's guidance when carrying out evaluations were outlined. Having drawn attention to the fact that there had been a significant increase in the scale fee, Members were informed that most of the required work was built into the audit and that they would be formally notified of any variation. Whereupon, it was

RESOLVED

- a) that the Audit Planning Report 2023/24 attached as an Appendix to the report now submitted be received and noted; and
- b) that the timetable for reports and updates to the Committee leading to the Auditor's Annual Report as set out in paragraph 4.6 of the report now submitted be endorsed.

19 INTERNAL AUDIT PEER REVIEW CHALLENGE ACTIONS - UPDATE

Consideration was given to a report by the Director of Finance and Corporate Resources (a copy of which is appended in the Minute Book), which provided an update on progress made against the actions identified during the Local Government Association Internal Audit Peer Challenge Review in 2023. The report contained details of five further actions that had subsequently been identified. Members' attention was drawn to a number of the actions, in particular the conduct of a risk maturity assessment, the outcome of which would be reported to the Committee.

In response to a question by P Webb, Independent Member, it was confirmed that training for Committee Members had been rescheduled for September. Furthermore, in accordance with one of the additional actions, a further skills audit would be undertaken. Having noted the interim S151 Officer arrangements, it was

RESOLVED

- that the report be received and noted.

20 IMPLEMENTATION OF INTERNAL AUDIT ACTIONS

With the aid of a report by the Director of Finance and Corporate Resources (a copy of which is appended in the Minute Book) the Committee were updated on the implementation of internal audit actions. As at 27th June 2024, 11 actions had been implemented and closed in the last 90 day rolling period, 14 actions had not been implemented by the due date, 18 audit actions were open and 70 actions had been closed in the last 12 month rolling period. Members were informed that the new Internal Audit Manager had been challenged to capture progress more effectively. Examples of why this was necessary were external developments relating to the Corporate Enforcement Policy and the S106 Priorities and Processes, which had both recently been reviewed by external bodies and meant the audit actions needed to be revisited. The Committee would be informed accordingly.

In response to a question by Councillor Shaw, it was agreed to provide the Committee with an update directly on the recruitment of a Programme Manager before the next meeting. Following further questions by Councillor Taylor, a commitment was made to introduce more rigorous version control of policies and the Committee was informed that the revised Corporate Enforcement Policy would be produced by a number of key Officers led by the Chief Operating Officer. Having noted that more effective ways of managing audit actions were being considered, the Committee

RESOLVED

that the contents of the report be noted.

21 CORPORATE RISK REGISTER UPDATE

With the aid of a report by the Director of Finance and Corporate Resources (a copy of which is appended in the Minute Book) the Committee reviewed the Corporate Risk Register. The Register identified those areas where action should be taken to mitigate the Council's exposure to risk and informed the Annual Plan for Internal Audit. The Corporate Director (People) informed Members that the Risk Register had been reviewed to ensure it was consistent with the new Risk Strategy. It was decided last year to make risk core to service planning and further work would be undertaken to map and score service risks.

Following a question by Councillor Gray about inherent and residual risks in relation to Risk Ref 350 in the Risk Movement Report, it was agreed the report would be revised for the next meeting. Whereupon, it was

RESOLVED

- a) that the report be received and noted, and
- b) that it be confirmed that risks to the Council are being managed in line with the Risk Management Strategy.

22 ANNUAL REPORT OF THE CORPORATE GOVERNANCE COMMITTEE 2023/24

Consideration was given to the Committee's draft Annual Report to Council for the year ending 31st March 2024. The report had been prepared by the Chair of the Committee during the period covered by the report and was scheduled to be presented at the next full Council meeting. A copy of the report is appended in the Minute Book. Accordingly, it was

RESOLVED

(a) that the Corporate Governance Committee Annual Report to Council for the year ending 31st March 2024 be approved for submission to the Council; and

(b) that the Chair of the Committee be authorised to approve any amendments to the draft Report.

23 CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT

The Committee received and noted a report on progress of actions in response to discussions and decisions taken at previous meetings. A copy of the report is appended in the Minute Book. It was agreed that those items marked for deletion from the list need not appear in the report at future meetings. In addition and following detailed discussion on the public availability of information on pension funds and the potential uses to which it might be put, it was also agreed to delete the item entitled "Unaudited Statement of Accounts 2022/23".

RESOLVED

that the report be received and noted.

24 EXCLUSION OF PRESS AND PUBLIC

RESOLVED

that the press and public be excluded from the meeting because the business to be transacted contains exempt information relating to action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

25 CYBER SECURITY

The Cyber and Information Lead for 3C ICT delivered a presentation on cyber security. The presentation covered the order and nature of potential risks and the measures in place to mitigate them. Members asked to a range of questions on the presentation and discussed the answers received.

RESOLVED

that the information presented be received and noted.

Chair

Public
Key Decision – Yes

HUNTINGDONSHIRE DISTRICT COUNCIL

| | |
|------------------------------|---|
| Title/Subject Matter: | Community Governance Review – Glatton and Conington Parishes |
| Meeting/Date: | Corporate Governance Committee – 25th September 2024 |
| Executive Portfolio: | Councillor J Harvey – Executive Councillor for Governance and Democratic Services |
| Report by: | Elections and Democratic Services Manager |
| Ward(s) affected: | Stilton, Folksworth & Washingley |

Executive Summary:

A Community Governance Review (CGR) can be undertaken by the principal council for the area (i.e. this Council) and is a review of the whole or part of the District to consider one or more of the following –

- Creating, merging, altering or abolishing parishes;
- The naming of parishes and the style (i.e. whether to call it a town council or village council etc.) of new parishes;
- The electoral arrangements for parishes (including the number of councillors to be elected to the council, and parish warding); and
- Grouping parishes under a common parish council or de-grouping parishes.

The legal framework within which principal councils must undertake these reviews is set out in the Local Government and Public Involvement in Health Act 2007 (as amended).

Glatton Parish Council have submitted a request for the Council to undertake a CGR to review the parish boundary between Glatton and Conington.

The Council has power under section 82 of the 2007 Act to undertake CGRs at any time.

Recommendation(s):

The Committee is

RECOMMENDED

to consider the options to proceed as follows -

- (a) to conduct a Community Governance Review as requested by Glatton Parish Council to alter the parish boundaries of Glatton parish and the neighbouring parish of Conington with Terms of Reference of the review and timetable for consultation to be considered at the next meeting of the Committee; or
- (b) to decline to instigate a Community Governance Review giving the reasons for decision.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to consider a request from Glatton Parish Council to undertake a Community Governance Review to review the parish boundary between Glatton and Conington parishes.

2. BACKGROUND

- 2.1 On 17th April 2024 a request was received from Glatton Parish Council following a resolution at a meeting of the Parish Council on 1st March 2024 for Huntingdonshire District Council to review the parish boundary between Glatton and Conington. A copy of the letter is attached at Appendix A, which encompasses maps detailing the areas of land affected. The main reason for the review being sought is that the Parish Council has requested the change to the anomalous boundaries to reflect current local identities and facilitate effective neighbourhood plans.
- 2.2 An approach was made by Glatton Parish Council to Conington Parish Council at their meeting in November 2022 to consider the request and discussion at a further meeting held in November 2023 and have concluded at both meetings that they did not wish to make any changes to the existing arrangements.
- 2.3 The Local Government and Public Involvement in Health Act 2007 (“the Act”) provides for a principal council to conduct a review of the community governance arrangements for the whole or part of its area for the purpose of considering whether or not to make any changes to parish boundaries or size, and/or the creation of new parishes. Section 93 of the Act allows principal councils to decide how to undertake such a review, provided that they comply with the duties in the Act which apply to councils undertaking reviews. If, following a review, the Council decides that changes should be made to the parish boundaries; they may make an Order giving effect to the changes.
- 2.4 Section 93 also states that in reaching conclusions on the boundaries between parish wards the principal council should take account of community identity and interests in the area and consider whether any particular ties or linkages might be broken by the drawing of particular ward boundaries. Principal councils should seek views on such matters during the course of a CGR and seek sound and demonstrable evidence of such identities and linkage.

3. OPTIONS CONSIDERED

- 3.1 The guidance states that when considering parish ward boundaries principal councils should ensure they consider the desirability of fixing boundaries which are, and will remain, easily identifiable, as well as taking into account any local ties which will be broken by the fixing of any particular boundaries. A CGR offers an opportunity to put in place strong, clearly defined boundaries, tied to firm ground features, and remove anomalous parish boundaries.

- 3.2 While a principal council can undertake a CGR at its own discretion, the Act provides for local electors to petition the principal council to require a CGR to be conducted. This allows local communities the opportunity to compel principal councils to undertake a CGR where the principal council is not able to agree to an informal request. In this case, Glatton Parish Council is asking the Council to use its power under Section 82 of the Act. If the Committee is minded to agree to conduct a CGR, the Council is required to determine the Terms of Reference under which a CGR is to be undertaken. The Terms of Reference must clearly specify the area under review and must be published. The guidance states that “Ultimately, the recommendations made in a community governance review ought to bring about improved community engagement, better local democracy and result in more effective and convenient delivery of local services”.

4. CONSULTATION

- 4.1 The Council must consult all interested parties as part of a review and take into account any representations received. The review must be conducted having regard to the need to secure that community governance within the area reflects the identities and interests of the community, and the need to secure that community governance in that area is effective and convenient.
- 4.2 Under the 2007 Act a principal council is required to consult both those local government electors in the area under review, and others who appear to the principal council to have an interest in the review. Other bodies can include local businesses and local public and voluntary organisations. In areas for which there is both a district council and a county council the district council must notify the county council of their intention to undertake a Review and the Terms of Reference.
- 4.3 Conington Parish Council, the other parish affected, was contacted by Huntingdonshire District Council advising them of the request that had been submitted by Glatton Parish Council. Conington Parish Council responded and provided background to approach already made to them by Glatton Parish Council stating that it “preferred to respect the historical boundaries and maintain the status quo”. It further stated that the request had been made in the context of “asking Conington Parish Council its permission to include part of Conington parish within the scope of their Neighbourhood Plan”. A copy of the response from Conington Parish Council is attached at Appendix B.
- 4.4 The two parishes affected are currently part of Stilton, Folksworth and Washingley Ward and any changes would not affect District Council representation.
- 4.5 The Committee are reminded of the guidance in undertaking a CGR to provide the opportunity for principal councils to review and make changes to community governance within their areas to continue to reflect local identities and facilitate effective and convenient local government.

- 4.6 The Committee will need to consider whether Glatton Parish Council has given full and proper reasons in their request for a Review or if further information is needed. The guidance states that “principal councils should use their knowledge and awareness of local issues when deciding whether to undertake a review”.

5. LINK TO THE CORPORATE PLAN, STRATEGIC PRIORITIES AND/OR CORPORATE OBJECTIVES

- 5.1 The undertaking of a Community Governance Review aligns with Priority 2: Creating a better Huntingdonshire for future generations set out in the Corporate Plan 2023 to 2028.

6. LEGAL IMPLICATIONS

- 6.1 The Council has power under Section 82 of the Local Government and Public Involvement in Health Act 2007 to conduct CGRs. A CGR must be conducted in accordance with the requirements set out in Chapter 3 of Part 4 of the Local Government and Public Involvement in Health Act 2007 (as amended) and guidance issued by the Secretary of State under Section 100(4) of the 2007 Act. These requirements are highlighted in section 4 of this report.

7. RESOURCE IMPLICATIONS

- 7.1 There will be an associated cost in conducting the Review based on Officer time in consulting interested parties before reporting back to this Committee with the consultation response. If a decision is made to commence a Review, Terms of Reference and timetable for consultation will be drafted for consideration at the next meeting of the Committee and Officers will work with both the relevant Parish Councils in consulting interested parties in the parishes.

8. REASONS FOR THE RECOMMENDED DECISIONS

- 8.1 There is a requirement to keep community governance under review to ensure that it is reflective of the identities and interests of the community in that area and is effective and convenient.
- 8.2 Glatton Parish Council considers a change of boundary is necessary. The District Council has discretion over whether or not to undertake a CGR. It may decide to proceed with a CGR in order to establish local opinion on the issue or decline to initiate a review due to the comments received from Conington Parish Council.

9. LIST OF APPENDICES INCLUDED

Appendix 1 – Glatton Parish Council 17th April 2024
Appendix 2 – Conington Parish Council 30th August 2024

10. BACKGROUND PAPERS

[Local Government and Public Involvement in Health Act 2007
Communities and Local Government Guidance on Community Governance
Reviews March 2010](#)

CONTACT OFFICER

Name/Job Title: Lisa Jablonska, Elections and Democratic Services Manager
Tel No: (01480) 388004
Email: lisa.jablonska@huntingdonshire.gov.uk

From: [REDACTED]
Sent: 17 April 2024 21:28
To: Lisa Jablonska
Cc: Parish Clerk
Subject: Request for a Community Governance review
Attachments: Conington_boundary.PNG; Glatton_boundary.PNG

Dear Lisa

On behalf of Glatton Parish Council and its parishioners we wish to instigate a Community Governance Review under the Local Government and Public Involvement in Health Act 2007 as actioned at our Parish Council meeting on 1st March 2024.

Background

The Parish of Glatton lies predominantly to the west of the A1 and our immediate populous neighbour of Sawtry lies approximately 1½ miles to the south.

For historic reasons between the Parish of Glatton and the Parish of Sawtry lies an area of land attached to the Parish of Conington. The village of Conington lies to the East of the A1 motorway and there is no access to this land unless via Glatton or Sawtry (see map “Conington_boundary”)

There is only one dwelling within the Conington land to the west of the A1.

Historically this land was part of the Conington manor house, and was over the past centuries part of a wooded estate and hunting grounds belonging to this estate which have now gone.

Over the centuries the A1 has transformed the landscape and divided the Parishes of Conington and indeed Glatton. The A1 is now of motorway standard and severs the old parish areas, in fact as a result of the A1 Glatton Parish equally has Parish land to the East of the A1 and is no longer contiguous with the village of Glatton (see attached map “Glatton_boundary”), this area also only has one dwelling within it.

Proposal for review

To reflect current local identities and facilitate effective neighbourhood plans we require the anomalous boundaries to be updated through a Community Governance Review.

Logic would lead to the Conington Parish land to the west of the A1 being ascribed to Glatton and the Glatton Parish land to the east of the A1 ascribed to Conington. These areas have been marked in red shading on the two attached maps for clarity, the proposed boundaries are tied to clearly identifiable ground features.

As Glatton Parish we are keen to expedite the matter promptly as we require such change to be completed to ensure our Neighbourhood Plan, which is being drafted, is fit and effective for purpose.

Please be aware that we have consulted with Conington Parish Council on this matter, proposing that they support the change or at the least allow us to cover the proposed area under our Neighbourhood plan, however Conington Parish Council do not wish to proceed with this proposal.

On the assumption that we can trigger the review under the 2007 Act, we would make the petition on the basis of an alteration to boundaries of existing Parishes as defined on the maps and within this request document.

Kind regards
Carl Stretton
Chair, Glatton Parish Council

Attachments:

1. Conington_boundary.png
2. Glatton_boundary.png

Response by Conington Parish Council to HDC re proposed Community Governance Review

Background:

The chairman of Glatton Parish Council/Glatton Neighbourhood Plan committee came to Conington Parish Council (CPC) in November 2022, as Glatton village began to prepare their Neighbourhood Plan (NP) to ask CPC its permission to include part of Conington Parish within the scope of their Neighbourhood Plan.

The aim of this seems to be, if understood correctly, simply to shield the area south of Glatton from encroachment by Sawtry (as that village is developing so fast, this is a perceived danger).

Geography:

The area immediately south of Glatton is in Conington Parish. This is a historical fact and is understood from historians that the Parish Boundaries were drawn so to enable trade and the amenity of access to Whittlesey Mere (before the drainage of the fens took place). The area with which Glatton is concerned is the part of Conington Parish which lies west of the A1M and south of Glatton, bordering Sawtry to the south and the A1M to the east. Glatton, Stilton, Denton & Caldecote and Sawtry Parishes also extend both east and west of the A1M - it's not just Conington which is divided.

There is a dwelling - Roundhill Farm, with associated barns and sheds- in the area concerned, the rest is grade 3 agricultural land and contains the historic Conington Round Hill, the site of a moated medieval house.

Process:

Conington PC considered the idea put forward (to allow Glatton NPC to include part of Conington parish in its NP) at some length, having met with the Chairman of Glatton PC and listened carefully to his arguments.

The first response to him was made in November 2022 and the answer was that CPC preferred to maintain control over any planning applications in that area and not be tied down to any set course of action which might be implied by inclusion in the NP.

CPC preferred to respect the historical boundaries and maintain the status quo. That being said, the general principle of protecting Glatton from unwelcome encroachment was not at all dismissed but it was felt that in some circumstances the NP could be a hindrance to proper consideration of any application, perhaps one that could in fact be beneficial or desirable in the location.

Following this the Chairman made further overtures to Conington Parish Council pointing out the CIL premium implication, which CPC was aware of, and to ensure the matter was debated fully a separate Council meeting was held, in November 2023. The same conclusion was reached. (No members of the public have attended nor expressed an opinion for or against).

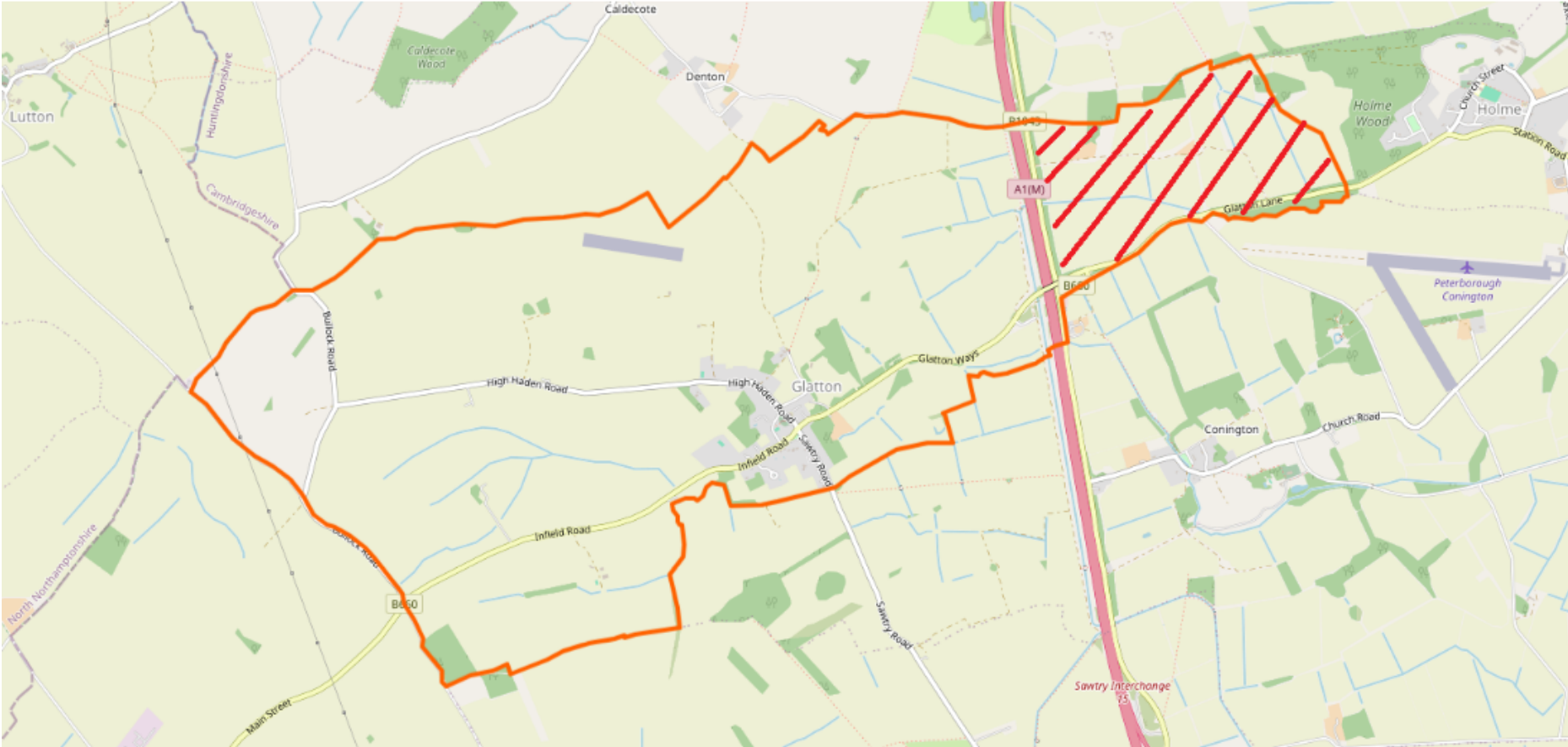
CPC does completely understand the concept of the NP, it also understands the financial implication of enhancement of CIL should any planning be approved (although development of course is exactly what GPC/GNP say they are trying to avoid) and CPC still prefers to operate independently without constraint and not to disturb the historical boundary.

CPC feels quite disappointed that Glatton Parish Council seem now to be exploring expanding their actual Parish to cover this land, rather than just have the NP committee include it in the NP - not trusting Conington to make an informed and competent decision on any planning application there which might be made in future and not respecting the decision that CPC has made. This seems to be a wholly unnecessary action

Conington Parish Council feels that to ask HDC to undertake a time consuming CGR is wasteful of resources particularly only to satisfy one parish for one reason. If a CGR were to be considered necessary then this ought to include all the surrounding parishes bisected by the A1M and not be carried out piecemeal.

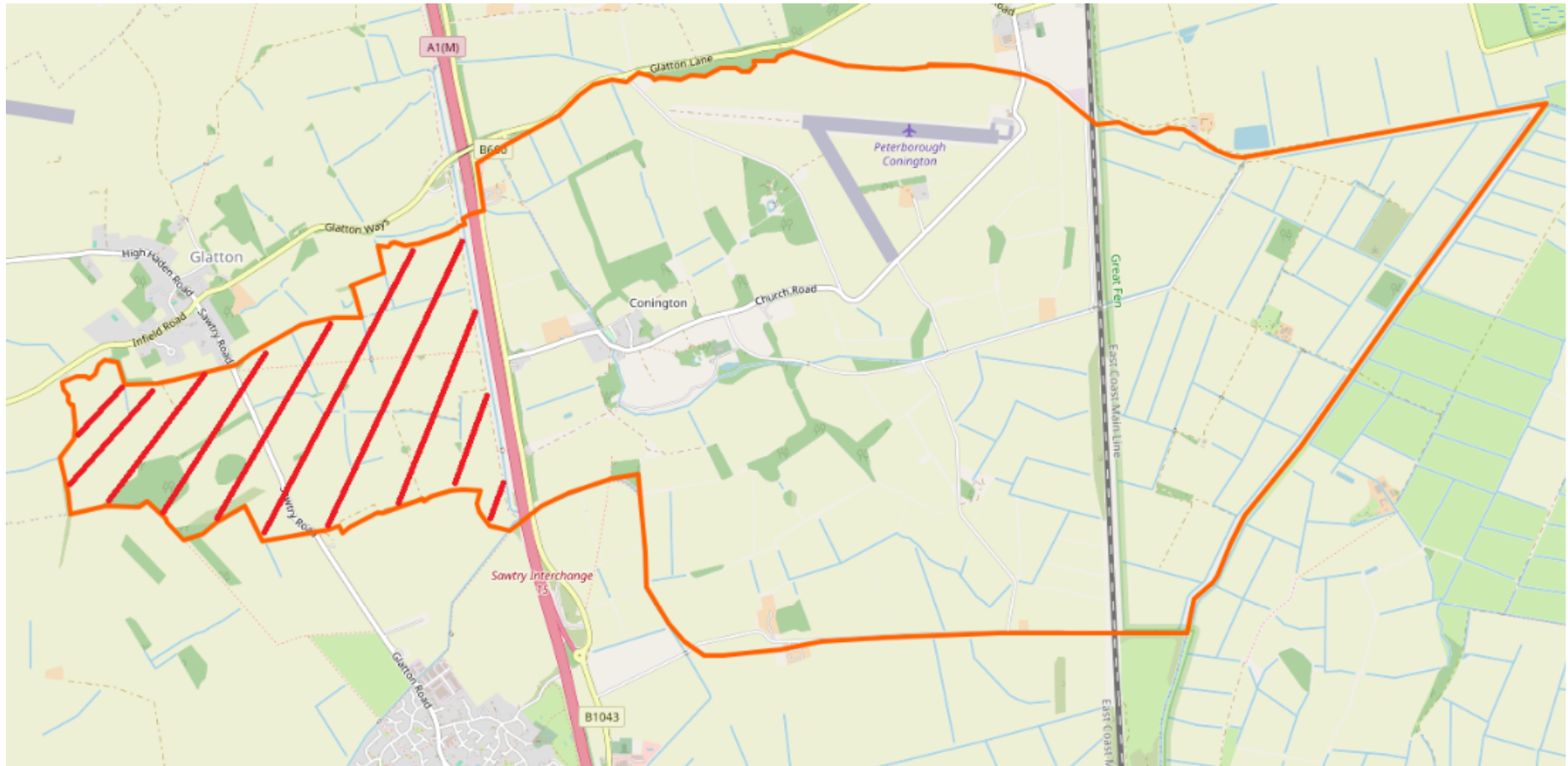
Janice Osborn
Clerk to Conington Parish Council
01487 831451

APPENDIX 2 – GLATTON BOUNDARY



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APPENDIX 2 - CONINGTON BOUNDARY



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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Code of Conduct Complaints – Update

Meeting/Date: Corporate Governance Committee – 25 September 2024

Executive Portfolio: Councillor J Harvey, Executive Councillor for Governance and Democratic Services

Report by: Elections and Democratic Services Manager & Deputy Monitoring Officer

Ward(s) affected: All

Executive Summary:

This report provides Members with an annual update on complaints cases regarding alleged breaches of the Code of Conduct. The Committee is responsible for maintaining high standards of conduct by Members of the District and Town and Parish Councils, for monitoring operation of the Code of Conduct and for considering the outcome of investigations in the event of breaches of the Code.

Recommendation:

The Committee is

RECOMMENDED

to note the progress of any outstanding Code of Conduct complaints and the conclusion of cases resolved to date.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide a summary and update of completed or ongoing complaints received regarding alleged breaches of the Code of Conduct under the Localism Act 2011 since the start of the year.

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

- 2.1 In accordance with the functions of the Committee, this report seeks to provide a summary of the current position in relation to the Code of Conduct complaints since the last meeting.
- 2.2 The Committee has the responsibility for promoting and maintaining high standards of conduct within the Council, including monitoring operation of the Code of Conduct which also includes Town and Parish Councils.

3. ANALYSIS

- 3.1 Details of allegations/complaints in relation to the Code of Conduct have been outlined in the table below. Specific detailed information regarding the complaint has not been provided as this may be prejudicial to the conduct of the ongoing complaints process and to protect the identity of councillors who may not have breached the Code of Conduct.

| Case Number | District/ Town/Parish Councillor | Allegation/complaint | Outcome |
|-------------|--|--|---|
| 24/62 | District Councillor | Complaint made against a District Councillor alleging they breached standard 1 (respect) | Further request for information from complainant not forthcoming. In consultation with Independent person, determined no breach of the Code of Conduct and not in the public interest to investigate the complaint. Complaint dismissed |
| 24/63 | Town Councillor | Complaint made against Town Councillor alleging they breached standards 1 (respect), 4 (confidentiality), 5 (disrepute) and 8 (compliance) | Clarification sought from Town Councillor but no response received. Matter concluded following resignation of subject member before any formal investigation. |
| 24/64 | Town Councillor | Complaint made against Town Councillor alleging they | Matter investigated and, in consultation with the Independent |

| Case Number | District/ Town/Parish Councillor | Allegation/complaint | Outcome |
|--------------------|---|---|---|
| | | breached standard 2 (bullying and harassment) | Person, determined no breach of the Code of Conduct and not in the public interest to investigate the complaint. Complaint dismissed. |
| 24/65 | District Councillor | Complaint made against a District Councillor alleging they breached standard 2 (discrimination) | Matter investigated and, in consultation with the Independent Person, determined no breach of the Code of Conduct and not in the public interest to investigate the complaint. Complaint dismissed. |

- 3.2 The process for dealing with conduct complaints is set out in the Monitoring Officer Protocol but once referred to the Monitoring Officer investigation stage, they are required to consult with the Independent Person following an initial assessment and before any decisions are taken as to what, if any, further action is considered appropriate.

4. LEGAL IMPLICATIONS

- 4.1 There are no significant implications to report.

5. REASONS FOR THE RECOMMENDED DECISIONS

- 5.1 This is an opportunity for Members of the Committee to be appraised of details of completed complaints and any outstanding complaints alleged against the Code of Conduct. This is in accordance with the functions of the Committee and its duty to discharge functions in relation to the promotion and maintenance of high standards of conduct within the Council and amongst Town and Parish Councils within the District.

6. BACKGROUND PAPERS

Constitution – Members’ Code of Conduct
The Localism Act 2011

CONTACT OFFICER

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Public
Key Decision – No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Use of Surveillance Under The Regulation of Investigatory Powers Act (RIPA) – Inspection Report Update

Meeting/Date: Corporate Governance Committee – 25th September 2024

Executive Portfolio: Executive Councillor for Resident Services and Corporate Performance

Report by: Katie Kelly – Revenues and Benefits Manager

Ward(s) affected: All

Executive Summary:

As part of the governance arrangements for the Council's use of covert surveillance under the Regulation of Investigatory Powers Act (RIPA), the Council is subject to periodic inspections by the Investigatory Powers Commissioner's Office (IPCO).

An inspection was conducted on 20th June 2024 and the following report details the actions the Council intends to take in response to recommendations received.

Recommendation(s):

The Corporate Governance Committee is invited to comment on the content of this report and the activities planned.

1. PURPOSE OF THE REPORT

- 1.1 This report provides details of the Council's recent inspection by the Investigatory Powers Commissioner's Office (IPCO) and the recommendations received. It also details the follow up actions to be taken by the Council.

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

- 2.1 The Regulation of Investigatory Powers Act 2000 (RIPA) governs the use and method of covert surveillance carried out by public authorities.

- 2.2 Covert Surveillance is defined within RIPA as follows:

Surveillance is covert if it is carried out in a way that ensures the subject is unaware that it is taking place.

Further guidance provided on the IPCO website includes that:

Covert surveillance may include monitoring, observing or listening to people, their movements, conversations or other activities and communications. It may be conducted with or without the assistance of a surveillance device and includes the recording of any information obtained.

- 2.3 Local Authorities are permitted to gather information covertly to support their investigation and enforcement activities via three different techniques:

- Directed Surveillance. This is surveillance which is covert and is undertaken for the purposes of a specific investigation which is likely to result in the obtaining of private information about a person (targeted or otherwise);
- Use of a Covert Human Intelligence Source (CHIS). This would relate to an undercover operation whereby an informant or officer establishes or maintains some sort of relationship in order to obtain private information;
- Obtaining Communications Data. This is limited to information such as telephone billing information or subscriber details, and does not permit Local Authorities to intercept content of communication data nor internet records

- 2.4 These investigatory powers can only be used for specific purposes, such as the detection or prevention of a serious crime, and the Council can only undertake covert surveillance under RIPA if the proposed activity is authorised by one of the Council's Authorising Officers and subsequently approved by the Magistrates' Court.

- 2.5 To ensure that Local Authorities comply fully with the law when exercising investigatory powers, the Council is subject to periodic inspections conducted by IPCO.

2.6 The Council was inspected on 20th June 2024 and the subsequent report can be found in APPENDIX A.

3. OPTIONS CONSIDERED / ANALYSIS

3.1 As part of the inspection into the Council's use of surveillance powers, discussions were held with key personnel from across the organisation, including the Chief Executive and Chief Operating Officer, alongside representatives from Community Services, Revenues & Benefits, and the CCTV team.

3.2 The Inspector reviewed the Council's policies, documentation and record-keeping, particularly in relation to two occasions where directed surveillance had been conducted since the previous inspection.

3.3 The inspector also reviewed the Council's approach to using social media and open-source internet to gather information to support the Council with its regulatory and enforcement functions.

3.4 A report has been provided by the Investigatory Powers Commissioner, detailing the findings of the Inspector. It was noted that the Council demonstrated good processes regarding record keeping, including the retention, review and destruction of items, and the Council's policy relating to RIPA was confirmed to set out the situation well. It was also noted within the report that :

"...my Inspector was impressed at the professional attitude that was displayed with regards to compliance with the legislation available to the Council".

3.5 During the inspection some areas where the Council could take action to improve and enhance its approach were discussed. These included:

- administrative amendments to the Council's RIPA policy, including the removal of some references to guidance and legislation and the addition of review periods for CHIS material and any other product gained via use of the powers
- The inclusion of more detailed information on RIPA applications covering Collateral Intrusion, Proportionality, feasibility studies regarding equipment used, review dates and cancellations
- Guidance for CCTV operators on the ongoing monitoring of offenders to ensure activity does not inadvertently stray into the realms of unauthorised surveillance.

3.6 As a result of the discussions and recommendations, activities are planned as follows:

| Training & Awareness | | |
|--|---|------------------------|
| Recommendation | Response | Completion Date |
| Review of awareness training and updates across the organisation, plus ongoing training for key personnel including Investigators, Authorising Officers and CCTV Team | The services of a specialist third-party trainer are being engaged to help deliver training and awareness events. | December 2024 |
| Guidance to be provided to CCTV team regarding unauthorised surveillance | Written guidance to be issued to CCTV operators | September 2024 |
| Policy & Record Keeping | | |
| Recommendation | Response | Completion Date |
| Review of RIPA applications to ensure more comprehensive information is detailed, including information pertaining to collateral intrusion and proportionality | Prompts added to RIPA application form to set out requirement for specific information to be included in all applications | August 2024 - Complete |
| Review of RIPA policy to ensure references to legislation and Codes of Practice are relevant and accurate, to include review and retention periods for CHIS and other product gained | The services of a specialist third-party trainer are being engaged to review the policy in line with the recommendations and also to ensure the document format is easy to understand to aid compliance | December 2024 |

4. KEY IMPACTS / RISKS

- 4.1 RIPA legislation is designed to balance the need for surveillance with the protection of individual rights to privacy. Compliance with the legislation ensures that surveillance activities are transparent and subject to appropriate scrutiny, and offers protection against legal challenges that may be brought on the basis of infringement of Human Rights (the right to privacy).
- 4.2 Failure to comply with the RIPA Codes of Practice could render any evidence gathered as inadmissible in court.
- 4.3 The next inspection is scheduled to take place in 2027.

5. LINK TO THE CORPORATE PLAN, STRATEGIC PRIORITIES AND/OR CORPORATE OBJECTIVES

- 5.1 The use of covert surveillance powers supports the Council's investigatory and enforcement function. These are used to detect and prevent serious crimes which may have a direct impact on residents. As such, the activity supports the Council's aim of Improving the quality of life for local people.

- 5.2 Compliance with the RIPA Codes of Practice directly aligns with our aim of doing our core work well, supporting the delivery of good quality, high value-for-money services with good control and compliance with statutory obligations.

CONTACT OFFICER

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PO Box 29105, London
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Michelle Sacks
Chief Executive
Huntingdonshire District Council,
St Marys Street,
Huntingdon,
Cambridgeshire,
PE29 3TN

24th June 2024

IPCO Surveillance and CHIS Inspection of Huntingdonshire District Council

Dear Chief Executive,

Thank you for providing IPCO with your response to the matters identified at points 1 to 10 of my Inspector's letter dated 15th February 2024, and for your Councils engagement with the inspection conducted on the 20th June 2024 at your offices.

The last inspection of Huntingdonshire District Council took place remotely in February 2024, and there were no formal recommendations made that required reviewing at this inspection.

Since the last inspection, there have been some changes in staff within the key RIPA roles of Authorising Officer and RIPA coordinator. Training to staff was conducted in February 2023 and to Authorising Officers in May 2023. Providing training on RIPA is a key compliance issue, to ensure the appropriate internal governance and oversight through yourself and your Senior Responsible Officer. I am assured that further RIPA training is budgeted for and takes place at regular intervals. It would be beneficial to review the awareness training that is provided to investigators at 'grassroots' level, for example in newsletters, intranet, or other such general communication methods that your Council employ.

I understand that you hold a Central Record of Authorisations, and these are subject to the retention, review and destruction (RRD) of any documents or product. It was evident to my inspector that you have good processes in place for the review of material and that you hold no legacy material in respect of investigatory powers pre-2017. Your policy on Record Retention and Management needs amending to add a review period in respect of any CHIS material, as well at retention and review on any product gained as a result of use of the powers, such as CCTV footage or images captured.

I understand that your RIPA policy is subject to annual review, and was last reviewed in 2024, and that RIPA activity is reported to Members annually. Your RIPA policy sets out your position well and contains relevant commentary. There are a few amendments that are required, that are predominantly administrative:

1. Reference to part III Police Act 1997 which concerns property interference should be amended to clarify that your Council have no access to these powers.

2. Any reference to the Office of Surveillance Commissioners Procedures and Guidance 2016, should be removed as this has been formally withdrawn.
3. The policy should be updated to reflect the correct references to the most current Codes of Practice, which are Covert Human Intelligence Sources 2022 and Covert Surveillance and Property Interference 2018.

The two Directed Surveillance applications that have taken place since the last inspection in 2021 were reviewed and the following recommendations result:

1. Collateral Intrusion is poorly understood and both applications stated that they resulted in no collateral intrusion occurring despite having covert cameras deployed in a public place. The Authorising Officer should take into consideration the risk of obtaining private information about persons that are not subject of the surveillance, in order to fully consider the proportionality of authorising activity. Furthermore, the application should articulate what methods are proposed in order to minimise the collateral intrusion that has been identified and how any collateral intrusion gained will be dealt with¹.
2. The four elements of proportionality² needs to be articulated within the application, in particular explaining how and why the methods adopted will cause the least possible intrusion on the subjects, and evidencing, as far as practicable, what other methods have been considered and why they were not implemented or have been implemented unsuccessfully.
3. It would be helpful to include within the application, the feasibility study conducted which would ascertain the type of camera and location of installation that has been identified.
4. Reviews should contain a summary of the activity to date, along with the collateral intrusion obtained; this is to enable the AO to make an informed decision as to whether the activity remains proportionate and necessary.
5. Review dates are not set in stone and can be moved to suit operational activity. For example, there is little point conducting a review and a cancellation on the same day. The information that would have been on the review can instead, form the cancellation material.
6. In regard to cancellations, it is good practice to state the result of the activity and the product gained³.

In respect of Council owned CCTV, the Council should be careful that operators do not stray into the realms of unauthorised surveillance due to a lack of police response to any potential crime; and may wish to consider some guidance in this respect. It is easy for enthusiastic and diligent operators to become frustrated where a police response to town centre drugs dealing for example, is not forthcoming, and continue to monitor known offenders for a period of days or weeks. This type of monitoring, where not authorised, would constitute an error, and should be reported to IPCO.

Overall, my Inspector was impressed at the professional attitude that was displayed with regards to compliance with the legalisation available to the Council. The Council is clearly keen to use the powers in an appropriate manner, and it is nice to see that some success has resulted. I hope that you found the Inspection useful.

I would ask that you ensure that the key compliance issues continue to receive the necessary internal governance and oversight through yourself and your Senior Responsible Officer: policy refreshes; annual

¹ Paragraph 4.11-4.14 of the Covert Surveillance and Property Interference Code of Practice 2018 refers.

² Paragraph 4.6 and 4.7 of the Covert Surveillance and Property Interference Code of Practice 2018 refers.

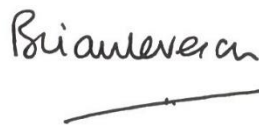
³ Paragraph 5.22 as above

updates to your Elected Members; ongoing training and awareness raising; internal compliance monitoring by lead managers within their business areas; and the retention, review and destruction (RRD) of any product obtained through the use of covert powers (Records and Product Management in accordance with the Safeguards Chapters of the relevant Codes of Practice).

I shall be grateful if you would acknowledge receipt of this letter within two months and let me know your plans in relation to the various matters identified.

Your Council will be due its next inspection in 2027, but please do not hesitate to contact my Office if IPCO can be of assistance in the intervening period.

Yours sincerely,



The Rt. Hon. Sir Brian Leveson
The Investigatory Powers Commissioner

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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Corporate Risk Register

Meeting/Date: Corporate Governance Committee - 25th September 2024

Executive Portfolio: Stephen Ferguson, Executive Councillor for Resident Services and Corporate Performance

Report by: Oliver Morley, Corporate Director - People

Ward(s) affected: All or list individual Ward(s)

Executive Summary:

The Committee has requested the latest version of the Corporate Risk Register be presented at each Committee meeting.

Recommendation(s):

RECOMMENDED

To consider the report, the risks to the organisation and if these are being managed in line with the Risk Management Strategy.

1. PURPOSE OF THE REPORT

- 1.1 To inform the Committee of the Corporate Risk Register.

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

- 2.1 Effective Risk Management is a critical part of the organisation's governance. The Risk Register identifies those areas where the Council should take action to mitigate its exposure and informs the annual plan for Internal Audit. More information on this can be found in the Council's Risk Management Strategy.

The Committee requested that the Corporate Risk Register be presented at each meeting together with heat maps showing:

- The movement between inherent and residual risk for each of the Corporate Risks (see **Appendix 2**), and
- Details of service risk updated since the previous meeting (see **Appendix 3**); the software reporting only allows the reporting of current inherent and residual risk scores and not movements from the previous scores.
- Details of new service risks added since the previous meeting (see **Appendix 4**)

3. REASONS FOR THE RECOMMENDED DECISIONS

- 3.1 The Committee is asked to consider the report, the risks to the organisation, and if these are being managed in line with the Risk Management Strategy to demonstrate its effectiveness.

4. LIST OF APPENDICES INCLUDED

Appendix 1 – Corporate Risk Register – September 2024
Appendix 2 – Movement of Corporate Risks
Appendix 3 – Service risks updated since July 2024
Appendix 4 – Service risks added since July 2024
Appendix 5 – Service risks closed since April 2024
Appendix 6 – Explanation of Risk Register terms

CONTACT OFFICER

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| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|---------------------|-------------------------|----------|---|--|----------------------------------|--|----------------------------------|---|
| **Corporate Risks** | Financial and Resources | 288 | Financial strain and uncertainty impacting service delivery | <p>CAUSE: Unprecedented impacts from Covid and Brexit, challenging accurate forecasting of potential shifts in consumer and business behaviour and income projections.</p> <p>EVENT: insufficient resources to make necessary decisions, hindering appropriate planning for service delivery and corporate</p> <p>EFFECT: Fluctuations in income, necessitating a responsive approach to potential reductions of incre</p> | L = 4 I = 4 Very High (16) | <p>Strategic focus on value for money, cost control and income maximisation. Strategic priority to carefully consider expenditure for non-statutory services and maximise income for commercial interests. - Move from net budget reporting to a focus on income and expenditure separately. Regular budget monitoring and escalation is a key control measure.</p> <p>In year this includes an in principal decision to charge for garden waste, and a robust focus on income and numbers in one leisure service plan, alongside the continued commercialisation of traded services such as CCTV, trade waste and the development of new traded services is key. Consider ways of delivering services in more effective ways, utilising the Transformation budget.</p> <p>Timely monitoring and escalation of variances against income forecasts, for corrective action to budget holders, with appropriate oversight by SLT. That we recognise and respond to the risk of Covid changing behaviours, as well as broader macro economic threats of people having less ability to pay. Better marketing and understanding of consumer priorities to protect and grow income streams.</p> | L = 2 I = 4 High (8) | Regular reporting to SLT, and timely forecasting to service managers. |
| **Corporate Risks** | Financial and Resources | 289 | Increased demand straining council finances | <p>CAUSE: Growing population from housing growth, impacts of an ageing population, economic pressures (inflation, cost of living), and broader effects of covid and brexit.</p> <p>EVENT: Strain on revenue budget, risking overspend, requiring additional resources, or necessitating a reduction in performance standards to manage the surge in demand.</p> <p>EFFECT: Increased strain on the Council's revenue budget.</p> | L = 3 I = 5 Very High (15) | <p>Service planning, monitoring of development activity, active management of demand and the prompt escalation of deviations from the predicted norm.</p> <p>To actively track key risk and high cost services through our refreshed performance management process enabling prompt action to be taken. To actively seek to redesign this via resourcing and leading a key change programme which reviews the way we support residents in need across a range of local providers - Financial vulnerability project. This will see us work with partners to review and define working, particularly around financial distress. Seeking to develop more holistic support which address root causes and prevent issues escalating. Climate Change Strategy Action Plan. Challenge our partners to demonstrate they are tackling these risks in an effective manner to mitigate the risk implications for us.</p> | L = 3 I = 4 High (12) | |
| **Corporate Risks** | Financial and Resources | 345 | Resource Shortage Risk: Hindrance to Housing Ambitions | <p>CAUSE: Council lacks sufficient resources to fulfill housing goals.</p> <p>EVENT: Inadequate resources to achieve the Council's housing plans.</p> <p>EFFECT: Struggle to meet housing targets, potential delays, and unmet housing needs in the community.</p> | L = 3 I = 4 High (12) | To seek opportunities for external funding, to support housing initiatives. To maintain the delivery of affordable properties as part of new developments. To bring forward an updated housing strategy. | L = 3 I = 3 High (9) | |

| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|---------------------|-------------------------|----------|--|--|----------------------------------|---|----------------------------------|-----------------|
| **Corporate Risks** | Financial and Resources | 348 | Funding Gaps and Operational Disruptions: Impacts of National Policy Changes | <p>CAUSE: Introduction of new national policies lacking sufficient funding or disrupting council plans.</p> <p>EVENT: Implementation of new national policies affecting various aspects of council.</p> <p>EFFECT: Financial strain, potential disruptions in community services, challenges in achieving council goals, and the risk of legal issues for non-compliance with the introduced policies.</p> | L = 3 I = 5 Very High (15) | "Actively monitoring government circulars, and being active members in Green paper consultations (either separately as a district or wider collaboration with CC and/or CPCA), participation in webinars, guidance updates, discussion groups on emerging policy. Working with politicians to lobby for agendas that have the greatest impact on us and take an active role to ensuring policy changes have the least negative or greatest positive impact for Hunts. Consider ways in which we can work jointly with partners to minimise the cost of administering these duties." | L = 3 I = 4 High (12) | |
| **Corporate Risks** | Legal and Contractual | 350 | General Election 2025 - Legislative Changes Impact | <p>CAUSE: Potential disruption to program plans due to expected legislation changes being halted, delayed or altered.</p> <p>EVENT: General Election 2025 affecting legislative processes and outcomes.</p> <p>EFFECT: Significant impacts on HDC, potentially leading to disruptions, delays or changes in the implementation of program plans due to altered legislation.</p> | L = 3 I = 3 High (9) | <p>Monitor political announcements re potential changes to legislation and discuss potential impacts to the organisation; identify possible mitigations for these.</p> <p>Business cases for future change/investment to also consider possible changes post election.</p> | L = 3 I = 3 High (9) | |
| **Corporate Risks** | Financial and Resources | 367 | General Election 2025 - Local Government funding changes | <p>CAUSE: Outcome of the general election, due before early 2025, results in a change of government and a redistribution of Local Government Finance Settlement funding to other areas.</p> <p>EVENT: General election due before January 2025 resulting in change of government.</p> <p>EFFECT: Potential significant reduction in Local Government Finance Settlement, impacting service affordability for the Council and availability of resources</p> | L = 3 I = 5 Very High (15) | <p>Prepare Medium Term Financial Plan on an annual basis.</p> <p>Further develop the Council's financial sustainability away from reliance on central government funding.</p> <p>Robust financial control to ensure the Council is delivering services at the most effective level.</p> | L = 3 I = 3 High (9) | |

| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|---------------------|----------------------------|----------|--|---|----------------------------------|--|----------------------------------|--|
| **Corporate Risks** | Information and Technology | 301 | Cybersecurity Risk: Growing Threat Landscape and Vulnerabilities | <p>CAUSE: Surge in attempted cyber attacks, identification of high-profile vulnerabilities in our supply chain and integrated applications, and insufficient cybersecurity measures, staff awareness, and training.</p> <p>EVENT: Increasing reliance on technology amplifies the potential impact of a cyber attack on our ability to deliver services, leading to reputational damage, financial penalties, data breaches, and potential significant downtime with data loss or encryption.</p> <p>EFFECT: Substantial consequences on our business operations, including reputational damage, financial losses, potential data breaches, and significant downtime, potentially leading to data loss or encryption.</p> | L = 4 I = 5 Very High (20) | <p>1. services to each develop and evidence (via review by ICT/HR and emergency planning) a sound Business Continuity Plan for continued operations in the event of a cyber event that results in a) total loss of all ICT for a period of 2-3 weeks. No laptops, no network, no local applications, no cloud applications, no printing, no mobile CA (just SMS and calls) b) minimal ICT (internet access, some cloud hosted applications and some laptops/printing for 2-3 months) c) longer term BCP for on site hosted applications being out of action for 6 months+ This is to include support services BCP for HR/Payroll (how will we pay staff and support them), Comms (how to plan for external comms around event)</p> <p>Expansion of ICT procurement advice to enforce mandatory minimum cyber requirement for new software. (Not just buy the incumbent providers option if they don't meet cyber requirements)</p> <p>Investment in dedicated cyber security team.</p> <p>Investment in SIEM monitoring software. which is providing additional monitoring and alerting capabilities.</p> <p>See ICT service plan - Work is being undertaken with DLUHC and the Cyber (security) Assessment Framework has progressed well and the new security monitoring solution has completed the installation phase has now moved to the configuration and implementation phases. Continued benchmarking against NCSC ten step approach, and monitoring by dedicated cyber security lead. At an operational level annual staff training and focus on specific actions via the compliance task list, the delivery of lunch and learn sessions and information on intranet pages/ regular reminders in staff communications etc. To bring forward targeted updates on a measured risk basis, if cyber threat incidents or risks emerge. Maintain the CPLRF Cyber Resilience plan with partners and exercise at appropriate intervals</p> <p>Undertaking of cyber breach exercise to test preparedness.</p> <p>Use and monitoring of the NCSC ten step cyber security process. Investment in dedicated cyber security team. Quarterly reports on NCSC 10 steps assessments are circulated to Shared services board, IG board and this quarter (Q2 23/24 - a more detailed briefing / presentation was done for OGC.</p> | L = 3 I = 5 Very High (15) | <p>More training and familiarity activity for staff. More BCP planning for services and organisationally.</p> <p>Recruitment and embedding of the dedicated Cyber Security resource + agreeing a programme of work fr the first 12 months.</p> <p>NCSC 10 steps risk management process to be implemented and embedded as part of standard working practices. Reporting to be refined to provide regular information ad updates to Shared Services board and the IG boards.</p> <p>ICT and Procurement teams are working together to ensure ICT requirements - such as cyber security, continuity and availability, etc are covered appropriately as part of procurement processes going forward. This should be a standard ICT requirement / part of the system specification.</p> <p>All service areas have been asked to review and update their BC plans (e.g. in the event of an incident that impacts the availability and security of ICT services). This is being monitored through the current set of service plans which are in the process of being peer reviewed)</p> <p>Investment in to SIEM implementation and adoption - Time, funding and resource is needed for FY 22/23 and beyond.</p> |

| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|---------------------|----------------------------|----------|--|--|----------------------------------|---|----------------------------------|--|
| **Corporate Risks** | Information and Technology | 339 | Major ICT Failure Risk: Disruption to Council Operations | <p>CAUSE: Significant failure in the council's information technology (ICT) systems.</p> <p>EVENT: Major breakdown or malfunction in the council's ICT infrastructure or services.</p> <p>EFFECT: Severe disruption to council operations and services, potential data loss, service delays, and communication challenges.</p> | L = 3 = 4 High (12) | To reduce the risk of failure have existing steps & resources in place (dedicated network roles, security systems, UPS and generator power back-up etc)). Delivery of new peices of work that reduce the level of risk (e.g migration to new version of NSX in Q2 23/24 to improve service failover performance). Exisiting mitigations include, data centre split over 2 separate sites, immutable back-ups in place, separate systems management network to provide resilience in the event of high order failure, contract in place for 4 hour response if hardware replacement required due to faults. Data Centre software support in place. Regular maintenance in place to keep system updated and patched. In the event of failure to have organisational BCP measures and the identification of BCPs in service plans for 23/24. ICT are also performing their own BCP cyber related exercise and the outputs of that will be key to inform what and how services deliver their own BCP. | L = 3 = 3 High (9) | |
| **Corporate Risks** | Information and Technology | 340 | Information Breach Risk: Weakness in Data Security | <p>CAUSE: Potential weakness in the council's data security measures.</p> <p>EVENT: Significant breach of council information, involving unauthorized access or data theft.</p> <p>EFFECT: Exposure of sensitive information, legal consequences, financial losses, and damage to the council's reputation.</p> | L = 3 = 4 High (12) | Refresh of Information Governance arrangements - with focus on in service arrangements. Continued operation of compliance checklist and new assurance board to ensure more focus and accountability on compliance actions. To continue a focus on training, education and support for all staff (perm, FTC, contractors, agency etc) is paramount for mitigating this risk. To refresh IG management plans across all services supported by dedicated IG resource. Monitoring of performance in responding to Fol by SIRO to identify any services areas that present a performance risk and escalate where necessary. | L = 3 = 3 High (9) | |
| Corporate Risks** | Legal and Contractual | 294 | Weak Contract and Account Management Risks Financial Inefficiency and Business Needs | <p>CAUSE: Lack of documented processes, staff training, and consequences for non-compliance with codes/policies, leading to inadequate skills, poor planning, and time pressures.</p> <p>EVENT: Potential for unregulated providers, weak financial appraisals, and inefficient procurement, resulting in poor value for money and risks of non-delivery.</p> <p>EFFECT: Legal action from suppliers, reputational damage, financial penalties, poor value goods/services, and potential danger to customers/community</p> | L = 3 = 3 High (9) | <p>Clearly defined processes.</p> <p>Refresh of our procurement framework. Refresh of our Social value policy. Additional resource placed in procurement. Lunch and learn sessions for staff. Promotion of Code of Procurement, use of TechOne for raising and approving purchase orders and reporting on non compliance around these areas. Promoting the completion of a contracts' register.</p> <p>Routine evaluation of procurement practice through audit activity.</p> <p>Training of all budget holders in procurement practices</p> | L = 2 = 3 Medium (6) | Review procurement training and processes. |

| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|---------------------|-----------------------|----------|-----------------------|---|---------------------------------------|---|----------------------------------|-----------------|
| **Corporate Risks** | Legal and Contractual | 368 | Procurement resources | <p>CAUSE: Procurement legislation is not fully complied with.</p> <p>EVENT: Demand on the organisation's Procurement resources exceeds capacity, resulting in non compliance with procurement regulations</p> <p>EFFECT: organisation is unable to comply with statutory reporting and procurement award processes, resulting in financial penalties and additional costs to the organisation.</p> <p>Organisation will be unable to demonstrate best value control of expenditure and annual external audit will be qualified.</p> | <p>L = 4 I = 4 Very High (16)</p> | Supplement existing procurement resources with additional resource to focus on the new Procurement regulations coming into force Autumn 2024 and changes required to comply with those, to draft the Social Value Procurement policy and to propose changes which may streamline procurement processes. | <p>L = 2 I = 4 High (8)</p> | |

| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|---------------------|-----------------------|----------|---|---|----------------------------------|---|----------------------------------|---|
| **Corporate Risks** | Operating Environment | 305 | Unforeseen Events Risk: External Factors and Civil Contingencies | <p>CAUSE: Increasing Cyber Security threats, global pandemics like Covid, and climate change-related weather events pose risks of significant, unplanned events.</p> <p>EVENT: Unforeseen events with a direct impact on the organization or the area, requiring a Council response.</p> <p>EFFECT: Uncertain but potentially significant impacts on resources (income/funding), increased demand, and disruptions to planned methods of delivery (people, process, or technology).</p> | L = 3 = 4 High (12) | <p>Good visibility of risk register across organisation.</p> <p>Effective Business Continuity and Emergency Plan. Planning and training for a range of eventualities should hopefully provide us with options for response even if the exact risk is not entirely forecast.</p> <p>Gold, silver duty rotas, training for SLT on duty rota, lessons learnt from bronze response etc To continually reflect and improve emergency planning arrangements. Horizon scanning and planning work via quarterly formal attendance at CPLRF forum at Exec level, allied to monthly attendance at Bronze level for tactical Emergency Planners and direct financial contribution to the CPFRL partnership to fund resources that operate across the partnership</p> <p>Horizon scanning to ensure early sight of any obvious changes</p> <p>Local Resilience Forum training and development, including use of lessons learned</p> <p>Regular review of risk register.</p> | L = 3 = 3 High (9) | |
| **Corporate Risks** | Operating Environment | 308 | Public Sector Partnership Risk: Financial Burdens and Delivery Impact | <p>CAUSE: Reduction in central government funding combined with demographic and other pressures, leading to potential risks of decisions by one partner impacting the costs or sustainability of another.</p> <p>EVENT: Transfer of demand among agencies due to reduced input in communities, creating challenges in controlling additional demand and budget pressures.</p> <p>EFFECT: Financial and capacity impacts on the authority, potential compromise of services to the public, and increased costs falling on the Council, as all partners experience significant changes and pressures.</p> | L = 3 = 5 Very High (15) | <p>Using evidence base to identify areas of greatest need (e.g. Covid impact assessment/ Joint Strategic Needs Assessment).</p> <p>Additional burdens funding sought and chased, pursue closer alignment with partners to understand early these pressures and impacts, strategic alignment with partners to share costs (across neighbouring councils or other public sector organisations), regular review/ analysis of 'state of the district' data and demand on HDC service to be able to track and respond quickly</p> <p>Develop a multi agency approach, working closer with partners, communities and other stakeholders to deliver shared Huntingdonshire priorities.</p> <p>Development of a new Huntingdonshire Place Strategy used to provide shared aims, priorities, outcomes and actions.</p> <p>Identification of partners priorities and their delivery across partnerships e.g. Joint Health and Well Being Strategy.</p> <p>Investing senior officer time in strategic and partnership forums to support delivery of better outcomes & system wide improvements.</p> <p>Investing senior officer time in understanding partner issues, and looking to support partners with these issues (e.g. supporting strategy development, senior recruitment, address budget issues).</p> | L = 3 = 4 High (12) | Huntingdonshire Place Strategy adopted end 22/23. |

| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|---------------------|-----------------------|----------|--|--|----------------------------------|--|----------------------------------|---|
| **Corporate Risks** | Operating Environment | 341 | Industrial Action Risk: Disruption to Service Delivery | <p>CAUSE: Workforce dissatisfaction or disagreement on employment issues like wages or working conditions.</p> <p>EVENT: Initiation of industrial action, including strikes or other forms of labor protests.</p> <p>EFFECT: Impact on service delivery and corporate plan objectives due to disruptions caused by the industrial action.</p> | L = 4 = 3 High (12) | Open and transparent conversations about pay with staff and their representatives, being clear on the cost and implications of demands. The development and maintenance of business continuity plans in the event of industrial action, to seek to mitigate the impacts. Proactive communication with residents and communities who could be impacted in the event of the threat of industrial action. The co-production with the workforce of a Workforce Strategy to prepare the Council for the changing skills needed in our future workforce, and to ensure that we can continue to attract, retain and nurture talent. | L = 3 = 3 High (9) | |
| **Corporate Risks** | Operating Environment | 342 | Shared Service Breakdown Risk: Disruption to IT Services | <p>CAUSE: Breakdown in relations between the council and 3C shared service partners.</p> <p>EVENT: Significant deterioration in the working relationship and cooperation between the council and 3C shared services.</p> <p>EFFECT: Disruption of IT services and projects, potentially resulting in IT failures, project delays, and increased costs for the council.</p> | L = 2 = 4 High (8) | Re-baselining of all ICT costs currently underway. Strategic conversations about the future direction of ICT scheduled for 2023, to clarify requirements and service expectations going forward. Active review of partnership working between three councils also being proposed. Regular board meetings between all parties to discuss/resolve issues and ensure services being delivered are still relevant and effective. Dispute resolution protocols. | L = 2 = 3 Medium (6) | |
| **Corporate Risks** | Operating Environment | 347 | Development Management Risk: Impaired Achievement of Commitments | <p>CAUSE:: Council lacks skills and/or resources for economic growth in the District.</p> <p>EVENT:: Failure to achieve housing, economic growth, and environmental commitments.</p> <p>EFFECT: Non-achievement of NNDR funding growth, unmet resident outcomes, and a threat to the future prosperity of the district.</p> | L = 4 = 4 Very High (16) | Undertake the Development Management Improvement programme to improve the performance of the planning service To continue enhanced performance management activity and focus on maintaining capacity in the team. " | L = 3 = 3 High (9) | |
| **Corporate Risks** | People | 292 | Council capacity and focus risks for corporate plan delivery | <p>CAUSE: Inability to effectively manage diverse programmes and change projects, leading to challenges in achieving MTFS financial targets and improved resident outcomes. Causes include ineffective resource management, poor performance monitoring, unclear corporate priorities, and a lack of alignment between work programs and</p> | L = 4 = 4 Very High (16) | * Strengthen linkage between strategic and corporate priorities and programmes and projects delivered. *Ongoing review of Corporate priority programmes, projects & activities, including use of internal audit and external consultants. *Ongoing review of the Council's approach to programme and project management ensuring a significant focus on delivery across the whole Council. *All SLT members advocates and champions of adopted, proportionate and risk based approach. *Ongoing review of corporate officer governance. | L = 3 = 3 High (9) | *Spring 22 SLT restructure * New approach to 22/23 Service Plans established by end March 22. *Q1 22/23 implementation of SLT re-structure. *By end Q322/23 review of internal officer governance completed. |

| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|-----------|---------------|----------|------------|---|----------------------------------|--|----------------------------------|-----------------|
| | | | | <p>between work programs and local service plans.</p> <p>EVENT: difficulty unifying and managing various programs, hindering the delivery of MTFS financial targets and improved outcomes. Adverse impacts on the local community, reputational damage, site-based working instead of collaboration, delayed improvements, and resources not allocated strategically.</p> <p>EFFECT: Impaired ability to deliver MTFS financial targets and improved outcomes, with broader consequences such as adverse community impact, reputational damage, delayed improvements, and misallocation of resources.</p> | | <p>New corporate plan developed and endorsed by Full Council in line with the clear objectives of the Council and clarity of actions being developed to deliver this, and alignment of MTFS against this. With clear and transparent quarterly reporting regime against this. Refreshed project oversight to monitor and deliver outcomes.</p> | | |

| Risk Area | Sub Risk Area | Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|---------------------|--------------------|----------|--|---|----------------------------------|--|----------------------------------|-----------------|
| **Corporate Risks** | People | 346 | Workforce Recruitment and Retention Challenge | <p>CAUSE: Council faces difficulties in attracting and retaining well-trained staff.</p> <p>EVENT: Challenges in recruiting and retaining staff with the required skills and training.</p> <p>EFFECT: Potential workforce gaps leading to delays, diminished service quality, and difficulties in fulfilling various duties for the council.</p> | L = 4 I = 4 Very High (16) | To deliver a renewed Workforce Strategy to prepare the Council for the changing skills needed in our future workforce, and to ensure that we can continue to attract, retain and nurture talent. To bring forward a new communications strategy which includes consideration of how to market HDC to potential employees. To reinvigorate the Employee Reps group, so that employees have a greater sense of involvement in, and commitment to, the organisation. | L = 4 I = 3 High (12) | |
| **Corporate Risks** | Policy and Process | 343 | Resource and Process Deficiencies: Hindrance to Council Objectives | <p>CAUSE: Insufficient allocation, planning, governance, or internal processes within the council.</p> <p>EVENT: Inadequacies lead to challenges in fulfilling the council's objectives or legal responsibilities.</p> <p>EFFECT: Council may struggle to achieve goals or fulfill legal duties, potentially resulting in service disruptions, legal issues, and reduced effectiveness.</p> | L = 2 I = 4 High (8) | Review of organisational governance and framework of assurance in place across organisational governance & risk, performance, project and programme delivery, strategic opportunities. ToR and membership reviewed and updated, to ensure Boards have appropriate data to review monthly, are empowered to make mitigation decisions and actively look to review and amend processes in line with emerging impacts, trends and pressures. A refresh of our Emergency Plan and Business Continuity plan activity. Organisation constitution in place that defines delegated authority limits and roles and responsibilities of Officers and Members. To complete senior recruitment . | L = 2 I = 3 Medium (6) | |
| **Corporate Risks** | Policy and Process | 344 | Inadequate Internal Reporting: Impeding Timely Response to Resource Challenges | <p>CAUSE: Council's internal reporting lacks speed and coordination.</p> <p>EVENT: Resource shortages or increased demand occur, and the council's reporting systems cannot promptly identify and address issues.</p> <p>EFFECT: Delayed and ineffective responses, making it challenging for the council to address resource shortages or increased demand effectively.</p> | L = 3 I = 3 High (9) | Complete refresh of performance management approach which will focus on more strategic measures and active management of cases that step outside agreed risk parameters. To embed greater focus on income and cost and not just net impact at financial reporting. To fully embed Risk Management thinking so that potential issues are monitored proactively. | L = 3 I = 3 High (9) | |

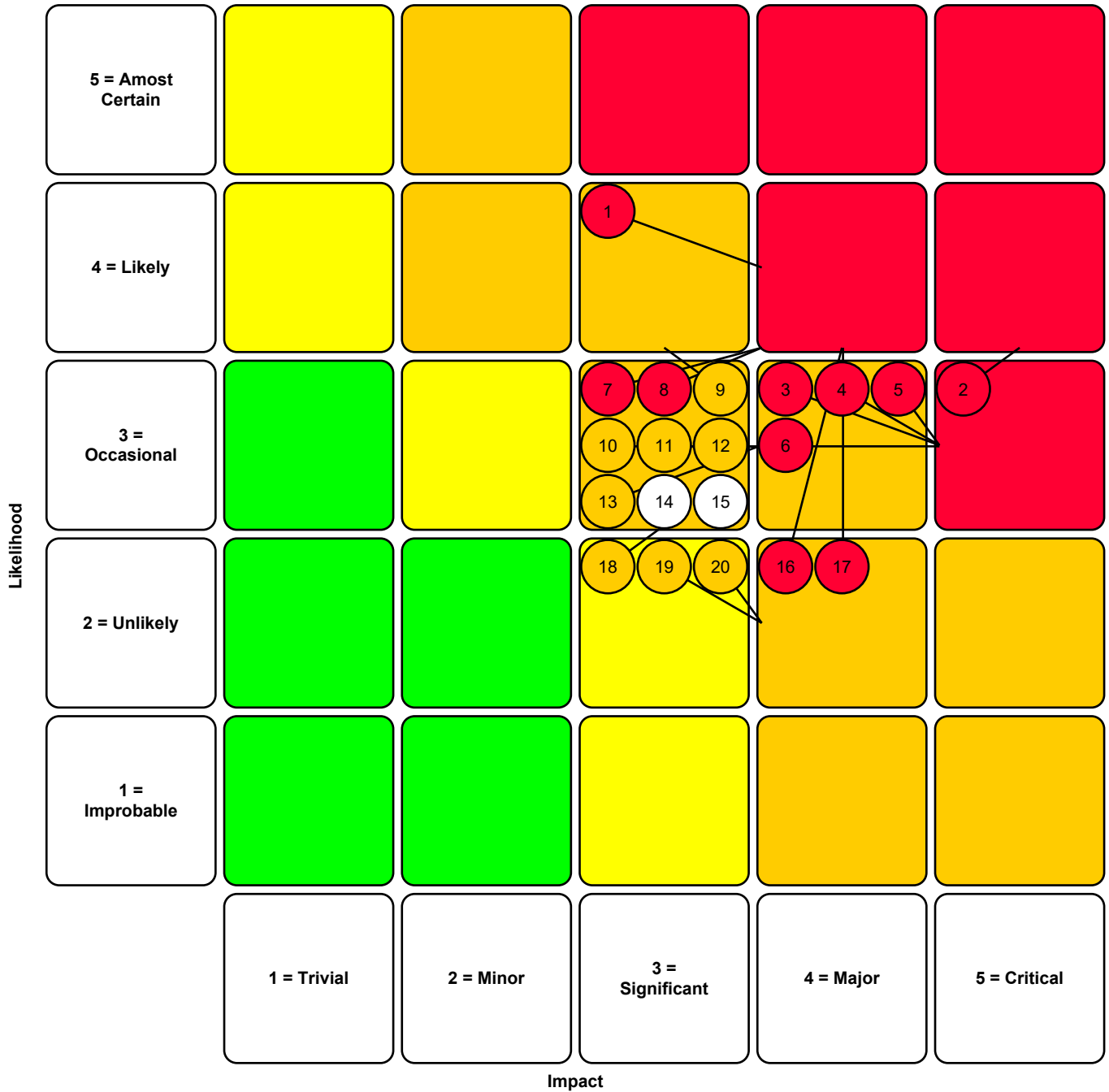
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Risk Movement Report

| | |
|--------------------|---|
| Report Date | 17 Sep 2024 |
| Risk Status | Open |
| Risk Area | **Corporate Risks**, Customer and Reputational, Financial and Resources, Information and Technology, Legal and Contractual, Operating Environment, People, Policy and Process |
| Risk Level | Corporate |

Risk Movement Report

Inherent to Residual movement



Risk Movement Report

| Grid # | Risk Ref | Risk Title | Inherent Risk Priority (IL x II) | Residual Risk Priority (RL x RI) |
|--------|----------|---|----------------------------------|----------------------------------|
| 1 | 346 | Workforce Recruitment and Retention Challenge | L = 4 I = 4 Very High (16) | L = 4 I = 3 High (12) |
| 2 | 301 | Cybersecurity Risk: Growing Threat Landscape and Vulnerabilities | L = 4 I = 5 Very High (20) | L = 3 I = 5 Very High (15) |
| 3 | 308 | Public Sector Partnership Risk: Financial Burdens and Delivery Impact | L = 3 I = 5 Very High (15) | L = 3 I = 4 High (12) |
| 4 | 348 | Funding Gaps and Operational Disruptions: Impacts of National Policy Changes | L = 3 I = 5 Very High (15) | L = 3 I = 4 High (12) |
| 5 | 367 | General Election 2025 - Local Government funding changes | L = 3 I = 5 Very High (15) | L = 3 I = 4 High (12) |
| 6 | 289 | Increased demand straining council finances | L = 3 I = 5 Very High (15) | L = 3 I = 4 High (12) |
| 7 | 347 | Development Management Risk: Impaired Achievement of Commitments | L = 4 I = 4 Very High (16) | L = 3 I = 3 High (9) |
| 8 | 292 | Council capacity and focus risks for corporate plan delivery | L = 4 I = 4 Very High (16) | L = 3 I = 3 High (9) |
| 9 | 341 | Industrial Action Risk: Disruption to Service Delivery | L = 4 I = 3 High (12) | L = 3 I = 3 High (9) |
| 10 | 340 | Information Breach Risk: Weakness in Data Security | L = 3 I = 4 High (12) | L = 3 I = 3 High (9) |
| 11 | 305 | Unforeseen Events Risk: External Factors and Civil Contingencies | L = 3 I = 4 High (12) | L = 3 I = 3 High (9) |
| 12 | 339 | Major ICT Failure Risk: Disruption to Council Operations | L = 3 I = 4 High (12) | L = 3 I = 3 High (9) |
| 13 | 345 | Resource Shortage Risk: Hindrance to Housing Ambitions | L = 3 I = 4 High (12) | L = 3 I = 3 High (9) |
| 14 | 350 | General Election 2025 - Legislative Changes Impact | L = 3 I = 3 High (9) | L = 3 I = 3 High (9) |
| 15 | 344 | Inadequate Internal Reporting: Impeding Timely Response to Resource Challenges | L = 3 I = 3 High (9) | L = 3 I = 3 High (9) |
| 16 | 288 | Financial strain and uncertainty impacting service delivery | L = 4 I = 4 Very High (16) | L = 2 I = 4 High (8) |
| 17 | 368 | Procurement resources | L = 4 I = 4 Very High (16) | L = 2 I = 4 High (8) |
| 18 | 294 | Weak Contract and Account Management Risks Financial Inefficiency and Business Needs | L = 3 I = 3 High (9) | L = 2 I = 3 Medium (6) |
| 19 | 343 | Resource and Process Deficiencies: Hindrance to Council Objectives | L = 2 I = 4 High (8) | L = 2 I = 3 Medium (6) |
| 20 | 342 | Shared Service Breakdown Risk: Disruption to IT Services | L = 2 I = 4 High (8) | L = 2 I = 3 Medium (6) |

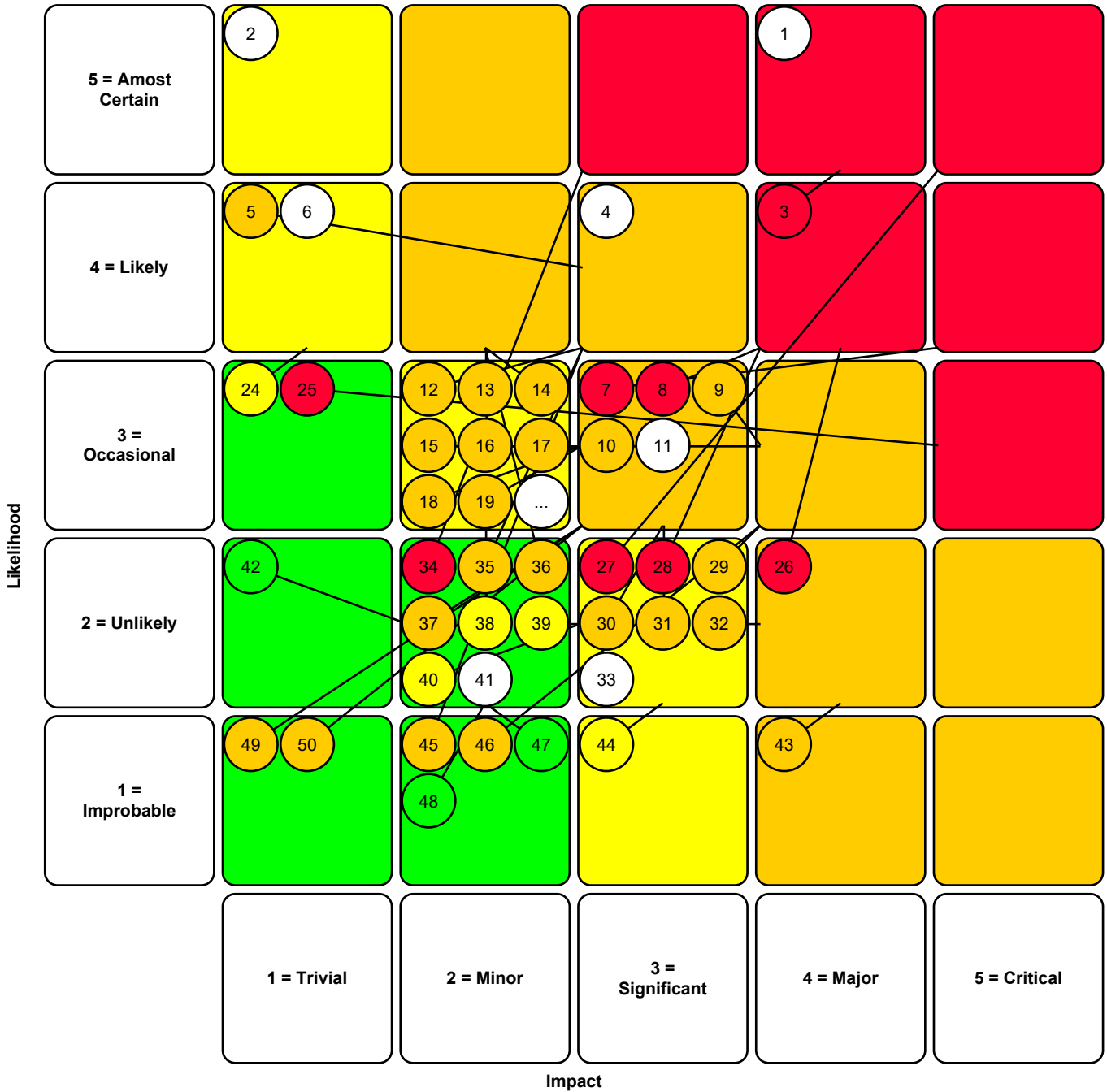
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Risk Movement Report

| | |
|--------------------------|--|
| Report Date | 17 Sep 2024 |
| Risk Status | Open |
| Risk Category | 1.Operating Environment , 2.People, 3.Policy and Process, 4. Customer and Reputational, 5.Financial and Resources, 6.Information and Technology, 7.Legal and Contractual |
| Risk Level | Operational/Service |
| Risk Last Updated | In the past 3 Month(s) |

Risk Movement Report

Inherent to Residual movement



| Grid # | Risk Ref | Risk Title | Inherent Risk Priority (IL x II) | Residual Risk Priority (RL x RI) |
|--------|----------|---|----------------------------------|----------------------------------|
| 1 | 254 | The DFG budget is not sufficient to meet statutory requirements to award qualifying DFGs. | L = 5 I = 4 Very High (20) | L = 5 I = 4 Very High (20) |
| 2 | 355 | Unstaffed Gym | L = 5 I = 1 Medium (5) | L = 5 I = 1 Medium (5) |
| 3 | 366 | Outgrowing Eastfield House | L = 5 I = 4 Very High (20) | L = 4 I = 4 Very High (16) |
| 4 | 353 | Increased damage to tree stock due to climate change | L = 4 I = 3 High (12) | L = 4 I = 3 High (12) |
| 5 | 382 | Uninsured loss | L = 4 I = 3 High (12) | L = 4 I = 1 Medium (4) |
| 6 | 386 | work patterns changing due to climate change | L = 4 I = 1 Medium (4) | L = 4 I = 1 Medium (4) |

Risk Movement Report

| Grid # | Risk Ref | Risk Title | Inherent Risk Priority (IL x II) | Residual Risk Priority (RL x RI) |
|--------|----------|--|----------------------------------|----------------------------------|
| 7 | 15 | Cyber Security is breached causing both the loss of data and a loss of confidence in the integrity of the data being held. | L = 4 I = 5 Very High (20) | L = 3 I = 3 High (9) |
| 8 | 264 | Cotton Farm Wind Farm - Noise Compliance | L = 4 I = 4 Very High (16) | L = 3 I = 3 High (9) |
| 9 | 168 | Insurers will not accept liability for a loss, because the Council is unable to provide policy documentation, resulting in unexpected costs. | L = 3 I = 4 High (12) | L = 3 I = 3 High (9) |
| 10 | 358 | A member of the public is injured during one of the Sports Development sessions. | L = 3 I = 4 High (12) | L = 3 I = 3 High (9) |
| 11 | 379 | Strain on Street Cleansing Services Due to Extreme Weather | L = 3 I = 3 High (9) | L = 3 I = 3 High (9) |
| 12 | 377 | Insufficient Staffing Due to Turnover, Recruitment Challenges, and Absences | L = 4 I = 3 High (12) | L = 3 I = 2 Medium (6) |
| 13 | 263 | The implementation of the Universal Credit System is not well managed leading to increased poverty on the local community | L = 4 I = 2 High (8) | L = 3 I = 2 Medium (6) |
| 14 | 322 | Risk of insufficient resources impacting service delivery | L = 4 I = 2 High (8) | L = 3 I = 2 Medium (6) |
| 15 | 369 | Alarm Response Not Robust to 10 sites | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 16 | 381 | Skills Gap Due to Retirement of Experienced Staff | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 17 | 323 | Spatial Plotting Risk: Land Charges Search Inaccuracies | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 18 | 253 | Costs of processing recyclate increases | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 19 | 325 | Ageing workforce | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 20 | 378 | Loss or corruption of Records | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 21 | 25 | The Council becomes over reliant upon a limited number of key Information Technology & Systems specialists leading to the loss of information or IT related services when these staff are unavailable or should they leave the Council | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 22 | 314 | Risk of Contact Centre recording of payment card details | L = 3 I = 2 Medium (6) | L = 3 I = 2 Medium (6) |
| 23 | 194 | Risk of reduced promotion of Active Lifestyles and increased health inequalities. | L = 3 I = 2 Medium (6) | L = 3 I = 2 Medium (6) |
| 24 | 370 | Non compliance with recycling and waste legislation and contracts | L = 4 I = 1 Medium (4) | L = 3 I = 1 Low (3) |
| 25 | 327 | Vehicle Maintenance Staff retirement | L = 3 I = 5 Very High (15) | L = 3 I = 1 Low (3) |
| 26 | 376 | Risk of Presence of Deleterious Materials (Asbestos, composite claddings) | L = 4 I = 4 Very High (16) | L = 2 I = 4 High (8) |
| 27 | 375 | Back office servers hardware and software updates required | L = 5 I = 5 Very High (25) | L = 2 I = 3 Medium (6) |
| 28 | 217 | Personal data is not processed in accordance with the rights of data subjects and the Council's Notification of processing purposes to the Information Commissioner under the Data Protection Act, resulting in complaints or litigation against the Council | L = 4 I = 4 Very High (16) | L = 2 I = 3 Medium (6) |
| 29 | 24 | Estimates made as part of the budget setting process are incorrect | L = 3 I = 4 High (12) | L = 2 I = 3 Medium (6) |
| 30 | 34 | Sufficiently late or inaccurate provision of financial advice to managers or Members may lead to significantly incorrect decisions being made. | L = 3 I = 3 High (9) | L = 2 I = 3 Medium (6) |
| 31 | 61 | The Complaints procedures (incl at service level) are not robust enough so not all complaints are acted on and we fail to learn lessons from complaints leading to maladministration and loss of reputation. | L = 3 I = 3 High (9) | L = 2 I = 3 Medium (6) |
| 32 | 360 | Safeguarding issue at a children's activity session. | L = 2 I = 4 High (8) | L = 2 I = 3 Medium (6) |
| 33 | 351 | Material Recovery Facility Contract | L = 2 I = 3 Medium (6) | L = 2 I = 3 Medium (6) |
| 34 | 338 | 3C Legal Capacity & Resource to Progress Charge Notices | L = 5 I = 3 Very High (15) | L = 2 I = 2 Low (4) |
| 35 | 384 | Ageing workforce across operational services | L = 4 I = 3 High (12) | L = 2 I = 2 Low (4) |

Risk Movement Report

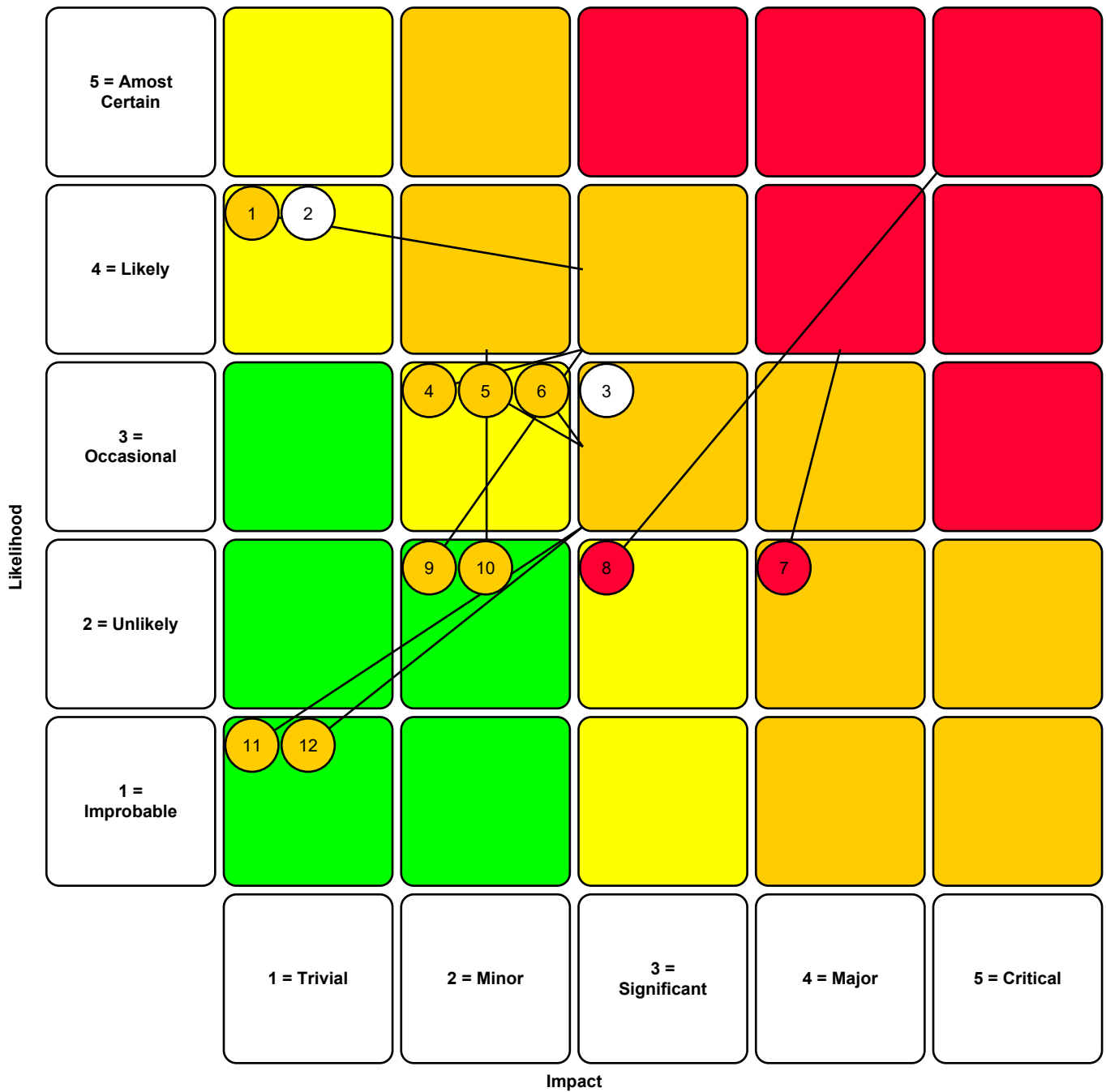
| Grid # | Risk Ref | Risk Title | Inherent Risk Priority (IL x II) | Residual Risk Priority (RL x RI) |
|--------|----------|---|----------------------------------|----------------------------------|
| 36 | 380 | Operational Disruptions Due to Limited Route Familiarity | L = 4 I = 2 High (8) | L = 2 I = 2 Low (4) |
| 37 | 357 | Continuing achievement of promoting physical activity and sport is reduced because of the loss of funding. | L = 3 I = 3 High (9) | L = 2 I = 2 Low (4) |
| 38 | 32 | Ineffective site security arrangements at Eastfield House leads to the theft and/or loss of 'assets' and employees being concerned for their safety. | L = 3 I = 2 Medium (6) | L = 2 I = 2 Low (4) |
| 39 | 126 | Risk of damage to life and property from trees | L = 2 I = 3 Medium (6) | L = 2 I = 2 Low (4) |
| 40 | 334 | Physical assault to a member of staff or customer from another customer or non user of the leisure centre resulting in serious harm | L = 2 I = 3 Medium (6) | L = 2 I = 2 Low (4) |
| 41 | 337 | Theft of monies held on site | L = 2 I = 2 Low (4) | L = 2 I = 2 Low (4) |
| 42 | 359 | Projects are not delivered on time or within budget. | L = 2 I = 2 Low (4) | L = 2 I = 1 Low (2) |
| 43 | 335 | Serious injury or death caused by electrocution | L = 2 I = 4 High (8) | L = 1 I = 4 High (4) |
| 44 | 192 | Criteria for holding an "O" Licence are not met and the licence is revoked by the Traffic Commissioner resulting in an inability to deploy fleet and significant impact on services | L = 2 I = 3 Medium (6) | L = 1 I = 3 Medium (3) |
| 45 | 177 | Power loss to main server rooms causes significant failure or loss of IT systems including telephony, data systems, software and hardware. | L = 4 I = 3 High (12) | L = 1 I = 2 Low (2) |
| 46 | 319 | Diesel Unavailable | L = 3 I = 4 High (12) | L = 1 I = 2 Low (2) |
| 47 | 373 | Risk of possible negative impact on HDC reputation | L = 2 I = 2 Low (4) | L = 1 I = 2 Low (2) |
| 48 | 372 | Loss of secured contracts delivering physical activity to improve people's health | L = 2 I = 2 Low (4) | L = 1 I = 2 Low (2) |
| 49 | 383 | CCTV power loss to the control room | L = 3 I = 3 High (9) | L = 1 I = 1 Low (1) |
| 50 | 374 | Lack of Health and Safety Training for Managers | L = 3 I = 3 High (9) | L = 1 I = 1 Low (1) |

Risk Movement Report

| | |
|---------------------|------------------------|
| Report Date | 17 Sep 2024 |
| Risk Status | Open |
| Risk Level | Operational/Service |
| Risk Created | In the past 3 Month(s) |

Risk Movement Report

Inherent to Residual movement



Risk Movement Report

| Grid # | Risk Ref | Risk Title | Inherent Risk Priority (IL x II) | Residual Risk Priority (RL x RI) |
|--------|----------|---|----------------------------------|----------------------------------|
| 1 | 382 | Uninsured loss | L = 4 I = 3 High (12) | L = 4 I = 1 Medium (4) |
| 2 | 386 | work patterns changing due to climate change | L = 4 I = 1 Medium (4) | L = 4 I = 1 Medium (4) |
| 3 | 379 | Strain on Street Cleansing Services Due to Extreme Weather | L = 3 I = 3 High (9) | L = 3 I = 3 High (9) |
| 4 | 377 | Insufficient Staffing Due to Turnover, Recruitment Challenges, and Absences | L = 4 I = 3 High (12) | L = 3 I = 2 Medium (6) |
| 5 | 381 | Skills Gap Due to Retirement of Experienced Staff | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 6 | 378 | Loss or corruption of Records | L = 3 I = 3 High (9) | L = 3 I = 2 Medium (6) |
| 7 | 376 | Risk of Presence of Deleterious Materials (Asbestos, composite claddings) | L = 4 I = 4 Very High (16) | L = 2 I = 4 High (8) |
| 8 | 375 | Back office servers hardware and software updates required | L = 5 I = 5 Very High (25) | L = 2 I = 3 Medium (6) |
| 9 | 384 | Ageing workforce across operational services | L = 4 I = 3 High (12) | L = 2 I = 2 Low (4) |
| 10 | 380 | Operational Disruptions Due to Limited Route Familiarity | L = 4 I = 2 High (8) | L = 2 I = 2 Low (4) |
| 11 | 383 | CCTV power loss to the control room | L = 3 I = 3 High (9) | L = 1 I = 1 Low (1) |
| 12 | 374 | Lack of Health and Safety Training for Managers | L = 3 I = 3 High (9) | L = 1 I = 1 Low (1) |

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Standard Risk Register

| | |
|--------------------|---|
| Report Date | 13 Sep 2024 |
| Risk Status | Closed |
| Risk Area | *Active Lifestyles, *Business Intelligence and Performance Management , *Communications, *Communities, *Corporate Accountability, *Corporate Issues, *Countryside Services, *Customer Services, *Democratic Services, *Development Management, *Economic Development , *Estates, *Facilities Management, *Finance, *Housing Needs, *Human Resources , *ICT Shared Service, *Improvement and Delivery Service, *One Leisure Facilities, *Open Spaces, *Operational Services , *Parking and Markets Services, *Regeneration and Housing Delivery , *Revenues and Benefits, *Sports Development, *Strategic Growth |
| Risk Level | Operational/Service |

Standard Risk Register

| *Corporate Accountability | | | | | | |
|---------------------------|---|--|----------------------------------|--|----------------------------------|--|
| Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
| 315 | Inability to give an annual audit opinion | CAUSE non delivery of sufficient assurance activity deviation from Audit Plan to support other activities Services cannot accommodate/facilitate an audit lack of resource/staff | L = 2 I = 3 Medium (6) | Audit Plan in place, which is approved by CGC and progress reported. | L = 1 I = 2 Low (2) | |
| | | EFFECT.. | | Other assurance sources are identified, recorded and used to support an opinion | | |
| 316 | Resource resilience | CAUSE small team, larger impact Sickness risk Pull to support other services recruitment difficulty / specialist area uncompetitive salary /package Do not hold skills/expertise necessary to be.. | L = 4 I = 3 High (12) | Capacity resource levels reported to Corporate Governance Committee. To be made aware where insufficient resources to deliver. | L = 4 I = 2 High (8) | Audit staff to be skill/training assessed to identify areas of training needed |
| | | Existing IT audit contract also contains general audit provision for use if needed. | | | | |
| | | Professional qualification of staff (only a partial control since HDC decided to remove essential requirement to be qualified). Existing staff all professionally qualified holding C/MIIA, one person training CIA with IIA. | | | | |
| *Customer Services | | | | | | |

Standard Risk Register

| Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|----------|---|--|----------------------------------|---|----------------------------------|-----------------|
| 281 | Continued use of unsupported software (Transform printing software) | Cause Unsupported software system | L = 3 I = 3 High (9) | Informal Consultant support New contract emergent in coming months and will alleviate need for software altogether | L = 3 I = 3 High (9) | |
| | | Event Software becomes unusable to won't start | | This software is no longer in use at the Document Centre, so this risk is no longer exists. | | |
| | | Effect Financial impact if monies due are not recovered Reputational damage to the council Delay in.. | | | | |

*Human Resources

| Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|----------|--|--|----------------------------------|--------------------------------------|----------------------------------|-----------------|
| 321 | HR system project not being signed off | Supplier delays - final system update not made so project sign off being with held | L = 4 I = 2 High (8) | Routine project management processes | L = 2 I = 2 Low (4) | |

*ICT Shared Service

Standard Risk Register

| Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|----------|--|---|----------------------------------|---|----------------------------------|-----------------|
| 183 | Financial interfaces become unstable and business systems are not updated resulting in decisions based on poor or absent data. | Reconciliation problems; business systems not updated; customer accounts not updated and summons sent incorrectly sent out; reputational damage | L = 4 I = 2 High (8) | business owners have back up plan | L = 3 I = 2 Medium (6) | |
| | | | | Documented procedures Restricted access | | |
| | | | | Known absences are planned in advance | | |
| | | | | Patching and updating of related on prem systems is done on a monthly basis as routine, but critical patches (high CVSS) will be done immediately. This is part of 3C ICT SOP's | | |

***Revenues and Benefits**

| Risk Ref | Risk Title | Cause, Event, Effect | Inherent Risk Priority (IL x II) | Risk Control / Mitigation | Residual Risk Priority (RL x RI) | Action Required |
|----------|---|--|----------------------------------|---|----------------------------------|-----------------|
| 27 | An interruption in Northgate systems, or those within dependant services prevents key HB service functions and/or inadequate numbers of trained/skilled staff may lead to benefits not being paid correctly or on time. | Effect: Deadlines missed; errors & omissions; poor staff morale; additional administration & overtime costs; stress; sickness absence; customers unable to pay thier rent or council tax, potential.. | L = 4 I = 3 High (12) | Payments are made in advance for planned interruptions to service; | L = 2 I = 3 Medium (6) | |
| | | | | Well established & tested procedures, business continuity plans, support contracts with NIS - in total a wide range of measures are in place. | | |
| | | | | | | |

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Appendix B

Understanding the Risk Register, A Guide to Terms Used

| Term | Meaning |
|-------------------------|--|
| Cause | This describes why a risk might happen e.g., a driver of a car not paying sufficient attention to their driving. |
| Event | This is what is likely to trigger a risk event e.g., in the same example, this could be the driver hitting another car. |
| Effect | This describes what is envisaged to happen if the risk occurs e.g., if the driver hit another car, it could cause physical damage and possibly injury to occupants. |
| Inherent Risk | The inherent risk score is what the risk would be if the organisation did nothing. |
| Residual Risk | This is what the risk score is anticipated to be once the organisation has taken action to reduce the likelihood or impact of a risk. |
| Risk Control/Mitigation | <p>This describes the action taken by the organisation to move from the inherent “do nothing” risk to the residual risk e.g., introduce driver awareness and skills training. If risk control action is taken, this is expected to lessen the likelihood or impact of a risk and therefore the residual risk score should be less than the inherent risk score.</p> <p>NB. It is not always possible to take action to mitigate a risk, or the cost of taking mitigating action might exceed the anticipated financial impact of the risk arising.</p> |
| Risk Score | To help assess the severity of a risk, scores are allocated to it depending upon the expected likelihood or impact, the table below describes these. |

Risk Assessment Scoring Matrix:

| | | | | | | | |
|------------------------|----------------|---|---------------|--------|-------------|-----------|-----------|
| Likelihood / Frequency | Almost Certain | 5 | Medium | High | Very High | Very High | Very High |
| | Likely | 4 | Medium | High | High | Very High | Very High |
| | Occasional | 3 | Low | Medium | High | High | Very High |
| | Unlikely | 2 | Low | Low | Medium | High | High |
| | Improbable | 1 | Low | Low | Medium | High | High |
| | | | 1 | 2 | 3 | 4 | 5 |
| | | | Trivial | Minor | Significant | Major | Critical |
| | | | Impact | | | | |

Likelihood / Frequency

Alternatively this could be expressed as likely to happen within the next:

- | | | |
|---------------------------|--|----------|
| 5 = Almost Certain | Will definitely occur, possibly frequently. | Month |
| 4 = Likely | Is likely to occur, but not persistently. | Year |
| 3 = Occasional | May occur only occasionally. | 3 years |
| 2 = Unlikely | Do not expect it to happen but it is possible. | 10 years |
| 1 = Improbable | Can't believe that this will ever happen, but it may occur in exceptional circumstances. | 20 years |

When considering Health & Safety related risks, the likelihood should be expressed as being likely to happen within the next:

- | | |
|-----------------------|---------|
| 4 = Likely | Monthly |
| 3 = Occasional | Yearly |
| 2 = Unlikely | 5 years |

Further advice on assessing Health & Safety risks can be obtained from the Health & Safety Manager

Impact

Risks will be evaluated against the following scale. If a risk meets conditions for more than one category, a judgement will need to be made as to which level is the most appropriate. For example, if a particular health and safety risk was significant, could result in minor short-term adverse publicity in the local media but had only a trivial financial impact, it might still be categorised as significant.

1 = Trivial event or loss, which is likely to:

- cause minor disruption to service delivery on one or two consecutive days, not noticeable to customers.
- increase the Council's net cost over the 5 year medium term financial strategy (MTFS) period by £50,000 or less.
- be managed with no reporting in the local media.
- cause localised (one or two streets) environmental or social impact.

2 = Minor event or loss, which is likely to:

- cause minor, noticeable disruption to service delivery on one or two consecutive days.
- increase the Council's net cost over the 5 year MTFS period by more than £50,000 but less than £100,000.
- result in minor short-term (up to a fortnight) adverse publicity in the local media
- * be a Health and Safety (H&S) concern that results in an injury but 7 days or less off work
- have a short term effect on the environment i.e. noise, fumes, odour, dust emissions etc., but with no lasting detrimental impact

3 = Significant event or loss, which is likely to:

- cause disruption for between one and four weeks to the delivery of a specific service which can be managed under normal circumstances.
- affect service delivery in the longer term.
- increase the Council's net cost over the 5 year MTFS period by more than £100,000 but less than £250,000.
- result in significant adverse publicity in the national or local media.
- * be a Health and Safety concern that results in more than 7 days off work or is a specified injury, dangerous occurrence or disease that is required to be reported to the H&S Executive in accordance with 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013' (RIDDOR)
- has a short term local effect on the environment, or a social impact, that requires remedial action.

4 = Major event or loss, which is likely to:

- have an immediate impact on the majority of services provided or a specific service within one area, so that it requires Managing Director involvement.

- increase the Council's net cost over the 5 year MTFS period by more than £250,000 but less than £500,000.
- raise concerns about the corporate governance of the authority and / or the achievement of the Corporate Plan
- cause sustained adverse publicity in the national media.
- significantly affect the local reputation of the Council both in the long and short term
- * results in the fatality of an employee or any other person
- have a long term detrimental environmental or social impact e.g. chronic and / or significant discharge of pollutant

5 = Critical event or loss, which is likely to:

- have an immediate impact on the Council's established routines and its ability to provide any services and cause a total shutdown of operations.
- increase the Council's net cost over the 5 year MTFS period by more than £500,000.
- have an adverse impact on the national reputation of the Council both in the long and short term.
- have a detrimental impact on the environment and the community in the long term e.g., catastrophic and / or extensive discharge of persistent hazardous pollutant.

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Internal Audit Service: Progress Report

Meeting/Date: Corporate Governance Committee –
25th September 2024

Executive Portfolio: Executive Councillor for Governance and
Democratic Services

Report by: Yasir Khan, Internal Audit Manager

Ward(s) affected: All Wards

Executive Summary:

This report provides Committee with an audit update since the last meeting. It notifies Committee of any developments within the Internal Audit Team, revisions to the Internal Audit Plan, and any significant governance issues or developments.

The report presents tracking information on overdue audit actions – those actions that have not been implemented by management by the agreed due date. Currently there are 16 such overdue actions (23 last report) and this report presents the action owners' updates on progress.

Vehicle Maintenance, Budgetary Control, Code of Procurement and Small works contracts follow up audits findings are reported (with caveat that the audits are still at draft stage) together with initial details of HDC response and update.

A new Internal Audit Manager was appointed on 8th July 2024, to replace the previous Internal Audit Manager who had left HDC. In accordance with the Internal Audit Charter, the Internal Audit Manager continues to report functionally to the Corporate Governance Committee and administratively to the Director of Finance & Corporate Resources. The Director of Finance and Corporate Resources also left HDC in July 2024 and their replacement is due to join HDC in October 2024. The Internal Audit Manager and the Internal Audit team have maintained organisational independence and have had no constraints placed upon them in respect of determining overall audit coverage, audit methodology, the delivery of the audit plan or proposing actions for improvement or forming opinions on individual audit reports issued.

Recommendation:

It is recommended that the Committee:

review and note the progress report.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to inform the Committee of the work completed/undertaken by the Internal Audit Service. It incorporates not only progress against the Plan but also audit actions tracking information. This is to give visibility to Members of the progress being made in closing out audit actions in order to mitigate risk impacts and to strengthen governance. It also notifies the Committee of any resource information within the Team, any revised Internal Audit Plan for the remainder of the year and can be used for informing committee on any governance issues or developments.

2. BACKGROUND

- 2.1 The Accounts and Audit Regulations 2015 require that the Council “must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes; taking into account public sector internal auditing standards or guidance.” Internal Audit assists the Council and the Corporate Governance Committee to discharge its governance responsibilities. Our work supports the Council’s corporate objectives, and the corporate governance framework.
- 2.2 The Public Sector Internal Audit Standards (PSIAS) require that the Committee (who fulfil the role of the Board, as defined by PSIAS) receive an annual report on the work of the Internal Audit Service. Best practice suggests that an interim report should also be presented, to keep the Committee aware of any issues of concern that have been identified and the progress achieved with the delivery of the audit plan.
- 2.3 Internal audit coverage is planned so that the focus is upon those areas and risks which will most impact upon the Council’s ability to achieve its objectives. Internal Audit work should help add value to the Council by helping to evaluate the internal control environment, improve systems, mitigate risks, and subsequently inform the Annual Governance Statement.

3. OPTIONS CONSIDERED/ANALYSIS

- 3.1 The progress report (to September 2024) on the Internal Audit Service is provided in the executive summary above.

4. KEY IMPACTS / RISKS

- 4.1 Risk: Insufficient audit assurance work risks the inability to provide an Annual Audit Opinion.
- 4.2 The control to mitigate the above risk is the work performed by the internal audit team. Four audits, as mentioned in the executive summary above, were conducted and their actions have been discussed and agreed with the relevant Team Managers and Service Directors.

5. LINK TO THE CORPORATE PLAN, STRATEGIC PRIORITIES AND/OR CORPORATE OBJECTIVES

- 5.1 The Internal Audit Service provides assurance to both management and the Committee that risks to the delivery of the Corporate Plan across its Service areas are understood and managed appropriately.

6. REASONS FOR THE RECOMMENDED DECISIONS

- 6.1 The report is for information purposes and allows Committee to gain an understanding of the views of the Internal Audit Manager on the internal control environment and systems of internal control.

7. LIST OF APPENDICES INCLUDED

Appendix 1 – List of Actions from the Internal Audits conducted from July to September 2024.

8. BACKGROUND PAPERS

Internal Audit reports

CONTACT OFFICER

Name/Job Title: Yasir Khan, Internal Audit Manager
Tel No: 01480 388475
Email: Yasir.Khan@huntingdonshire.gov.uk

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Appendix 1- List of Actions from the Internal Audits conducted from July to September 2024.

1. Small Works Contracts 21.22 Follow Up Audit

Action 1610- Action will reopen to await the receipt of the signed contract.

Copy of signed contract between HDC and 'Breheny'.
Documentation Received.
Action Closed.

Action 1611 – Action will reopen to allow for communication and guidance to be sent to all relevant users.

Copy of communications / guidance and roles and responsibilities related to the contract, issued to procurement and other relevant staff.
Documentation Received.
Action Closed.

Action 1612- Action remains open until one month's spending under contract is available to review and spot check.

Notes of meetings between parties to the contract. Spend reports and evidence of their review by the Facilities Manager/relevant staff at HDC.
Documentation Received.
Action Closed.

2. Budgetary Control and Management 24.24 Audit

1. Comments and explanations related to budget variances over £10K should be added to Tech 1 by Budget Managers and monitored by Finance.

2. Manual adjustments of financial value changes over £100K to the forecast budget line items should be explained and saved on Tech1, for full transparency.

In addition, these manual adjustments should have a clear approval trail by the Director of Finance or other senior level staff and the approvals should be saved on Tech1.

Manual adjustments over £100K to the forecast budget line items should be explained in the report sent to members.

3. Process document should include the missing steps to provide a complete overview of the entire process, ensuring transparency and clarity. The timetable included in the process documented should also reflect the entire process, including the dates of when it will be presented to the Council for its approval.

MTFS Process should be documented, with its own methodology. This can be a separate document or be part of the already existing Process document for Budget setting.

Additionally, the budget process document should have dates and names/titles of preparer and approver and these should be reviewed and updated at least once every two years.

4. When a budget is uploaded by the budget holder on Tech 1, it should default to a status of 'Submitted.' Once the budget bid receives FBP approval, the status should change to 'Approved by FBP.' After approval by SLT, the status should update to '2nd level approved by SLT.' Finally, when the budget is approved by the councillors, the status should be updated to 'Final level approved by councillors.'

5. The control wording should be updated on the risk register, to reflect the established fixed reserve amount.

6. The control wording needs to be updated in the risk register to show that reports are sent to SLT on a quarterly basis which will reflect the actual reporting process.

3. Vehicle Maintenance Processes 24.25 Audit

| | |
|---|---|
| 1. Initiate recruitment of a senior qualified and experienced Workshop Technician with IRTEC qualifications and ensure that they are recruited by at least 3 months before existing staff retire, to ensure sufficient time for transfer of knowledge. Prepare all documentation, including job description and business case, so that recruitment of the job is efficient. | Copy of documentation, including job description, meeting minutes and business case |
|---|---|

| | |
|--|--|
| 2. Transport Manager to review and nominate a second person who shall have oversight of and access to staff training matrix, training records and knowledge of where training information is held. | Update training process notes to outline who has second person oversight and access of training information. |
|--|--|

| | |
|---|------------------------------|
| 3. Create a training matrix for each member of staff, including managers, within the service. Training matrix should list all training which has been completed internally and externally, when these | Copy of the training matrix. |
|---|------------------------------|

skills need to be refreshed, and the data analysed to highlight any training gaps.

4. Code of Procurement Audit 24.25

- 1 Procurement Lead to document, review and update (as applicable) a full suite of Procurement documentation to include the Code of Procurement, the Procurement Aide Memoire and supporting procedure notes.
Internal Audit recommends that this documentation is reviewed (and is subject to appropriate approval) every 2 years, if not annually.
The procurement documentation will be updated by the Procurement Lead and will be reviewed and approved by Director of Finance and Operations Director. (Amber-Medium).

 - 2 To improve awareness, understanding and adherence to the Code of Procurement's requirements across the Council, Internal Audit recommends implementing the following actions:
 - Develop and distribute via e-mail communications, clear training materials and guides that outline key Code of Procurement requirements and procedures. Ensure these are readily accessible on the intranet as well.
 - Conduct regular mandatory training sessions for key staff. HR can make these training courses on procurement mandatory for key Managerial staff involved in the procurement process.
 - Regular communications such as monthly or quarterly newsletters to consistently remind staff of Code of Procurement requirements and highlight any compliance issues encountered.
 - Management may also wish to consider appointing key points of contacts within departments who will work closely with the procurement lead on contracts, POs, etc. (High-Red).

 - 3 Procurement Lead to work with the different teams as well as the Legal team and obtain and record contracts within the internal contracts register in order to show an up to date inventory of contracts.

Procurement Lead to conduct a quarterly review of a sample of significant payments including both payments through POs as well as without POs or contracts (over £100K values) to confirm that the POs comply with their respective contracts and had the appropriate level approvals and identify if there are any
-

significant payments without POs and contracts which should be investigated. Any compliance issues should be highlighted and reported. (High- Red).

4 On a quarterly basis, the procurement lead should complete a review of a sample of POs to confirm that they have been procured in line with the Code of Procurement and they have followed the terms of their related contracts. Results should be documented, reported, and any compliance issues should be fed back to the relevant service teams and SLT for discussion and remediation. (High- Red).

5 On a quarterly basis, the Procurement Lead shall review a sample of contracts previously awarded to understand how they are being managed post award, to include performance monitoring, compliance verification and issue resolution. (High-Red).

6 Request for purchases, invitation to tender, contract award, contract approval and PO approval limit hierarchy, to be documented This could be documented within a scheme of delegation authority document or could be an appendix to the code of procurement document and should be subject to appropriate approval by SLT and members.

The document should be maintained by Procurement or Finance and subject to annual (or once every two years) review. The procurement lead can discuss this with the Director of Finance or CFO and form a plan of action on how to document and approve these authority limits. (Medium-Amber).

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Implementation of Internal Audit Actions

Meeting/Date: Corporate Governance Committee – 25th September 2024

Executive Portfolio: Executive Councillor for Resident Services and Corporate Performance, Councillor Stephen Ferguson

Report by: Yasir Khan, Internal Audit Manager

Ward(s) affected: All Wards

Executive Summary:

Key performance indicator: 100% of audit actions to be implemented by the agreed date, which was not achieved.

Statistics at 17th September 2024:

16 actions not implemented by due date (Two more than last report)

3 actions **implemented** and closed in last 90 days (rolling period)

66 audit actions **closed** in the last year (rolling 12 month period)

18 open audit actions

Recommendation:

It is recommended that the Committee consider the report and comment on the progress achieved and state any action they wish to be taken.

1. PURPOSE OF THE REPORT

- 1.1 To update members on the implementation of audit actions.

2. WHY IS THIS REPORT NECESSARY?

- 1.1 The activities of the Internal Audit team are pivotal to the organisation's governance and control processes. The outcomes of the team's reviews demonstrate compliance with controls and processes, or identify where improvements need to be made. Tracking the recommendations and closure of these is key to maintaining good control and evidencing the organisation's commitment to achieving Priority 3 of the Corporate Plan.

3. BACKGROUND

- 1.2 Following each audit review, audit conclusions, associated actions and implementation dates are agreed between the service manager and the audit team. Recommended actions following an audit are discussed, and the audit report is a record of what has been agreed by way of actions and their target dates.
- 1.3 The target for the implementation of 'agreed internal audit actions to be introduced on time' is set at 100% in line with best practice that suggests that all recommendations are implemented by the agreed deadline. The deadline date is set/agreed with the service manager; actions should be completed by their target date or reasons presented where this is not possible e.g., system changes take longer than expected or other service demands which carry a greater risk take priority.

4. MONITORING OF ACTION COMPLETION

- 1.4 Operational circumstances sometimes mean non-implementation or missed deadlines for an audit action. Increased efforts have been made to ensure Service Managers are aware of outstanding actions, update whether progress has been made or operational factors have impacted on their implementation. Overdue actions are also reported to Committee for governance oversight.
- 1.5 Extensions to deadlines are no longer given. Instead, Action Owners can insert their own 'progress update', which will give a better indication of work being taken to implement the action and to notify any reasons for delay.
- 1.6 As at the 17th September 2024, 16 actions have not been closed within target and are reported as overdue actions. Appendix 1 to this report details these actions and the updates provided by the respective Service Managers detailing progress. This should provide Committee with insight to the progress being made, delays or hold-ups and potentially a new expected completion date.

- 1.7 Officers with actions assigned to them have direct access to the system to enable them to manage those actions. Reminders are sent from the 4Action system in advance of the target date and managers are requested to act on these.

5. KEY IMPACTS

- 5.1 If the Council does not maintain strong governance and control, or demonstrate that it is monitoring compliance with its controls, then it is failing in its statutory responsibilities. The activities of Internal Audit, how these feed into the Council's Code of Governance and the monitoring of the implementation of its actions to strengthen compliance provide assurance to those tasked with governance that the organisation is acting appropriately.
- 5.2 Responsibility for implementation of agreed audit actions lies with the action owners and their managers; Internal Audit's role is to track implementation and to report to Committee.
- 5.3 Actions that are proposed by Internal Audit but not agreed by service managers are included in the Internal Audit report, together with the reasons as to why the service does not agree to implement the proposed action(s). Senior management are asked to decide on whether the action needs to be taken or risk accepted (with reference to risk appetite).
- 5.4 An action that is not implemented means that any weakness or risk originally identified in the audit report, and which the action was designed to address, will remain as a risk albeit other controls within the organisation may mitigate the impact.
- 5.5 Where an audit action becomes ineffective, either through process changes or new information, the service manager should liaise with the Internal Audit team and agree, if the risk remains, new action(s) to replace those which will not be implemented.

6. LINK TO THE CORPORATE PLAN

- 6.1 The Internal Audit Service provides independent, objective assurance to the Council by evaluating the effectiveness of risk management, control, and governance processes. The outputs of its activities provide evidence to demonstrate the achievement of Priority Three by services; *"delivering good quality, high value for money services with good control and compliance with statutory obligations"*.

7. REASONS FOR THE RECOMMENDED DECISIONS

- 7.1 The report is presented to Committee to give transparency on the progress being made in completing audit actions.

8. LIST OF APPENDICES INCLUDED

Appendix 1 – Internal Audit actions not implemented by due date as at 17th September 2024.

BACKGROUND PAPERS

Audit actions contained within the 4Action system

CONTACT OFFICER

Yasir Khan- Internal Audit Manager

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| Reference | Summary | Issue | Recommendation | Assignee | Variable Target | Fixed Target | Status | Timing | Service Area | Priority Level | Last Update | Creator | Update Title | Update Text |
|-----------|--|---|---|---------------|-----------------|--------------|-------------|--------|-------------------------|----------------|---------------------|----------------|--|--|
| 1612 | Small Works Contract 21.22 / 3 | Formal contract management monitoring arrangements will be established, including review of spend, spot checking procurements and routine liaison meetings with service users and the supplier. | Notes of meetings, spend reports for example. | matthew raby | 30/11/22 | 30/11/22 | In Progress | Late | Corporate Resources | Amber | 15/07/2024 13:57:25 | Claire Stanley | Update from Follow Up ADD UPDATE TO ACTION | Medium term civils contract has been awarded and Framework has been provided by Constellia. Regular spending reports will be submitted to Constellia and this will be used to monitor spending and progress. Spot checks will be completed on a monthly basis. This action will remain open until evidence of the spot checking can be uploaded. Currently awaiting for the contract to be signed and implemented across it's users. Due to other associated work the Pay policy will not be updated until other actions have taken place, this will be at least 18 months away. As of 03/09/2024, The progress remains unchanged on this action. We are currently doing a piece of work looking at pay and terms and then the policy will follow that with a view to be completed around April 2025. |
| 1625 | Overtime 21.22 Action 1 | The published policy for Expenses and Allowances (including Overtime) will be reviewed and updated to ensure that it is fit for purpose, and accessible to staff and managers. This will support working arrangements prior to a longer term, fundamental review of our policy. Review and re-write the policy, where necessary, in collaboration with all users and so that the policy is relevant, correct and reflects the enforcement appetite. Policy needs to contain the new HDC objectives and ensure that it covers everything that the officers and portfolio holders need it to cover. The policy is due for review by February 2023 | Copy of revised policy | Nicki Bane | 31/10/23 | 31/03/25 | Not Started | Late | Corporate Resources | Amber | 02/10/2023 09:16:46 | Nicki Bane | Policy will not be updated until March 2025 as per time scales | The rewrite of the enforcement policy has been included as an action within the 2024/25 Community service plan with a target date of completion by July 2024. |
| 1652 | Corporate Enforcement Policy 21.22 / 4 | The Council's Procurement Lead should review and, where necessary, update the Council's Code of Procurement so that it establishes a requirement for the procurement of any service to include the involvement of all relevant stakeholders, including the procurement of any IT system requiring the involvement of the ICT Service. This should be approved, in consultation with various key stakeholders across the Council, communicated to members of staff and reviewed on a routine basis or following any significant changes to the Council's operations. | Upload a copy of the updated policy. | Claudia Deeth | 30/12/23 | 30/12/23 | In Progress | Late | Chief Operating Officer | Amber | 12/03/2024 10:17:52 | Claudia Deeth | | No further update |
| 1658 | Shadow IT / Service-Procured Systems 21.22 / 1 | The Council's Procurement Lead should review and, where necessary, update the Council's Code of Procurement so that it establishes a requirement for the procurement of any service to include the involvement of all relevant stakeholders, including the procurement of any IT system requiring the involvement of the ICT Service. This should be approved, in consultation with various key stakeholders across the Council, communicated to members of staff and reviewed on a routine basis or following any significant changes to the Council's operations. | 1.The Council's reviewed Code of Procurement and evidence of approval 2.Evidence that this has been communicated to members of staff | Sarah Youthed | 31/03/23 | 31/03/23 | In Progress | Late | 3C ICT | Amber | 11/03/2024 14:38:01 | Sarah Youthed | Update on 30/08/2024 | This was sent to the previous S151 for approval. However, the new Procurement Act will be live 28 Oct 24, so it makes sense for this to be reviewed at this point and not to have updates taking place twice. |

| | | | | | | | | | | | | | |
|------|---|--|---|----------|----------|-------------|------|----------------------------|-------|---------------------|---------------------------------------|---|---|
| | | | | | | | | | | | | <p>1. This remains a valid action</p> <p>2. Steps taken are:</p> <p>a. Successful bid made to Ideas Process</p> <p>b. Secured dedicated resource to conduct investigations to confirm whether this remains a risk</p> <p>c. Extensive fieldwork done with services, application support, IG and the supplier of the software. We have also conducted external benchmarking to see if this risk exists with other Councils and confirmed it does.</p> <p>d. Confirmed that we need to improve our use of the retention modules. We have looked at a number of options (tolerate/manual deletion/automation via AI/use of existing deletion modules)</p> <p>e. Further allocation of time and budget to get the supplier in to conduct an assessment of the ability of the software to schedule deletions</p> <p>f. Supplier resources are being identified, they have escalated within their company - and we expect them on site in June</p> <p>g. From that I intend to be in a position to report back to the IG Board and SLT. It may be that an MTF5 bid is needed, this will be confirmed once we are clearer on the ability of the software to meet our requirements.</p> | |
| 1668 | Data Protection/Information Mgt REPLACEMENT ACTION | Review the data holdings, indexing, and deletion routines within Anite/Information@Work system. Implement these arrangements, and submit a budget bid or plan outlining the steps to enable us to delete unnecessary historic records. | John Taylor - Chief Operating Officer | 30/04/24 | 30/04/24 | In Progress | Late | Chief Operating Officer | Amber | 31/05/2024 14:57:59 | John Taylor - Chief Operating Officer | May-24 Update | |
| | | To commence a review of S106 priorities, processes, roles, responsibilities, governance, reporting and resourcing to ensure HDC are maximising the use of S106. The outcomes of the review and subsequent actions will be agreed by CLT. Recognising the intrinsic link with decision making this will need to be part of the programme of wider improvements to the delivery of the development management service. | | | | | | | | | | | |
| 1669 | Section 106 Agreements 21.22 Action 1 | Implementation will be overseen by the Chief Planning Officer who will be supported in delivery by the Implementation Team Leader and other officers as appropriate. | Copy of review documentation and programme Copy of CLT minutes Claire Burton | 31/10/23 | 31/10/23 | In Progress | Late | Corporate Director - Place | Amber | 03/09/2024 17:20:39 | Claire Burton | September 24 progress update | Previous update still valid. Action part 1 completed by 31 October 2023 deadline. But progress now halted due to vacant programme manager post. Tasks are being completed where possible within existing resource capabilities. Currently exploring external support to undertake a healthcheck of the S106 process |
| 1672 | Social Value in Procurement 22.23 Action 2 | The Council's Social Value Policy and Framework document will be reviewed and updated to ensure it reflects existing corporate aims and values, and also is aligned with the decisions made as a result of the Business Case document. The policy will clarify coverage of Social Value in procurement, including minimum points available for in tender assessment, and contracting documentation. Any related documentation and templates will be updated as a result of the revised policy. | Copy of updated Social Value Policy and Framework Evidence of SLT and Member approval Copy of updated documents Karen Sutton | 30/09/23 | 30/09/23 | In Progress | Late | Corporate Resources | Amber | 27/06/2024 16:10:47 | Karen Sutton | June 2024 update | Approval to recruit granted, role description granted, recruitment to commence ASAP |
| 1673 | Social Value in Procurement 22.23 Action 3 | An action plan will be devised to support the introduction of contract management processes which are proportionate to the nature and value of procurement exercises undertaken, and which address social value obligations where relevant. | Copy of action plan and any process documentation Karen Sutton | 30/09/23 | 30/09/23 | Not Started | Late | Corporate Resources | Amber | 27/06/2024 16:12:03 | Karen Sutton | June 2024 update | Approval to recruit granted, role description granted, recruitment to commence ASAP |

| | | | | | | | | | | | | | | |
|------|---|---|---|---------------|----------|----------|-------------|----------|---------------------|-------|---------------------|---------------|-------------------------|---|
| 1675 | Social Value in Procurement 22.23 Action 5 | A series of Lunch and Learn sessions, covering key aspects of social value, contracting and procurement will be developed and delivered. Training will be supported by signposting to key documents / sources of information. | Copy of presentation slides Attendee lists | Sarah Youthed | 30/04/23 | 30/04/23 | In Progress | Late | Corporate Resources | Amber | 11/03/2024 14:42:17 | Sarah Youthed | Update on 30/08/2024 | Contracts Management course has taken place and regular ad-hoc procurement meetings with staff members. We are looking at recruitment for 2 (maybe 3) new procurement roles and SV training will be included within one of these roles. |
| 1678 | Fuel Usage and Payments 22.23 Action 2 | Once the decision on fuel has been made, the fuel contract will be re-let and listed in the contracts register to allow for corporate oversight by the Procurement Lead. The need for the spare 50,000 litre tank will be reviewed in terms of cost and value, and the decision to continue or otherwise made at SLT. It will be made clear to SLT that only limited controls can be applied to this part of the fuel supply. | Review on contracts register | Colin Moss | 30/09/23 | 30/09/23 | In Progress | Late | Operations | Amber | 21/05/2024 13:53:54 | Colin Moss | Update as at 29/08/2024 | Both of these (actions) rest on the publication of a report and subsequent approval to move (or not) to HVO (Hydrotreated Vegetable Oil). We have completed the trial, and have analysed the data, what we need now is to put this into a report for cabinet to review to approve or reject the proposal. The result of this will mean we can move forward with both audit actions. Expected completion date by October 2024. |
| 1680 | Fuel Usage and Payments 22.23 Action 4 | Once the decision on fuel has been made, the fuel contract will be re-let and listed in the contracts register to allow for corporate oversight by the Procurement Lead. The need for the spare 50,000 litre tank will be reviewed in terms of cost and value, and the decision to continue or otherwise made at SLT. It will be made clear to SLT that only limited controls can be applied to this part of the fuel supply. | SLT minutes | Colin Moss | 30/09/23 | 30/09/23 | In Progress | Late | Operations | Amber | 21/05/2024 13:55:15 | Colin Moss | Update as at 29/08/2024 | Same as above |
| 1690 | Debtors Continuous Auditing 22.23 / 1 | Review and update the Debt Management Policy. Obtain appropriate approval of the revised policy. | | Sandra Dean | 30/06/23 | 30/06/23 | In Progress | Late | Corporate Resources | Amber | 05/03/2024 17:47:57 | Karen Sutton | Update as at 03/09/2024 | There has been some delay with the debt policy. Director of Finance and Corporate Resources was going to review it and we had a meeting to discuss the content and possible updates required. Unfortunately, Director of Finance and Corporate Resources did not have time to do so before she left, however, she had mentioned that there isn't much that needs updating and the Exchequer Officer (Accounts Receivable and Payable) shall have a look and update as necessary over the next few days. |
| 1707 | PCI-DSS / 1 | THIS ACTION REPLACES THE ORIGINAL ACTIONS 1-3 OF THE PCI-DSS 18.19 ALL OF WHICH WERE OUTSTANDING AT CLOSURE IN JUNE 2023. Launch a PCI-DSS compliance programme to achieve compliance for all channels across the organisation including business change were required. A long implementation date (Sep 24) has been given until phases of the programme have been determined, at which point it is hoped each phase will have a date attached. Regular progress updates will be provided in 4Action and to Corporate Governance Committee. This could be via periodic Risk Management workshops / presentations, via mandatory annual online training module or face to face meetings with Risk and Controls Officer. Note: Service Director (Finance and Resources) has stated this will likely be via mandatory, annual online training module). | | Karen Sutton | 30/09/24 | 30/09/24 | Not Started | On-Track | Corporate Resources | Amber | | | | No further update provided. Due date is 30/09/2024 |
| 1709 | Risk Management 22.23 / 1b | | Training rolled out to staff | Karen Sutton | 31/03/24 | 31/03/24 | In Progress | Late | Corporate Resources | Red | 27/06/2024 16:13:14 | Karen Sutton | June 2024 update | Approval to recruit granted, role description grafted, recruitment to commence ASAP. No further update provided. Director of Finance and Corporate services has left in July 2024 and their replacement will join in October 2024. |

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|------|----------------------------|--|---|--------------|----------|----------|-------------|----------|-----------------------------|-------|---------------------|--------------|------------------|--|
| 1710 | Risk Management 22.23 / 1c | <p>Completion of training required by strategy subject to oversight / monitoring</p> <p>responsible for the reporting and formalise what reporting will take place.</p> <p>Note: reporting of the following information would enable robust oversight of the implementation of the risk management strategy:</p> <ul style="list-style-type: none"> - % service / support functions with risks populated - % risks reviewed in quarter - % control assessments completed every 6 months - RM maturity assessment (judgemental) - % training complete (based on action 1) - Risk register data gaps - Completion of Risk Treatment Option Forms where required <p>Reporting of the following would enable understanding of the Council's risk portfolio:</p> <ul style="list-style-type: none"> - High risks – inherent and residual - Key actions / controls re high risks - Overdue actions - Risk appetite breaches | <p>Review of training completion data and evidence of its oversight / reporting.</p> | Karen Sutton | 30/04/24 | 30/04/24 | Not Started | Late | Corporate Resources | Red | 21/05/2024 12:17:03 | Karen Sutton | May 2024 update | <p>Completion of this action is linked to the completion of action 1609 and therefore cannot commence at this stage. No further update provided. Director of Finance and Corporate services has left in July 2024 and their replacement will join in October 2024.</p> |
| 1712 | Risk Management 22.23 / 2b | | <p>Review of standardised risk reports and evidence of their review by receiving forum (meeting minutes).</p> | Karen Sutton | 31/03/24 | 31/03/24 | Not Started | Late | Corporate Resources | Red | 27/06/2024 16:15:27 | Karen Sutton | June 2024 update | <p>Approval to recruit granted, role description grafted, recruitment to commence ASAP. No further update provided. Director of Finance and Corporate services has left in July 2024 and their replacement will join in October 2024.</p> |
| 1738 | Tree Management 23.24 - 7 | <p>Enhance Business Continuity Plan processes for Arboriculture Service.</p> <p>Confirm whether the responsibility for defensibility work, specifically for challenging and scrutinizing the accuracy of claim reports from third parties, lies with HDC or Insurer.</p> | <p>Updated Business Continuity Plan</p> | George Allen | 30/06/25 | 30/06/25 | Not Started | On-Track | Corporate Director - People | Amber | | | | <p>On track. Due for completion on 30/06/2025</p> |
| 1739 | Tree Management 23.24 - 8 | | <p>Correspondence between Arboricultural Service and Insurer</p> | Chris Jones | 31/08/24 | 31/08/24 | Not Started | Late | Corporate Resources | Amber | | | | <p>Update not received.</p> |

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Whistleblowing (Policy, Guidance and Concerns Received)

Meeting/Date: Corporate Governance Committee – 25th September 2024

Executive Portfolio: Executive Councillor for Governance & Democratic Services

Report by: Yasir Khan, Internal Audit Manager

Wards affected: All

Executive Summary:

The purpose of whistleblowing law is to protect individuals who make 'protected' disclosures of wrongdoings in the public interest without fear of reprisals from their employer.

The Whistleblowing Policy and Guidance have been reviewed and it is recommended that they remain unchanged save for postholder updates. The outcome of this review will be included in the Local Code of Corporate Governance. The Policy and Guidance are included within the Councils' Code of Conduct.

Only Council employees, contractors or suppliers providing services under a contract to the Council are classified by law as whistleblowers. There has been one whistleblowing allegation received during 2024/25 that related to a disclosure received internally.

Recommendation:

The Committee is invited to comment on the contents of this report and to acknowledge the annual review of the Whistleblowing Policy and Guidance as still fit for purpose.

1. PURPOSE OF THE REPORT

- 1.1 To confirm to the Committee the number of whistleblowing allegations received in the year, both internally and from members of the public.
- 1.2 To restate / refresh the Whistleblowing Policy and Guidance as part of an annual review, and to approve any amendments.

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

- 2.1 The Whistleblowing policy and guidance notes were both introduced in 2000 in response to the Public Interest Disclosure Act 1998. Both documents are reviewed annually to ensure they continue to be fit for purpose.

3. ANALYSIS

- 3.1 One whistleblowing allegation (as per the definition in the Policy) was received in the year 2024/25. This is currently being dealt with internally by the Internal Audit Manager. The whistleblowing allegation fact-finding investigation is underway and there are some potential recommendations that will come out of it such as an increased focus on staff training particularly on issues such as bullying and harassment and health and safety. As this investigation is currently in progress its final results will be shared with the committee at its next meeting. There is no further heightened risk or concern that needs to be brought to the Committee's attention, in the meantime.
- 3.2 Therefore, no common themes were identified amongst whistleblowing complaints.

4. REASONS FOR THE RECOMMENDED DECISIONS

- 4.1 The policy requires an annual report be presented to the Committee. After reviewing the policy and guidance, they are deemed still fit for purpose and effective. On balance of proportionality, it has been decided that no further work is needed to the whistleblowing policy and guidance.
- 4.2 Remote working has not required any change to the guidance, and access to the Whistleblowing Hotline is still performed remotely.

5. LIST OF APPENDICES INCLUDED / BACKGROUND PAPERS

Whistleblowing Policy
Guidance Note for Whistleblowers

CONTACT OFFICERS

Yasir Khan, Internal Audit Manager
yasir.khan@huntingdonshire.gov.uk

Huntingdonshire District Council Whistleblowing Policy

Huntingdonshire District Council recognises that those that it employs and provides services to are often in the best position to know when the interests of the public are being put at risk. They can act as an early warning system on matters of health and safety or help to uncover fraud and mismanagement.

The Council also recognises that these people may not wish to express their concerns for a number of reasons. They may think it is disloyal to do so or they may fear reprisals, or they may not expect any action to be taken, or they may not know the best way to proceed. They may therefore find it easier to ignore their own concerns, or to “blow the whistle” to someone outside the Council.

The Council wants to build an environment of trust and openness so that individuals are prepared to whistle blow knowing that their concern will be treated confidentially and investigated appropriately.

This Policy has been prepared in response to the Public Interest Disclosure Act 1998 and other legislation¹ and the Code of Practice issued by Public Concern at Work². The latest version was adopted by the Corporate Governance Committee on behalf of the Council on 13 July 2022.

SCOPE OF THE POLICY

This policy applies to all Council employees and those contractors working for the Council on its premises. It also covers suppliers and those providing services under a contract with the Council in their own premises.

The term ‘individual’ is used throughout this policy and includes all of the above.

POLICY STATEMENT

The Council is committed to the highest possible standards of openness, probity and accountability and to dealing with all fraud and other forms of malpractice reported.

Any individual with serious concerns about any aspect of the Council’s work shall be encouraged to come forward and voice those concerns without fear of victimisation, subsequent discrimination or disadvantage or dismissal. Concerns may relate to issues that are occurring now, took place in the past, or are likely to happen in the future.

All concerns received will be treated in confidence, examined and investigated in accordance with this policy.

PROTECTED DISCLOSURE

¹ Enterprise and Regulatory Reform Act 2013

² Public Concern at Work is a charity. It is the leading independent supporter of whistleblowers and a provider of best practice guidance and advice

Any individual who raises a concern shall be treated as though they are making a protected disclosure if they disclose any information which they reasonably believe is made in the public interest and relates to any of the areas listed below:

- fraud and corruption
- any customers that we deal with, particularly children, being mistreated or abused
- an unlawful act
- the health and safety of any individual has been, or is likely to be endangered
- damage to the environment
- discrimination of any kind; or the
- deliberate concealment or suppression of any information that falls into any of the areas above.

This list is not exhaustive.

Individuals who make a protected disclosure will be protected from victimisation, subsequent discrimination or disadvantage or dismissal.

CONCERNS NOT COVERED BY THE POLICY

The Council wants all serious or sensitive concerns to be raised. This policy is not intended to replace existing policies or procedures.

- Individuals who have a concern about their own personal circumstances or how they are being treated at work should first raise their concerns informally with their line manager who will attempt to resolve the concern³. If that is not possible then the grievance or dignity at work policy should be followed.
- Members of the public who wish to raise a concern should use the complaints procedure.
- If the concern refers to the misconduct of a Councillor, the procedure set out in the Member Code of Conduct should be followed.

If an individual raises a protected disclosure concern under the wrong policy or procedure, it will be treated as though it was made correctly.

IMPLEMENTING THE POLICY

The Council shall take appropriate action to publicise the policy so that all individuals:

³ Certain types of personal circumstance concerns may still be classed as protected disclosures if the public interest test is satisfied. Please contact the Internal Audit Manager for more information.

- feel confident that they are able to contact the Council and raise their concerns about Council practices
- realise that concerns should be raised about any individual, councillor, supplier or anyone who provides services to the public on the Council's behalf
- are aware of the different ways they can inform the Council of their concerns
- understand that concerns will be received in good faith and taken seriously
- are aware that anonymous concerns may not be investigated
- who have provided their contact details understand that they will receive a response to their concerns and how to take the matter further if they are dissatisfied with the response
- are reassured that they will be protected from victimisation, subsequent discrimination or disadvantage.

A guidance note shall be made available setting out the actions that will normally be taken when a concern is received.

RAISING A CONCERN

THE COUNCIL WILL MAINTAIN A NUMBER OF DIFFERENT CHANNELS THAT ALLOW CONCERNS TO BE RAISED. FULL DETAILS ARE CONTAINED IN THE GUIDANCE NOTE.

The Council will encourage individuals to raise their concerns openly and reserves the right not to investigate anonymous concerns.

INVESTIGATING OFFICER

All concerns received under this policy shall be reported immediately to the Internal Audit Manager who will be responsible for reviewing the concern, deciding upon the action to take, leading and directing investigations, preparing any subsequent reports and liaising with the individual raising the concern.

UNTRUE CONCERNS

No action will be taken against any individual who raises a concern that they have reason to believe to be true.

If during the course of an investigation it is felt that the concern has been raised frivolously, maliciously or for personal gain, appropriate disciplinary action will be taken.

SAFEGUARDS

The Council will not dismiss or subject any individual to detriment of any kind, due to them making a 'protected disclosure'.

The identity of the individual raising the concern will remain confidential. If disclosure is required for any reason then this will be discussed with the individual concerned.

The Council will not tolerate the harassment or victimisation (including informal pressures) of any individual who has raised a concern.

The Council's disciplinary procedures will be used against anybody who is found to be harassing or victimising the individual raising the concern or who has disclosed the name of that individual to anybody other than the Council's Managing Director, the Corporate Director (People) or the Internal Audit Manager.

WHISTLEBLOWING EXTERNALLY

Whilst the Council would like all concerns to be raised with it initially, it recognises that the Public Interest Disclosure Act 1998 allows for concerns to be made to "prescribed persons". The guidance note will provide information on how an individual can whistle-blow to a prescribed person.

MONITORING AND REVIEW

The Corporate Director (People) will be responsible for monitoring the implementation and effectiveness of this policy and guidance note. This will include an annual review, and an annual report to the Corporate Governance Committee on the effectiveness of the arrangements that have been introduced. The Local Code of Corporate Governance shall contain details of the outcome of the annual review and the effectiveness of the whistleblowing arrangements.

End.

| | |
|----------------------|--------------------------------|
| Version: | June 2023. |
| Frequency of review: | Reviewed annually |
| Approved by: | Corporate Governance Committee |

This guidance has been prepared to accompany the [Whistleblowing Policy](#). It explains how the Council will deal with whistleblowing concerns that it receives.

We realise that for some individuals it will take a great deal of courage to raise a concern. If you honestly and reasonably believe what you are saying is true, you will have nothing to fear by telling us your concern. We would much rather be told about a concern and investigate it, even if the investigation shows your concern was unfounded, than not know about the matter in the first place.

Your concern will be treated in confidence. We will not tolerate the victimisation of anyone who reports an issue to us. Without exception, we will take disciplinary against anyone who victimises any individual.

Concerns received may require different responses. This guidance is intended to provide you with an idea of the steps we will generally follow when a concern is received.

WHAT YOU NEED TO TELL US

If you have a concern then please raise it with us openly rather than anonymously. Openness makes it easier for us to assess the issue, work out how to investigate the matter and if required, obtain more information. It is best if your concern is raised in writing and that you provide your name and some contact information. An email address or telephone number would be sufficient.

You need to tell us as much as you can about your concern. Please try and provide some background information and all the names, dates and places that are relevant. If you have any documentary evidence to support your concern that should be also be provided. The more information you are able to provide the easier it will be for us to investigate your concern.

If you are uneasy about putting your concern in writing then contact us using one of the methods below and ask for a meeting. This doesn't have to be at the Council's offices. If you wish you can bring other people to the meeting if that will reassure you (e.g. legal representative, colleague, Staff Council or Union representative).

HOW TO CONTACT US

There are a number of ways in which you can raise a concern.

You can:

- speak to your line manager, a member of the Internal Audit team, a Head of Service or the Corporate Director (People).
- complete the [online form](#)
- send an email to whistleblower@huntingdonshire.gov.uk
- leave a message on the 24 hour telephone hotline: [01480 387080](tel:01480387080).
- write a letter, clearly marking the envelope Strictly Private & Confidential to:

Internal Audit Manager
Huntingdonshire District Council
Pathfinder House
St Mary's Street
Huntingdon
PE29 3TN

WHO WILL INVESTIGATE YOUR CONCERN?

All concerns received are passed to the Internal Audit Manager. They are the only person who can see what has been written on the electronic forms or in emails. They are also the only person who can access messages left on the telephone hotline. Post that is marked 'strictly private and confidential' will be passed unopened to them.

The Internal Audit Manager will use their discretion when deciding if an anonymous concern is to be investigated, taking the following factors into account:

- The seriousness of the issue raised
- The amount of information provided to support of the concern
- Whether the individual may be required to provide further information
- The ability to trace the individual if the concern is considered malicious.

WHAT WE WILL DO

Once we have received your concern the Internal Audit Manager will initially assess the information you have provided and consider what action should be taken.

If the concern is valid but should not be classed as a protected disclosure (e.g. bullying) within the terms of the whistleblowing policy, they will contact you and ask whether you want the information to be passed to the appropriate manager for further action. You will also be asked if you wish your name to be disclosed or not.

Depending on the outcome of the initial assessment it may be that your concern is valid but that we have insufficient information to continue with the investigation. If this happens, we will try and obtain further information to allow us to continue with the investigation. If this is not possible and no other option is available to us, we may request you to gather additional information on our behalf. You are under no obligation to do this however.

Once we have validated your concern and have sufficient information to continue, your concern will be investigated.

All meetings, decisions and actions taken in dealing with the concern will be recorded in writing.

LETTING YOU KNOW WHAT WE'RE DOING

If you have provided contact information we will contact you within 10 working days, summarising your concern and telling you:

- whether an investigation will take place and if not, why not;
- who will be handling the matter and how you can contact them;
- how long we estimate the investigation will take;
- whether your further assistance may be needed; and
- providing you with information on the support that is available to you; and

When the investigation has been completed we will contact you again and provide you with as much detail about the investigation as we are able to. It may be that we aren't able to tell you the precise action we have taken, as this may infringe a duty of confidence owed by us to someone else.

WHAT IF YOU ARE UNHAPPY WITH OUR RESPONSE

If:

- you believe that we have not properly investigated your concern; or
- you are unhappy with the outcome of any investigation

you should contact the Council's Managing Director or Corporate Director (People). They will decide if any further action is to be taken.

WHO TO REPORT TO EXTERNALLY

If you

- remain unhappy with the decision reached by the Council’s Managing Director or Corporate Director (People); or
- sincerely believe that by raising your concern with us you will be subject to detriment (victimisation or reprisals) of whatever sort, or that evidence to support your concern will be destroyed, then you should raise the matter with an external organisation, known as a “prescribed person”.

The Government has issued a [list of prescribed persons](#) who you can make a disclosure to.

If you wish to report externally, but are unsure of what to do then please contact either the Internal Audit Manager or the Corporate Director (People). They will be able to advise you on what you need to do, without asking for details of your concern.

Alternatively you can contact **the Council’s external auditors, Ernst Young** on [01223 394 400](tel:01223394400).

When raising a concern externally remember to make it clear that you are raising the issue as a whistleblower.

MAINTAINING CONFIDENTIALITY


We will do our utmost to protect your identity. If it has to be disclosed to allow us to undertake disciplinary or other more serious action against any wrongdoer, then we will discuss this with you. In some circumstances, especially if the Police are involved, we may be legally obliged to disclose your identity without your consent. Again, we will discuss this with you.

If you feel that you have suffered detriment or been in any way disadvantaged because you have raised a concern then you must let us know. We will take action to protect you as long as we believe that your concern was raised in the public interest and that you have not intentionally provided us with false information.

FURTHER INFORMATION AND ADVICE

If you want further information or advice about whistleblowing then please contact either:

Yasir Khan, Internal Audit Manager

 01480 388475

or

Oliver Morley, Corporate Director (People)

 [01480 388103](tel:01480388103)

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|----------------------|--------------------------------|
| Version: | June 2023. |
| Frequency of review: | Reviewed annually |
| Approved by: | Corporate Governance Committee |

CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT

| Committee | Decisions | Date for Action | Action Taken | Officer Responsible | Delete from future list |
|------------|---|-----------------|--|------------------------|-------------------------|
| 12/07/2023 | <p>Internal Audit Service - Progress Report</p> <p>Information requested on an update on Ref.1638, Debtors Action, which had been put on hold.</p> | 25/09/2024 | Action Closed. A quarterly finance report has been created and goes through Overview and Scrutiny. This consists of a comparison of quarterly debts and payments received. This results in weekly reminder runs, chaser e-mails and phone calls, and liaising with both internal and external customers. | Internal Audit Manager | Yes |
| 9/07/2024 | <p>Internal Audit Peer Review Challenge Actions - Update</p> <p>To receive a further update on actions at the next Committee meeting.</p> | 25/09/2024 | <p>There were four actions that were due to be completed/implemented from the LGA Peer Review.</p> <p>One of these actions has been completed and the other three are in progress. Details are in the attached document on 'LGA Peer Review actions - CGC Update September 2024'.</p> | Internal Audit Manager | No |
| 9/07/2024 | <p>Implementation of Internal Audit Actions</p> <p>Committee requested an update on the recruitment of Programme Manager.</p> | 25/09/2024 | Previous update still valid. Action part 1 completed by 31 October 2023 deadline. But progress now halted due to vacant Programme Manager post. Tasks are being | Internal Audit Manager | No |

CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT

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|------------|--|-----|--|---|----|
| | | | completed where possible within existing resource capabilities. Currently exploring external support to undertake a health check of the S106 process. | | |
| N/A | <p>Constitution Review Working Group</p> <p>Constitution Review Working Group appointed at Annual Council on 22 May 2024.</p> | N/A | <p>First meeting held on 18 July 2024. Working Group has discussed a number of areas for review and consideration which included the role of Shadow Cabinet Members.</p> <p>Next meeting scheduled 17 September 2024. Working Group will meet with representatives from the Association of Democratic Services Officers to discuss the Terms of Reference for the Review and the work programme.</p> | Elections & Democratic Services Manager | No |

LGA Peer Review Actions- CGC Update (September 2024)

There were four actions that were due to be completed/implemented from the LGA peer Review.

One of these actions has been completed and the other three are in progress. Their details are as follows:

1. Item 10 of the report- Conducting a risk maturity assessment would be a good way to provide advice and increase the chances that the risk register can be relied on for planning purposes as maturity increases. Risk Management Strategy was approved on 14th November, the risk maturity assessment can now commence. New Risk & Controls Officer recruited to fill the vacancy left by the previous officer's resignation. Risk register review work will commence with the Service Plan development.

The new risk and controls officer has been doing a report on the risk maturity assessment of different risks and controls across different areas of HDC. IAM had a discussion with the R&C officer and looked at the work done. It has been submitted by the R&C Officer to the Operations Director (People) for review and comments. The R&C officer has resigned from their role and shall be leaving HDC before the end of September 2024. The IAM is in the process of recruiting another R&C officer. Work is in Progress.

2. Item 13 of the report- The internal assessment to reference available evidence to support conformance for each standard in preparation for a full External Quality Assessment. The Council has a statutory duty to undertake an External Quality Assessment every five years. The internal assessment, and collection of evidence is the initial stage of this, to identify area of non-compliance.

BDO completed an EQA assessment and sent a report in July 2024 and the new IAM has sent an action plan to BDO in August 2024. (Action Completed on the EQA review. IAM working to implement actions coming from the EQA report).

3. Item 14 of the report- A detailed QAIP (quality assurance & improvement plan) to be developed shared and discussed with senior management and the CGC. QAIP to include;
 - Areas of all perceived partial conformance with PSIAS and LGAN with actions to develop into conformance with a timeframe and responsible officer allocated for each.
 - Team training requirements; covering areas of emerging risk such as climate, artificial intelligence, cyber security, culture, data analytics.

Performance metrics measured by the team with stretching targets to demonstrate a commitment to continuous improvement. These should be agreed with the CGC and Senior Management and reported at least annually.

This is one of the recommendations of the BDO EQA report and as part of the action plan the IAM is working on it. Work in Progress.

4. Internal Audit to continue to look for opportunities to carry out data analytics and invests in skills in this area for the future. In the meantime, the team can suggest data maturity enhancements in each area audited if full population testing cannot be carried

out. Following completion of the QAIP, the IAM to consider how these skills can be developed and implemented within the team.

The IAM has been in the process of introducing data analytics into the internal audits conducted by the internal audit team and has coached the internal audit team members on examples of data analytics and how they can be used in internal audits. An example is a recent 'code of procurement' audit concluded in September 2024, whereby a data analytics approach for testing purchase orders was used and came with some important findings and recommendations. Work is in Progress in this area.