



A meeting of the **CORPORATE GOVERNANCE COMMITTEE** will be held in **CIVIC SUITE (LANCASTER/STIRLING ROOMS), PATHFINDER HOUSE, ST MARY'S STREET, HUNTINGDON, CAMBS, PE29 3TN** on **WEDNESDAY, 24 SEPTEMBER 2025** at **7:00 PM** and you are requested to attend for the transaction of the following business:-

AGENDA

APOLOGIES

1. MINUTES (Pages 5 - 8)

To approve as a correct record the Minutes of the meeting of the Committee held on 9 July 2025.

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. CODE OF CONDUCT - ANNUAL UPDATE (Pages 9 - 12)

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**

4. ANNUAL COMPLAINTS AND FEEDBACK REPORT 2024/25 (Pages 13 - 32)

To receive a report providing information on complaints and compliments received by the Council between April 2024 – March 2025 and complaints referred to the LGO.

**Contact Officer: L Sboui
(01480) 388032**

5. ANNUAL REPORT ON HDC COMPLIANCE WITH THE INFORMATION RIGHTS ACT (FREEDOM OF INFORMATION ACT, ENVIRONMENTAL INFORMATION REGULATIONS AND UK GDPR) AND INFORMATION GOVERNANCE (Pages 33 - 42)

To receive a report providing an update on Information Governance activity and performance during 2024-25, and highlighting any issues encountered and actions to be undertaken to improve performance.

**Contact Officer: A Brown
07849700855**

6. CORPORATE RISK REGISTER (Pages 43 - 52)

To receive a report presenting the informs the approach and work undertaken on the Corporate Risk Register including the latest heat maps relating to the corporate risks.

**Contact Officer: S Jones
(01480) 388214**

7. INTERNAL AUDIT ACTIONS UPDATE (Pages 53 - 70)

To receive a report presenting an update of the work of the Internal Audit Service since the last meeting.

**Contact Officer: S Jones
(01480) 388214**

8. INTERNAL AUDIT UPDATE REPORT (Pages 71 - 86)

To receive a report setting out the current position with respect to implementation of actions arising from Internal Audit reports.

**Contact Officer: S Jones
(01480) 388214**

9. APPROVAL FOR THE PUBLICATION OF THE ANNUAL GOVERNANCE STATEMENT 2024 25 AND ANNUAL FINANCIAL REPORT 2024 25 (Pages 87 – 92, Appendices to follow)

To receive a report setting out the processes for finalising and publishing the Council's Annual Governance Statement (AGS) and Annual Financial Report (AFR) for 2024/25.

**Contact Officer: S Jones
(01480) 388214**

10. ANNUAL REPORT OF THE CORPORATE GOVERNANCE COMMITTEE (Pages 93 - 102)

To consider the Annual Report to Council in respect of the year ending March 2025 on the work that has been undertaken by the Corporate Governance Committee.

**Contact Officer: S Jones
(01480) 388214**

11. CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT (Pages 103 - 104)

To receive the Corporate Governance Committee Progress Report.

Contact Officer: Democratic Services - (01480) 388169

16 day of September 2025

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/Panel.

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.

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 Wednesday, 9 July 2025

PRESENT: Councillor D J Shaw – Vice-Chair.

Councillors J A Gray, P J Hodgson-Jones, I P Taylor, P Webb (Independent Member) and N Wells.

APOLOGY(IES): Apologies for absence from the meeting were submitted on behalf of Councillors M J Burke and A R Jennings.

11 MINUTES

The Minutes of the meeting of the Committee held on 18 June 2025 were approved as a correct record and signed by the Chair.

12 MEMBERS' INTERESTS

No declarations were received.

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

The Committee received a report (a copy of which is appended in the Minute Book) which provided details of the current level of returns by Town and Parish Councillors and by District Councillors. It also contained a breakdown of the adoption by Town and Parish Councils of Codes of Conduct.

The Committee noted the positive information in Appendix 1 to the report that the number of outstanding DPI forms was as little as 4. In response, the Elections and Democratic Services Manager praised the diligence of Democratic Services Member Development and Support Officer in chasing up Parish/Town Councils for up-to-date information and outstanding forms. A question was raised regarding what responsibility the Council had over the Parish/Town Councils who had chosen to adopt their own codes, in making sure those Codes were suitable, which she would take away and respond to the Committee.

Whereupon it was

RESOLVED

that the Committee considered and noted the report.

14 GLATTON AND CONINGTON COMMUNITY GOVERNANCE REVIEW

The Committee received a report (a copy of which is appended in the Minute Book) which provided an update on the Community Governance Review (CGR)

of Glatton and Conington Parishes following public consultation. The report also set out the outcome of the consultation with responses received and further guidance on the CGR process in order to assist the Committee in determining a way forward for final decision.

After the Elections and Democratic Services Manager set out the report, the Committee reached the conclusion that recommendation (a) in the report was a rational change, though noted it was a difficult decision.

Whereupon it was

RESOLVED

that the Committee recommended to Council the drafting of a Reorganisation of Community Governance Order for the amendment of the Parish boundaries between the Parishes of Glatton and Conington.

15 ANTI-FRAUD, BRIBERY AND CORRUPTION STRATEGY

The Committee received a report (a copy of which is appended in the Minute Book) which set out a revised Anti-Fraud, Bribery and Corruption Strategy which had been refreshed to take account of updated best practice in fraud prevention and legislative changes, including the introduction of the failure to prevent fraud offence. This new offence, effective from 1 September 2025, sought to hold large organisations to account if they benefitted from fraud, and was intended to encourage organisations to build a strong anti-fraud culture.

The Revenue and Benefits Manager set out the report and reminded the Committee that there was a Member briefing on Fraud which was to be held on 5 August, the invites of which had been sent out recently.

Whereupon it was

RESOLVED

that the Committee approved the Anti-Fraud, Bribery and Corruption Strategy 2025-2028 and associated action plan.

16 ANNUAL REVIEW OF FRAUD INVESTIGATION ACTIVITY

The Committee received a report (a copy of which is appended in the Minute Book) which provided a summary of the activity undertaken by the Council's Corporate Fraud Team in 2024/2025.

The Committee noted that although it was not referenced in the report, there had not been any cases of internal fraud being committed against the Council. The Revenue and Benefits Manager stated that such information could be added to future reports.

Whereupon it was

RESOLVED

that the Committee commented on the content of the report.

17 INTERNAL AUDIT ACTIONS UPDATE

The Committee received a report (a copy of which is appended in the Minute Book) which summarised the progress in implementing management actions arising from final internal audit reports. Implementation of the actions were the responsibility of the relevant managers with oversight from Corporate Leadership Team.

The Committee suggested that they would find it helpful if the action title captured the action summary, which the Corporate Director – Finance & Resources noted and explained that officers were learning how to use the system, which they had received training on from RSM and moving forward there would be further thought how to refine the report and elaborate accordingly for the Committee. Furthermore, the Committee requested that an appendix be included that gave me detail as to the high risk actions, noting that some of this information would need to be considered confidentially. The Corporate Director – Finance & Resources was happy to take that away, commenting that some actions may need to be considered confidentially, but the intention was to be as open and transparent as possible so she and the Monitoring Officer would look further and consider how much could be provided in the public domain and how much may need to be restricted.

Whereupon it was

RESOLVED

that the Committee commented on and noted the current position regarding actions arising from internal audit reports.

18 CORPORATE RISK REGISTER

The Committee received a report (a copy of which is appended in the Minute Book) which provided an update on the Corporate Risk Register, presented a heat map relating to the current residual risk scores and a summary report. It provided the Committee with the opportunity to comment on and offer challenge to the Corporate Leadership Team as part of the active management of risks.

The Corporate Director – Finance & Resources set out the report and by way of clarification confirmed that none of the scores had changed, hence the report did not set out any changes – this could be clarified explicitly in future. Further, she felt aligned with the Committees comments that they would expect to see a strategic transition around the Council's merge, ensuring that the risks identified were understood by the shadow authority in due course. Finally, she commented that following the publication of the report, there had been an advertisement for a new Risk Officer with candidates being interviewed the following week, which would help moving forward.

Whereupon it was

RESOLVED

that the Committee commented on the reports in the appendices and progress with risk management.

19 CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT

The Committee received and noted a report (a copy of which is appended in the Minute Book) on progress of actions in response to any decisions taken at previous meetings.

20 INTERNAL AUDIT UPDATE REPORT

The Committee received a report (a copy of which is appended in the Minute Book) which presented a summary of the work undertaken by the Internal Audit Service since the Committee last met in June 2025. RSM had prepared the update and were present in the meeting.

The Audit Manager - RSM set out the report with the addition of the Corporate Director – Finance & Resources clarifying that in terms of the High Priority Action around the Recruitment Policy, this was also on the Employment Committee Agenda which was to be published in the following week, for the Committees reassurance.

The Committee was pleased that although their previous meeting was recent, more action had taken place and things updated, which was a long way from the position around 12 months earlier. They commended officers for their hard work as well as RSM for their contribution.

Whereupon it was

RESOLVED

that the Committee commented on and noted the update on work undertaken by Internal Audit up to end of June 2025.

Chair

Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter:	Code of Conduct Complaints – Update
Meeting/Date:	Corporate Governance Committee – 24 September 2025
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
25/66	Parish Councillor	Complaint made against Parish Councillor alleging they breached standards 1 (respect), and 5 (disrepute)	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.
25/67	Town Councillor	Complaint made against Town Councillor alleging they breached standard 1 (respect)	Matter investigated after instruction from the Local Government & Social Care Ombudsman (LGO) and, in consultation with the Independent Person, determined no breach of the Code of Conduct and not in the public interest to investigate the

Case Number	District/ Town/Parish Councillor	Allegation/complaint	Outcome
			complaint. Complaint dismissed.
25/68	District Councillor	Complaint made against District Councillor alleging they breached standard 1 (respect)	Further request for information from complainant awaiting before final consideration of complaint.
25/69	District Councillor	Complaints made against District Councillor alleging they breached standard 1 (respect), 2 (bullying, harassment & discrimination), 3 (impartiality), 5 (disrepute) and 6 (use of position)	Matter currently under investigation.

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.

3.3 As a direct result of the outcome of complaint reference 25/67 set out above, the LGO considered a complaint by the complainant and the LGO undertook a review of the actions taken by the Council in relation to the complaint and this complaint was upheld that resulted in an apology being issued, together with training undertaken and the Monitoring Officer Protocol was amended to prevent the outsourcing of decisions on Members' Code of Conduct to the Town Council.

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

CONTACT OFFICER

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

Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Complaints and Compliments

Meeting/Date: Corporate Governance Committee

Executive Portfolio: Councillor Stephen Ferguson, Executive Councillor for Customer Services

Report by: Louise Sboui

Ward(s) affected: All

Executive Summary:

Huntingdonshire District Council is committed to a constant review of and improvements to the delivery of services for all of our customers. We value customer feedback to help us maintain and improve our services. Complaints, in particular are an important way for the Council to be accountable to the public, as well as providing valuable insight into our performance and we have processes in place to support our aim of becoming more effective at driving through change and improvements, as result of feedback. Appendices 3 and 4 provide examples of actions taken/service improvements arising from complaints.

The report provides Members with information on data relating to Stage One and Stage Two complaints received by the Council between April 2024 – March 2025.

There has been an increase in the number of Stage One complaints (224) compared to previous year (206). There has also been an increase in the number of Stage Two complaints (43) compared to previous year (33). An increase in complaints provide opportunities for improvements and may indicate increased awareness of the councils complaints process. Appendix 2 contains comparative data by year and appendices 3 and 4 contain information on complaint themes.

There has been an increase in the number of compliments received (217) compared to previous year (206). Appendix 5 provides detail on compliments by service area and themes.

The Report also provides data on complaints referred to the Local Government & Social Care Ombudsman (LGO) during 2024/25. 21 complaints were received by the LGO (17 Decided), one was investigated and upheld.

Recommendation(s):

The Committee is invited to note the data relating to formal Stage One and Stage Two complaints received (2024/25), compliments received and the LGO local authority report for Huntingdonshire District Council (2024/25).

1. PURPOSE OF THE REPORT

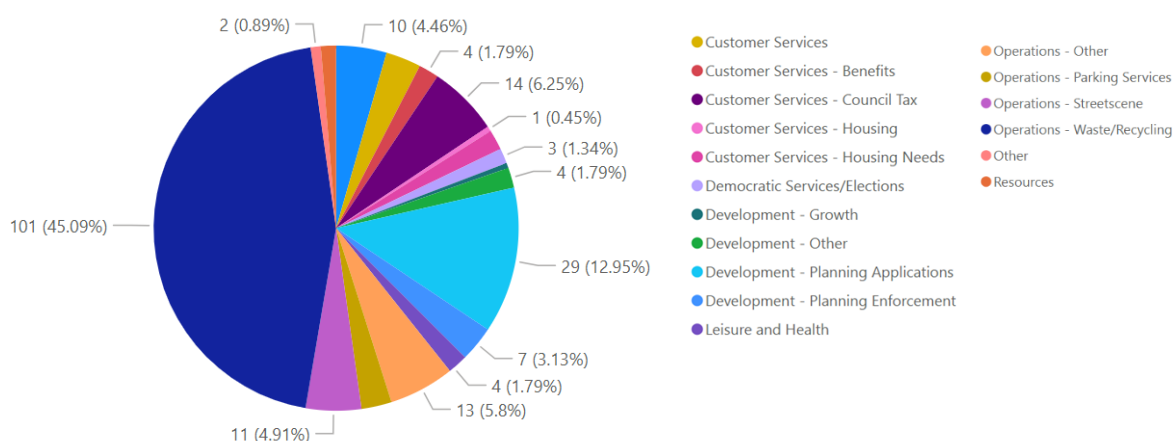
- 1.1 This report provides Members with information on complaints and compliments received by the Council between April 2024 – March 2025 and complaints referred to the LGO. Whilst this Report is produced on an annual basis for Members, complaints are monitored monthly through the Performance and Efficiency Board and the Corporate Leadership Team (Governance) receive a monthly more detailed update on complaints and compliments.

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

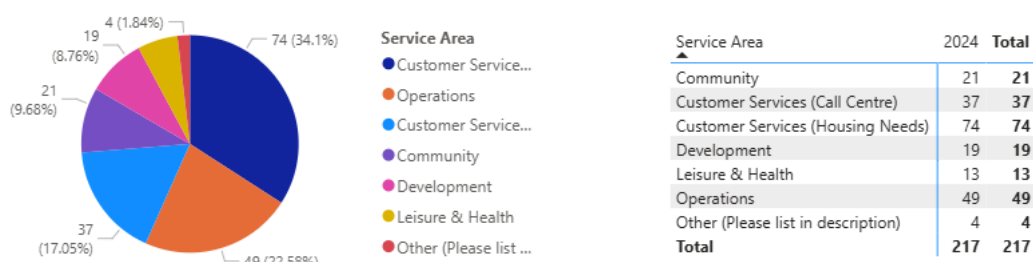
- 2.1 One of the purposes of this report is to provide Members with data relating to Stage One and Stage Two complaints and compliments received by Service area. The Council offers a two-stage process, if the customer remains dissatisfied after Stage One, they may escalate to Stage Two, for review by the relevant Senior Manager or a manager who is independent of the service that is the subject of the complaint. Customers are then signposted to the LGO.
- 2.2 A further purpose of this is report is to provide Members with data relating to the annual summary of statistics on complaints made to the LGO. The LGO statistics show complaints and enquiries received by service area and whether a decision was upheld, not upheld, advice given, closed after initial enquiry, incomplete/invalid, or referred back for local resolution.

3. OPTIONS CONSIDERED/ANALYSIS

- 3.1 The number of Stage One complaints recorded on Complaints Tracker (224) has increased from last year (206). 31 out of 224 complaints were broadly related to Garden Waste Service which was an additional/new service as compared to 2023-24.



The number of compliments recorded on Compliments Tracker (217) has increased from last year (206)



To provide context, for the Services with the higher number of complaints received, the higher volume customer transactions for these Services have also been indicated below:

- 131 complaints received by Operations, these related mainly to missed bins (*approx. 5.7 million bins collected per year, 99.93% collection rate*). The Garden Waste Subscription Service was introduced in April 24, a significant service change; which did result in additional complaints, approx. 31 complaints broadly related to garden bins.
- 41 complaints received by Development & Growth (29 relating to Development Management and 7 for Enforcement), these related mainly to delays in response or decision making or dissatisfaction with decision (*2794 planning decisions made, and 322 enforcement cases registered*)
- 30 complaints received by Customer Services (Customer Services includes a number of different services e.g., council tax, benefits, housing needs, and customer services/call centre), these related mainly to decisions about council tax, or how housing case handled (*Council Tax administered for 83,928 properties; live case load of 8,150 benefit claims*)
- 10 complaints received by Community these related to a mixture of issues around investigations or licensing issues
- 6 complaints received by Finance & Corporate Services, these related mainly to Estates management and Elections
- 2 complaints received relating to 'Other' (Building Control)
- 4 complaints received by Leisure & Health (*1,246,420 attendances*).

3.2 The number of Stage Two complaints (43) received has increased from last year (33). 13 of these related to Operations/Waste & Recycling and 10 of these related to Development/Planning Applications).

3.3 Summary of themes, actions taken/service improvements from Stage One and Stage Two complaints are included in Appendix 3 and 4.

3.4 Annual Performance monitoring:

- 94.2% of Stage One complaints were resolved within time against a target of 90%.
- 81.4% of Stage 2 complaints were resolved within time against a target of 90%.

43 Stage 2 complaints received, of which 8 were responded to late.

Late responses:

Planning – of a total 16 Stage 2 Complaints, five were responded to late (at the time there was a senior officer absence for Q3 & Q4).

Customer Services of a total of five Stage 2 complaints, one was responded to late (by one day).

Operations of a total of 16 Stage 2 complaints, two were responded to late.

Services have been reminded that extensions to timescales are possible and of the importance of updating customers where delays are unavoidable.

- 3.5 In 2024/25, the LGO received 21 complaints. Of these, 17 were reviewed and four did not move past the initial stage. Out of the 17 reviewed, one was fully investigated and upheld. The other 16 were either closed early (where a full investigation is not warranted), referred back for local resolution (typically because the complaint is considered premature) or found to be incomplete or invalid.

Detailed investigation - In summary:

- A Complaint about the Council's decision not to investigate a Code of Conduct complaint made against a town councillor. The LGO found the Council at fault for not considering the complaint, because the arrangements it had in place did not fulfil legal requirements. This caused the complainant avoidable frustration. The Council agreed to apologise, assess the Code of Conduct complaint, and make service improvements.

- 3.6 The Local Government Ombudsman (LGO) has launched a new interactive tool called "[Your Council's Performance](#)", which provides access to decisions made on all cases involving the LGO. For comparative data with neighbouring authorities, please refer to Appendix 6.

- 3.7 Unreasonable Complainants

One customer continues to be managed under the Council's Unreasonable Complainant Behaviour Policy; with a single point of contact at HDC; and we are continuing to manage the case in a way that does not entail a disproportionate amount of time at the expense of other residents.

- 3.8 There are occasions where complaints and Freedom of Information (FOI) requests are intertwined. Customer complaints may include an FOI request that fall within scope of the Freedom of Information Act (FOIA) 2000 or the UK General Data Protection Regulation (UK GDPR). Or information received following an FOI may be used within a complaint. While they follow separate processes it should be recognised that there can be crossover as customers use both processes to address their complaint. This can, in some cases, contribute to the failure to meet the councils deadlines for a response.

4. KEY IMPACTS / RISKS

- 4.1 With complaints, there is always a risk that we do not record all the complaints we receive and so do not have the full picture or identify trends. There will also be risks arising from the complaints themselves such as financial, operational, legal, and reputational implications resulting from fault.
- 4.2 The majority of complaints are now being received via the online form. As

a result of improved online processes and content, we continue to see a significant reduction in complaints about issues that are not within HDC remit (e.g., private facilities, Highways, Town Council) with customers being redirected to the correct organisation from the website. Four recorded non HDC complaints received 2024/25.

- 4.3 The Council's internal monitoring and recording system for complaints (Complaints Tracker) continues to provide a significant aid to improving how complaints are both recorded/monitored and handled on time. The system sends deadline reminders to Officers, who have reported it as a helpful function.
- 4.4 Where possible, the identification of lessons learnt and service improvements as a result of complaints by Service area (you said – we did) has been reflected in Appendix 3 and 4 below. A complaint is generally upheld where fault is found, an apology is always provided but where appropriate, actions/service improvements are made to ensure the customer does not experience the issue again. Of the 224 complaints received, 95 (42%) were upheld and data indicates that there were approx. 73 specific actions taken to address faults. Highlights include – site visits, property allocated to specific crew, assisted collection offered, maps/reminders to crews, introduction of additional collection point, systems updated, website updated, staff training and reminders, processes reviewed, weekly checks.
- 4.5 Complaints are just one aspect of customer feedback, it is important that we also record, monitor and report upon compliments, 217 were received in 2024/25. 206 were received in 2023/24 (see Appendix 5). Primarily Housing, Operations and the Call Centre received most compliments, but compliments also received for Planning, Community and Leisure.
- 4.6 Work will continue on development of the process to demonstrate evidence on how complaints lead to service improvements alongside continued staff guidance and training.
- 4.7 The Local Government and Social Care Ombudsman (LGO) have introduced a new [Complaints Handling Code](#) which will need to be in place by April 2026. The Code is issued under the Ombudsman's power to issue guidance; this means councils are expected to follow the Code unless there are good reasons not to. Work is currently being undertaken to review gaps with HDC's current complaints handling policy and processes to ensure compliance with the new Code. There is a specific [Guide for Members responsible for complaints: Effective scrutiny of complaint systems](#) which sets out the role and key part Members play in the overall accountability and governance of complaints data and trends.

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

[See Corporate Plan](#)

- 5.1 Complaints handling links to the following Priority within the

Corporate Plan – Doing our core work well. Delivering good quality, high value-for-money services with good control and compliance with statutory obligations.

- 5.2 In August 2025, an internal audit of complaints and compliments was carried out. The objective was to review whether complaints and compliments are handled appropriately and in line with guidance. Whether complaints and compliments are acknowledged, shared with service areas and responded to in line with agreed timeframes, with themes identified and monitored. Outcomes from this review are currently being considered.

6. REASONS FOR THE RECOMMENDED DECISIONS

- 6.1 Members are invited to note the LGO Local Authority Report for Huntingdonshire District Council and note the data relating to Stage One and Stage Two complaints and compliments received by the Council.

7. LIST OF APPENDICES INCLUDED

Appendix 1	LGO statistics for HDC
Appendix 2	HDC recorded complaints by Service
Appendix 3	Complaints – Stage 1 themes/actions taken/service improvements
Appendix 4	Complaints – Stage 2 themes/actions taken/service improvements
Appendix 5	Compliments
Appendix 6	LGO statistics – neighbouring authority comparison

CONTACT OFFICER

Name: Louise Sboui
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Appendix 1

LGO Local Authority Report – Huntingdonshire District Council

Complaints and Enquiries Received (by Category) 2024/25

HDC	Benefits and Tax	Corporate and Other Services	Environment Services, Public Protection and Regulation	Planning and Development	Housing	Highways and Transport	Adult Care Services*	Total
2024/25	2	1	8	8	1	1	0	21
2023/24	3	2	4	9	1	0	0	19

Complaints and Enquiries Decided (by Outcome) 2024/25

HDC	Upheld	Not upheld	Advice given	Closed after initial enquiry	Incomplete/invalid	Referred back for local resolution	Total	Uphold rate* (%)	Average uphold rate (%) of similar authorities**
2024/25	1	0	0	10	2	4	17	100%	66%
2023/24	1	2	0	12	0	6	21	33%	63%

A number of cases will have been received and decided in different business years; this means the number of complaints and enquiries received will not always match the number of decisions made. The LGO have made changes to the way data is presented; retaining the existing statistics (uphold rate, satisfactory remedies provided by the authority, compliance rate) switch of emphasis from percentages to numbers. *e.g. whether the Council had provided a satisfactory remedy before the complaint reached the Ombudsman.**In 2022-23 they also changed the investigation processes, contributing towards an increase in the average uphold rate across all complaints. **Consider comparing individual council uphold rates against the average rate rather than against previous years.**

Appendix 2 - HDC Recorded Complaints by Service April 2024 – March 2025

Service	Stage One		Stage Two		Total		LGO investigations	
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
Community*	13	10	3	3	16	13		
Customer Services**	28	30	3	6	31	36	1	
Development & Growth***	50	41	10	16	60	57	2	
Operations	98	131	15	16	113	147		
Finance & Resources	5	6	1	1	6	7		1
Leisure and Health	10	4	1	1	11	5		
Shared Services****	0	2	0	0	0	2		
Other (cross cutting)	2	0	0	0	2	0		
Total	206	224	33	43	239	267	3	1

*Community includes environmental health, community protection and enforcement, licensing.

**Customer Services includes a number of different services e.g., council tax, benefits, housing needs, and customer services/call centre, Fraud.

*** includes Growth (Housing/Regeneration). ****3CICT/building control. ***** S2 reporting amended to ensure data includes all S2 received in financial year even if S1 received in previous financial year.

Appendix 3 - 2024/2025 Stage One complaints - summary of themes and actions taken/service improvements (224)

Service	Themes	Actions taken/service improvements
Operations (131) Upheld - 63 Not upheld - 27 Partially upheld – 11	Waste/recycling (101) <ul style="list-style-type: none"> • Missed bin • Missed bins (assisted collection) • Garden bin subscription related • Return of bins after collection • Contaminated/rejected bins • Crew behaviour • Damage to property • Bulky waste process • Bin replacement 	Reminder/instruction to crews Monitoring of collection Amended advice to customers re Sat collections. Process amended to improve notes between Ops and Customer Services Updating of information on website Site visits by manager System error reported to supplier Collection point moved Liaison with Insurance Offer to amend payment data Advice to customer Map, memo and advice to crew Offer of assisted collection Process improvements for payment collection System improvements for garden bin process
Upheld - 5 Not upheld – 4 Partially upheld – 1 Non-HDC - 1	Street scene (11) <ul style="list-style-type: none"> • Damage to property • Delay in carrying out maintenance • Damage to grassed area • Maintenance of grassed area 	Reminder to team re communication with residents Improvements in street cleansing schedules
Upheld - 2 Not upheld - 4	Parking (6) <ul style="list-style-type: none"> • Parking fine • Issues with parking machine • Signage at car park • Use of car parks at One Leisure 	Planned collaboration with One Leisure Refund issued
Upheld - 4 Not upheld - 5 Partially upheld – 4	Other (13) <ul style="list-style-type: none"> • Faulty lift • Issue regarding market trader • Maintenance of water course • DD process for garden bins 	Improvements made by maintenance company, regular review of contractor, weekly checks of lifts Site visit, liaison with resident

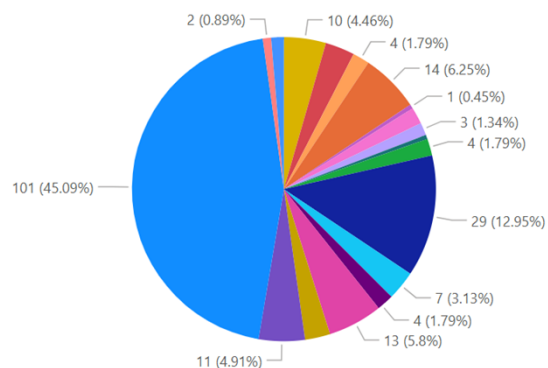
Service	Themes	Actions taken/service improvements
	<ul style="list-style-type: none"> Disturbance to wildlife during hedge maintenance Impact on market traders during improvements works Damage caused by trees Delay in transfer of asset Injury caused by equipment Issues with Alternative Land Management 	Refund of market fees Arrangement made for removal of tree limb Liaison with legal team, process reviewed Equipment repaired
Development & Growth (41) Not upheld - 1 Not upheld - 4 Upheld - 10 Not upheld - 11 Partially upheld – 8 Not upheld - 6 Partially upheld – 1	Growth (1) <ul style="list-style-type: none"> Issues relating to CIL and Town Council Development Other (4) <ul style="list-style-type: none"> Dissatisfaction with Planning Decision Issues relating to tree felling licence Issues relating to enforcement and noise nuisance Issues relating to hedges Planning applications (29): <ul style="list-style-type: none"> Delays in response Delays in decision making Dissatisfied with decision Dissatisfied with response Planning Enforcement (7) <ul style="list-style-type: none"> Way cases handled Delays in response Complaint about staff member 	 Refund issued, process reviewed, weekly review meeting Reminders to team re communication with applicants/consultees, management of expectation Staff training/staff reminders TPO reports now published Amended wording in Condition letters to make issues clearer for applicants

Service	Themes	Actions taken/service improvements
Customer Services (30) Upheld – 4 Not upheld – 2 Partially upheld - 1	Customer Services (7) <ul style="list-style-type: none"> Length of time waiting at reception Call waiting time Dissatisfaction with signposting options Refusal of access to back-office area Misinformation from advisor about garden bin subscription (X 2) Misinformation from advisor about council tax 	<p>Discussion with team re customer experience Call waiting times continually monitored</p> <p>Review of procedures and reminder to all staff re access badges, reissue of guidance to all staff Training adjustment Review of process Refresher training, message re timings amended to make it clearer</p>
Upheld - 1 Not upheld – 2 Partially upheld - 1	Benefits (4) <ul style="list-style-type: none"> Benefits claim correspondence Delay in response to appeal Dissatisfaction with Benefits Decision Dissatisfaction with Council Tax support Decision 	<p>Staff reminder Review of current processes to improve customer expectations, including review of the website information regarding appeals and producing an appeals acknowledgement letter Discretionary support offered</p>
Not upheld - 12 Partially upheld – 2	Council Tax (14): <ul style="list-style-type: none"> Use of enforcement agents Outcome from Valuation Office Agency Council Tax/Business Rates liability Failure to address queries Council Tax liability and eligibility for Council Tax support Council Tax reminder Summons (X 3) How account handled following death of family member Council Tax payment options (X 2) Use of council Tax Premium Council Tax liability 	<p>Offer to spread instalments, advice to staff member Detailed explanation provided Summons removed and DD payment option offered Discretionary hardship application offered</p>

Service	Themes	Actions taken/service improvements
Partially Upheld - 2 Not upheld - 3	Housing Needs (5) <ul style="list-style-type: none"> Issues relating to temporary accommodation (X 2) Emergency housing options Issues relating to Home Link application Issues relating to process for validating homelessness 	Apology for delay in response Reminder to staff about information that should be included in correspondence Reminder to staff about ensuring customers aware of personal details needed to be provided to accommodation provider
Community (10) Upheld - 1 Not upheld – 5 Partially upheld - 4	<ul style="list-style-type: none"> Way ASB complaints handled Way Environmental Health complaint handled Way in which license application handled Delays in response Way in which noise nuisance complaint handled Way in which noise & odour complaint handled Complaint about employee behaviour Delays in handling Disabled Facility Grant Disagreement with Licensing Decision 	Reminder to team to ensure communication and response times are met Process reviewed; website updated Priority offer of recording equipment Reminder to team to ensure communication and response times are met Advice and reminder to staff Offer to undertake further monitoring Discussion with Team / Officer on ensuring expectations are better managed
Leisure and Health (4) Upheld - 2 Not upheld - 1 Partially upheld - 1	<ul style="list-style-type: none"> Accessibility within the gym Booking system Condition of changing rooms Complaint about staff member 	Gym kit layout discussed with supplier Case management system corrected Monitoring of facilities Regular review of teaching standards
Finance and Corporate Services (6) Insurance, Estates, Elections Finance Upheld - 2 Not upheld – 4	Insurance (1) <ul style="list-style-type: none"> Delays in response Estates (1) <ul style="list-style-type: none"> Retention of deposit Elections (3) <ul style="list-style-type: none"> Registration after deadline Postal votes Ballot papers Finance (1) <ul style="list-style-type: none"> Incorrect rental payments 	Updated confirmation letter template to ensure that electors understand the legal deadlines for registration Double checking of accounts, process in place to ensure to repeat of issue

Service	Themes	Actions taken/service improvements
Other (2) Upheld – 1 Partially upheld - 1	Building Control (2) <ul style="list-style-type: none"> Delays in response 	Process reviews, training, implementing quality assurance

S1



Higher level complaints themes:

- Dissatisfaction with council employee behaviour – 12
- Dissatisfaction with site facilities – 8
- Dissatisfaction with customer service received – 146
- Failure to respond – 22
- Other - 36

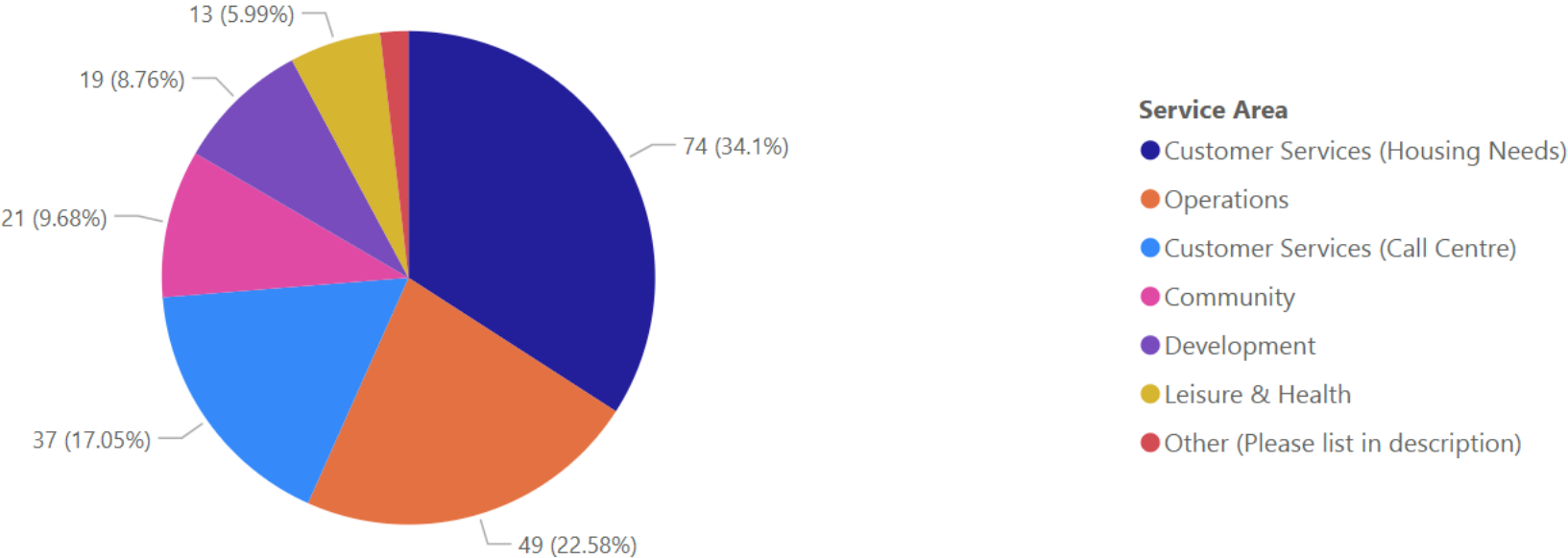
Appendix 4 - 2024/25 Stage Two complaints – summary of themes and actions taken/service improvements (43)

Service	Themes	Actions taken/service improvements
Development & Growth (16) Not upheld - 8 Partially upheld – 2 Not upheld – 4 Not upheld - 2	Planning Applications (10): <ul style="list-style-type: none"> Way planning application handled Dissatisfaction with decision Delays in decision How neighbour objections considered Planning Enforcement (4): <ul style="list-style-type: none"> Way in which planning enforcement case handled Complaint about staff member Development/Other (2) <ul style="list-style-type: none"> Way in which planning enforcement/noise nuisance case handled Reinstatement of hedging 	Opportunity to provide further clarity New systems to be put in place to ensure that any accepted amendments are uploaded and made public (regardless of assessment of 'material' or otherwise) Opportunity to provide further clarity
Operations (16) Partially upheld (2) Not upheld - 1 Upheld - 2 Not upheld – 6 Partially upheld - 5	Ops/Other (2) <ul style="list-style-type: none"> Grounds maintenance issues Market stall issue Street scene (1) <ul style="list-style-type: none"> Grounds maintenance issues Waste/recycling (13) <ul style="list-style-type: none"> Missed bins Return of bins to collection point Garden waste subscription service Crew behaviour 	Opportunity to provide further clarity Review of process Opportunity to provide further clarity Telephone call with customers Opportunity to provide further clarity Amendment to route plans and crew guidance Liaison with external agencies Monitoring, site visits and guidance for crews
Customer Services (6) Not upheld (1) Upheld (1)	Customer Services (2) <ul style="list-style-type: none"> How customer handled at reception/flooding issues Information regarding garden bins 	Refund offered

Service	Themes	Actions taken/service improvements
Upheld - 1 Not upheld – 2	Council Tax (3) <ul style="list-style-type: none"> Decision regarding council tax premium Dissatisfaction with address used for correspondence Decision about council tax liability 	Reassurance re payment plan & advice to team re importance of updating account details Further clarity provided to customer
Partially upheld - 1	Benefits (1) <ul style="list-style-type: none"> Lack of communication 	Opportunity to provide further clarity, apology for miscommunication and review of discretionary housing payment application.
Community (3) Not upheld – 1 Partially upheld - 2	Environmental Health: <ul style="list-style-type: none"> Licensing decision Way noise nuisance complaints handled 	Opportunity to provide further clarity Offer of noise nuisance recording again to assist with on-going issue Case review
Leisure and Health (1) Not upheld - 1	Leasing issue	
Finance and Corporate Services (1) Not upheld - 1	Estates (1) <ul style="list-style-type: none"> Condition of unit/deposit 	Opportunity to provide further clarity

Appendix 5 - Compliments

COMPLIMENTS BY SERVICE



2024 indicates Corporate year 2024/2025

Service Area	2024	Total	2024/25	2023/24
Community	21	21	217 Compliments	206 Compliments
Customer Services (Call Centre)	37	37	224 complaints	206 complaints
Customer Services (Housing Needs)	74	74	<div>Staff compliments staff on:<ul style="list-style-type: none">to guide customers through difficult situations with empathy and problem-solvinggiving support to those experiencing homelessness and complex personal struggleseffort and dedication towards preventing homelessnesssupport for care leaverssupport with resolving debt issues</div>	
Development	19	19		
Leisure & Health	13	13		
Operations	49	49		
Other (Please list in description)	4	4		
Total	217	217		

	<ul style="list-style-type: none"> • Support for people experiencing domestic violence • Partnership working to resolve issues around housing needs for clients.
Operations (49)	<p>Residents complimented staff on the:</p> <ul style="list-style-type: none"> • Great job clearing verges • Hard work and skills of refuse/recycling crews • Kindness shown when returning bins • Professionalism and politeness shown by crew • Great job done by road sweeper and street cleansers • Prompt removal of fly tipping • Kindness and flexibility shown by bulky waste collection crew • Speed in which missed bins collected and fallen tree removed.
Customer Services/Call Centre (37)	<p>Residents complimented staff on:</p> <ul style="list-style-type: none"> • Assistance in getting council tax query resolved • Assistance in arranging assisted collection • Showing compassion and support when customers are going through hardship • Support when using online forms was a barrier • Support to link account to online portal • Support for ordering additional bin • Positive customer experience when providing housing advice • Skills at calming tense situations and reassuring customers.
Community (21)	<p>Residents complimented staff on:</p> <ul style="list-style-type: none"> • Appreciation for guidance and professionalism during an inspection • Prompt removal of fly tipping and updates • Resident felt listened to and supported during a tough time • Problem solving and proactive support to resolve anti-social behaviour and noise nuisance • Support during licensing process • Prompt response to queries and processing of licensing application.
Development (19)	<p>Residents complimented staff on:</p> <ul style="list-style-type: none"> • Put us at ease with a professional yet friendly approach, and gave valuable time and guidance • Kind and supportive team, felt heard and understood

	<ul style="list-style-type: none"> • Their can-do attitude and practical approach turned a complex application into something achievable, offering clear solutions to the challenges we faced • Speedy response and great service • Team members were thorough and gave residents a clear, helpful update • The customer thanked the officer for their support and reassurance during a difficult time. They said the outcome restored their trust in local government and the process.
Leisure & Health (13)	<p>Residents complimented staff on:</p> <ul style="list-style-type: none"> • Motivation and support • A brilliant job building strong relationships with the children • Created a fun, engaging and learning environment • How good the country park looked and how well managed it is • In-depth understanding of the park and its habitats.
Other (4)	Compliments around gratitude for park facilities, flower beds and staff kindness.

Appendix 6 LGO Neighbouring Authority Statistics

Cambridgeshire Councils	Detailed investigations decided (by outcome) 2024/25	Uphold rate <i>Average uphold rate (decisions per 100,000 residents).</i>	Complaints and enquiries (Decided)
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	Not upheld	Upheld		2024/25
Huntingdonshire (*population 180,800)	0	1	0.5% (1.1)	17
South Cambridgeshire (*population 162,000)	0	1	0.6 (1.1)	10
Cambridge City (population 145,700)	0	0	N/A	15
Fenland (*population 102,500)	2	0	0% (1.1)	11
East Cambridgeshire (*population 87,700)	0	1	0% (1.1)	7
Cambridgeshire County Council	5	18	2.6% (5.3)	79

A number of cases will have been received and decided in different business years; this means the number of complaints and enquiries received will not always match the number of decisions made.

In 2022-23 the LGO changed their investigation processes, contributing towards an increase in the average uphold rate across all complaints, therefore advisable to consider comparing individual council uphold rates against the average rate rather than against previous years. * [Cambridgeshire Insight – Population – Census 2021 – First Results](#)

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HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Annual Report on HDC Compliance with the Information Rights Acts (Freedom of Information Act, Environmental Information Regulations and UK GDPR) and Information Governance

Meeting/Date: Corporate Governance Committee - 24 September 2025

Executive Portfolio: Executive Councillor for Resident Services and Corporate Performance

Report by: Information Governance Manager & Data Protection Officer

Ward(s) affected: All Ward(s)

Executive Summary:

The Information Governance Service for Huntingdonshire District Council (HDC) is currently provided by 3C ICT Shared Service hosted by Huntingdonshire District Council. This also serves South Cambridgeshire District Council and Cambridge City Council.

The Information Governance (IG) Team leads on:

- data protection compliance advice,
- information and records management advice, and
- information requests under the Freedom of Information Act 2000, (FOIA) the Environmental Information Regulations (EIR) the Data Protection Act 2018 and the UK GDPR.

The team is led by the Information Governance Manager who is also the Data Protection Officer for the three councils.

This is an annual report on the Council's compliance with the Freedom of Information Act 2000 and Environmental Information Regulations 2004.

This report also includes the Councils performance regarding protecting personal data and covers the period April 2024 to March 2025.

The number of requests received by the Council in 2024-25 was 520; a decrease on the previous year's total of 642 (a 19% decrease).

Recommendation(s):

Corporate Governance Committee is asked to note the contents of this report.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide an update on Information Governance activity and performance during 2024-25; and highlight any issues encountered and actions to be undertaken to improve performance.
- 1.2 It provides:
 - An overview of the current arrangements in place to monitor the Information Governance at the Council including Data Protection Compliance and Information Security / Cyber Security Compliance.
 - An update on performance relating to:
 - Freedom of Information Act (FOIA) / Environmental Information Regulations (EIR) Requests
 - Data Subject Rights Requests
 - Personal Data Breaches

2. BACKGROUND

- 2.1 Information is a vital asset and needs to be managed securely by the council. Appropriate policies, guidance, accountability, and structures must be in place to manage the council's information legally, securely, and effectively to minimise risk to the public and staff and to protect its finances and assets. This aligns with Priority 3 of the Corporate Plan, Delivering good-quality, high value-for-money services with good control and compliance with statutory obligations.
- 2.2 Information Governance describes the holistic approach to managing information. This includes access to information, data quality, information management, information security and information sharing, data privacy and data protection and other relevant information law compliance, including but not limited to the Freedom of Information Act, the Data Protection Act/UK GDPR, the Environmental Information Regulations, Privacy in Electronic Communications Regulations

3. ORGANISATIONAL ARRANGEMENTS

- 3.1 The Information Governance Service for Cambridge City Council, South Cambridgeshire District Council and Huntingdonshire District Council is currently provided by 3C ICT Shared service hosted by Huntingdonshire District Council. The Information Governance Team leads on Information Requests, Data Protection Compliance, Data Privacy and provide additional advice around Information Management; whilst the 3C ICT Cyber and Information Security Team provide support on Information Security.
- 3.2 The Information Governance Team consists of six members:

- The Data Protection Officer (DPO)/Information Governance Manager, manages and oversees the service, and provides specialist advice on complex matters around data protection and information management for all three councils.
 - The Deputy Data Protection Officer provides cover and supports the team in the absence of the DPO and is also responsible for the information asset registers for the three councils and supports the Information Management Officers.
 - The Requests Manager who leads the information requests and transparency functions for the team. The Requests Manager provides specialist advice and guidance to staff and Members on FOIA and EIR.
 - Information Management Officers who support the Information Governance Officers with complex information requests and also provide advice and guidance to the councils' internal departments on matters relating to data sharing, data protection impact assessment and personal data incident investigations.
 - Two part time Information Governance Officers who manage incoming information requests and coordinate internal requests for support around personal data incidents/breaches, advice on data sharing and data protection impact assessments/contract reviews.
- 3.3 As this is a shared service, the Data Protection Officer (DPO) is the statutory DPO for all three authorities.
- 3.4 A Joint Information Governance and Security Board was established in April 2023. The Board is made up of representatives of HDC, SCDC and Cambridge City Councils to ensure that the three councils work together to ensure good information security and governance. The Joint Information Governance and Security Board monitors and is responsible for ensuring that the council meets the compliance obligations of relevant information law.
- 3.5 Terms of reference for the Joint Information and Security Board were reviewed and agreed in October 2024.
- 3.6 The Joint Information Governance and Security Board meets quarterly and last met in April 2025.

4. DATA PROTECTION COMPLIANCE

- 4.1 Compliance against the obligations of the Data Protection Act and UK GDPR are monitored in line with the [ICO's Accountability Framework](#).
- 4.2 The ICO's Accountability Framework has been expanded, where appropriate, to consider the other information law regimes that come under the remit of the 3C ICT Information Governance service which are

- Freedom of Information Act (FOIA), and
 - Environmental Information Regulations (EIR).
- 4.3 The Information Governance Team work against identified risks and issues in the Accountability Framework, against the main areas of
- Contracts and Data Sharing
 - Individual's Rights
 - Leadership and Oversight
 - Policies and Procedures
 - Risk and DPIA
 - Lawful Basis and Records of Processing Activity (ROPA)
 - Training and Awareness
 - Transparency
- 4.4 Updates to monitor the status and progress of the plan are provided to the Joint Information Governance and Security Board on a quarterly basis.
- 4.5 There have been no new policies introduced this year with all previous outstanding policies for Information Governance and Security now up to date and within a review cycle. Work is now ongoing to align policies to a standardised policy framework for Information Security
- 4.6 Policies reviewed in 2024-25
- Generative AI Policy
 - Internal Review Policy
 - Information Governance Framework
 - Information Management Policy
 - Information Security Policy

5. INFORMATION SECURITY COMPLIANCE

- 5.1 Cyber security remains vital for everyday operations and regular business processes. The council must keep systems that are secure and reliable, so that residents, public users, and partner agencies can trust them to connect systems and share information and data across various platforms.
- 5.2 Following from recommendations from the Department for Levelling Up, Housing and Communities (DLUHC) last year the Cyber and Information Security Team have expanded and taken on a new member of staff. This, along with additional measures such as continuous vulnerability

management, and a focus on vulnerability patching have improved the cyber security posture of the Council.

- 5.3 The approach of the Cyber and Information Security Team is to follow the principles of the NCSC Cyber Assessment Framework (CAF) and 10 Steps to Cyber Security. The service reports into the Joint Information and Security Board on a quarterly basis, with a detailed report against high and medium cyber security risks.
- 5.4 The Joint Information and Security Board also receive a quarterly report on cyber security incidents. The number and cause of incidents are given in the table below.

Cause of incident	Number of incidents
Malware	1
Anti-virus disabled	1
Supply chain phishing	1

Table 1: Cyber security incidents 2024-25

- 5.5 In each case action was taken to contain the incident and additional monitoring was applied to affected accounts and devices to provide assurance that no malicious activity has occurred. In the case of anti-virus being disabled this was identified due to additional controls being put in place by the Cyber and Information Security Team.
- 5.6 Simulated Phishing Campaigns.
- Phishing is the practice of sending emails that appear to be from a reputable source but are sent by a malicious actor. It is estimated that around 80% of all security incidents start with email-based phishing, and due to the success of this strategy, the number and sophistication of these attacks is rapidly increasing.
- 5.7 In order to gain visibility into the risk specific to the council, raise user awareness, and improve user capability to detect and appropriately handle Phishing emails, 3C ICT use “Simulated Phishing Campaigns” which involves sending realistic but safe Phishing emails to users on a regular basis. These campaigns have been running over the course of 2024-25, and the results reported to the Joint Information and Security Board.
- 5.8 Over the course of 2024-25 user awareness has improved, as evidenced by a decrease in the number of phishing e mails that have been opened, as well as an increase in the number reported. Remedial training is targeted at those staff who engage with these e mails.
- 5.9 Simulated phishing exercises are only one of several mitigations the Council has in place to reduce the risk posed by phishing, including e mail security, antivirus and firewalls.

6. DATA PROTECTION – REQUEST PERFORMANCE

- 6.1 The Data Protection Act 2018 is the UK's implementation of the General Data Protection Regulations (GDPR). Data protection is concerned with personal data about individuals rather than general information.
- 6.2 The Information Governance Team coordinate requests relating to individuals' rights such as right to request access to the personal data the Council holds, right to erasure, right to rectification as well as third party requests for personal data such as from the Police or to prevent or detect fraud.
- 6.3 Individual rights requests must be responded to within a month. Individual requests made during the year were as follows:

Category	Received	Compliance with time frame (30 Days)
Data Rights Requests (including SAR, erasure and rectification requests)	28	20
SAR Complaints	1	1
Disclosure for Crime and taxation purposes	19	19
Disclosure for Legal purposes	1	1

Table 2: Data Protection requests 2024-25

- 6.4 Whilst not required by the Data Protection Act, it is best practice to provide a review stage to personal information rights requests. As with requests made under FOIA or EIR this allows the Council the opportunity to review its handling of the request and to consider any appeals that the requester has made in relation to their request. The Council had one complaint relating to Data Protection Rights this year.
- 6.5 Requesters also have a right to complaint to the ICO in their capacity as the regulator. The Council did not receive any complaints relating to Data Protection from the regulator this year.

7. PERSONAL DATA INCIDENTS AND BREACHES

- 7.1 The guidance on notification of data breaches under the Data Protection Act / GDPR is that if a breach or incident is likely to result in high risk to the rights and freedoms of individuals, the Council must inform the ICO within 72 hours of becoming aware of the issue. If it's likely to result in high risk to rights and freedoms of individuals, the Council has a lawful duty to inform the individuals without undue delay.

- 7.2 As result, the Information Governance team have established a framework to ensure that each reported incident is assessed for:
- The potential detriment and adverse effect to the data subject. This includes emotional distress and information about the private aspects of a person's life becoming known to others.
 - The extent of detriment, which could depend on the volume of the data and its sensitivity.

The assessment is carried out by a member of the Information Governance team when an incident is reported by a Service Area.

- 7.3 All incidents relating to personal data are logged to identify any trends, with the view to establish if any mitigations need to be put into place to prevent likely recurrence. Mitigations could include requiring additional training, reviewing current processes, or issuing advice or briefing notes.

	Incidents/breaches	Reported to ICO
2020-21	11	0
2021-22	25	2
2022-23	27	0
2023-24	20	1
2024-25	30	1

Table 3: Personal data incidents 2020-2025

- 7.4 30 incidents were reported in 2024-25, an increase in the number of incidents from last year. A breakdown of these is as follows:

Type of Incident (Category)	Number
Personal details inappropriately disclosed (e.g. via email or post)	27
Lost or stolen hardware	1
Unauthorised access or disclosure	1
Uploaded to website in error	1

Table 4: Categories of personal data incidents 2024-25

- 7.5 In all instances, immediate steps were taken by officers to mitigate the incident, once known. Examples included contacting incorrect receiver of emails from the recipients of the email and those affected and removing documents from the Council's website.
- 7.6 One incident in 2024-25 was assessed to be of a severity to report to the Information Commissioner's Office (ICO). The Information Governance team worked with the affected service to review the circumstances of the incident, and to identify mitigating actions to be taken by the service to prevent a similar breach occurring in the future. The ICO did not take any further action against the Council and has closed the case.
- 7.7 A quarterly update on incidents is provided to the SIRO to ensure visibility and ensure any improvements needed are discussed and followed through as appropriate. Where relevant learning from

breaches/incidents/near misses is also shared across the three councils to minimise the risk of further occurrence.

- 7.8 The information Governance Team have published a series of guidance documents, including a number of data protection topics as well as how to identify and report a data breach this year. Additional training and support are also provided to services where repeat incidents occur identify and eliminate root causes of these incidents.

8. FREEDOM OF INFORMATION / ENVIRONMENTAL INFORMATION REQUESTS

- 8.1 The public has the right of access to information held by the Council under the Freedom of Information Act. The Freedom of Information Act (FOIA) works alongside the Environmental Information Regulations (EIR).
- 8.2 Requests for information that are not dealt with as part of the day-to-day business of the Council should be considered as Freedom of Information requests.
- 8.3 3C ICT Information Governance oversees the request management system for handling information requests. Ownership of the response to these requests is placed on service areas by means of key responders and champions being designated and responsible for ensuring their service responds within the legal timeframe of 20 working days. An Information Governance Officer coordinates all formal requests and allocates specialist support from the Information Governance team where service areas require this.
- 8.4 In 2024-25 (Apr – Mar) the council received a total of 520 requests under FOIA and EIR. This represents a 19% decrease in the number of requests received in the previous year and is close to the number of requests received in 2020.

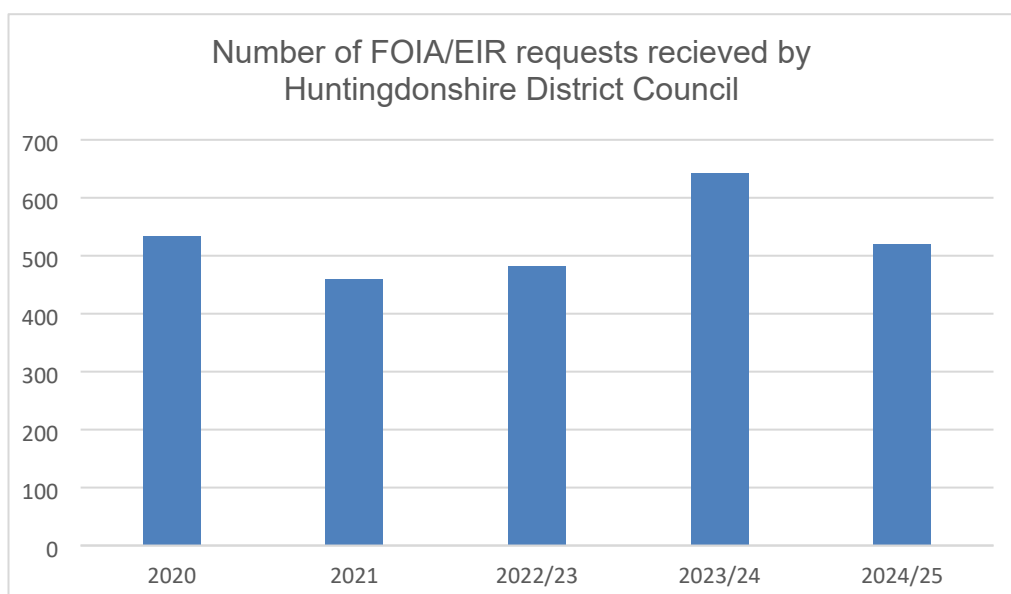


Chart 1: FOIA and EIR requests received by HDC 2020-25

- 8.5 The Council works to a target of 90% response compliance within 20 days as advised by the Information Commissioner. We achieved 81% in 2024-25 which is the same response rate as the previous year.
- 8.6 Detail of the requests received across all Council services is provided below. The Chief Operating Officer services and Community Services have received the most cases.

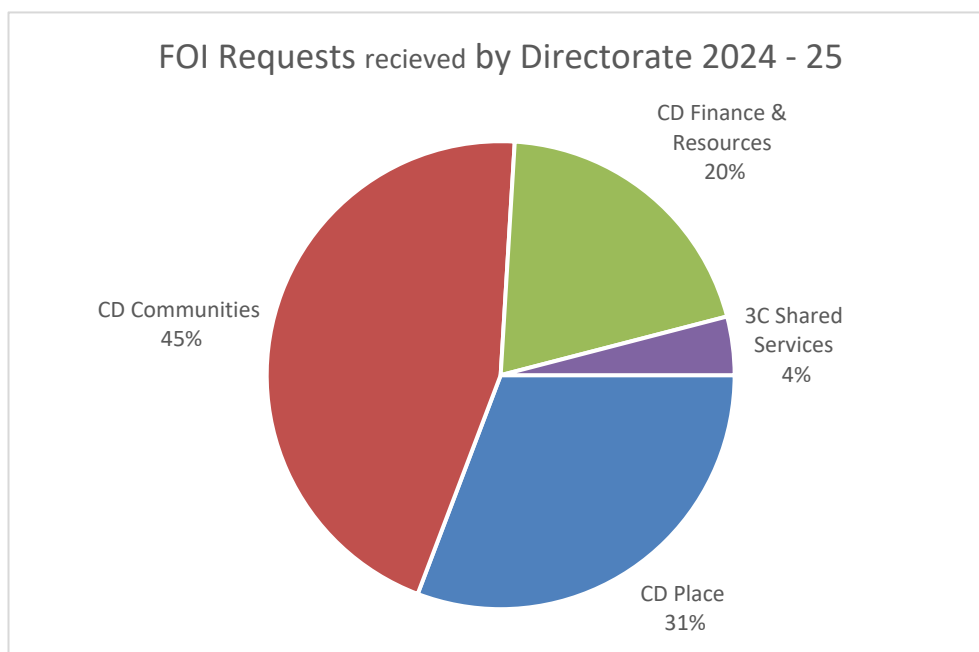


Chart 2: FOI requests by Directorate

- 8.7 Access to information acts such as FOIA and EIR provide a limited right of access. Some information may be withheld if an exemption to disclosure applies. All requested information was provided in most cases, with information being exempted in only 14% of cases. See breakdown of outcomes below.

Request Outcome	Count
All information provided	329
Some information provided; remainder exempt	7
Some information provided; remainder not held	11
Exemptions applied to all information	67
Exceeds reasonable limits	3
Not held	55
Withdrawn	46

Table 5: Outcomes to information requests 2024-25

- 8.8 The Information Governance team continue to provide reports on performance and compliance with the legislation, which are shared on the HDC intranet on a quarterly basis. These reports also enable services to understand trends, and to help focus on what should be uploaded onto their publication scheme.

- 8.9 Requestors have the right to a review of their case if they are not satisfied with the outcome or how the request was handled, before taking further action to the Information Commissioner's Office.

	Received	Response within 20 working days
Internal Reviews	5	5
ICO Complaints	0	0

Table 6: Information request reviews and complaints to regulator 2024-25

9. LOOKING FORWARD

- 9.1 The team have ambitious goals moving forward, with a number of these being delivered alongside colleagues in ICT. Primarily working towards adherence to standardised Policy and Risk Frameworks for Information Security.
- 9.2 Building on this in the next year the team is looking to implement more technical controls around management and security of data based on the organisational controls already in place.

CONTACT OFFICER

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Email: Adam.Brown@3csharedservices.org

Public
Key Decision – No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Corporate Risk Register

Meeting/Date: Corporate Governance Committee
24 September 2025

Executive Portfolio: Executive Councillor for Governance &
Democratic Services
Cllr Jo Harvey

Report by: Corporate Director – Finance and Resources

Wards affected: All

Executive Summary:

This report provides an update on the Corporate Risk Register and presents a heat map relating to the current residual risk scores and a summary report. It provides the Committee with the opportunity to comment on and offer challenge to the Corporate Leadership Team as part of the active management of risks.

The Committee is

RECOMMENDED

To comment on the reports in the appendices and progress with risk management.

PURPOSE OF THE REPORT

- 1.1 This report informs the Committee of the approach and work undertaken on the Corporate Risk Register including the latest heat maps relating to the corporate risks.

WHY IS THIS REPORT NECESSARY

- 1.1 Effective Risk Management is a critical part of the organisation's governance. The Corporate Risk Register identifies those areas where the Council should take action to mitigate its exposure and informs the annual plan for Internal Audit.
- 1.2 Presenting the Risk Register to each meeting of the Committee is an integral part of the overall governance process as set out in the Council's Risk Management Strategy.

No change on Corporate Risk Register Scores:

- 1.3 At its July 2025 meeting, the Committee observed that there had been no changes to the scores on the Corporate Risk Register since the previous meeting. The Committee requested that any future instances of unchanged scores be clearly stated in the report, and suggested including a rationale to explain the lack of change
- 1.4 The status of the main corporate risks on the Corporate Risk Register has not changed during the reporting period. This is not unexpected, as the risks recorded at corporate level represent strategic, long-term issues that in most instances will evolve slowly, as opposed to fluctuating week by week. These risks, such as "Failure to Preserve Council's Financial Position", or "Serious Health, Safety, and Well-being Failure by the Council" are inherent to the Council's operating environment.
- 1.5 Whilst mitigations and management actions will develop over time, the underlying risk exposure typically remains relatively stable in the short term. Significant changes to corporate risk rating are more likely to occur following major external events, policy changes, or substantial shifts in internal capacity in resources.
- 1.6 Therefore, the absence of deviation in the scores reflects the strategic nature of the risks, but not a lack of active management. Monitoring through the 4Risk system will ensure that early warning of any material movement will be captured, whilst providing assurance that control actions remain in place.

Local Government Reorganisation (LGR) Risk Work at Huntingdonshire District Council:

- 1.7 At its meeting in July 2025, the Corporate Governance Committee expressed an interest in risks relating to LGR. As such, management have undertaken to provide an overview of the approach to LGR risk management:

- 1.8 As part of LGR work, Officers have undertaken enterprise-wide review of the risks arising from LGR, and work is ongoing for the identification, control and mitigation of such risk. RSM have been engaged to support on this work, and enterprise-wide work for HDC to pursue to further reduce likelihood of risk occurrence is being taken forward. This work is being led by the Project Management Office in consultation with service areas.

The Democracy, Governance and Risk Workstream

- 1.9 The Democracy, Governance and Risk workstream was established in early 2025. This workstream is chaired by the Chief Executive of Huntingdonshire District Council and is a collaborative workstream, set up by the 7 Local Authorities within Cambridgeshire and Peterborough for the Local Government Reorganisation Programme of work.
- 1.10 This workstream sits underneath the existing LGR Chief Executive / Leaders Meetings, and the workstream feeds up into this meeting.
- 1.11 During the proposal phase of LGR, the workstream retains responsibility for ensuring legal compliance within the programme of work, maintaining oversight of key risks and mitigating where necessary and ensuring that we are in alignment with decision-making dates and governance as a region. Two sub-groups have been set up by the workstream to cover data sharing arrangements, and contract mapping. The Workstream has established two subgroups which cover the topics of data sharing arrangements and contract mapping.

KEY IMPACTS

- 1.12 An up-to-date corporate risk register enables the organisation to ensure it is focusing on the key risks and that the work of internal audit is informed by the register. The corporate risk register ensures that internal audit activity can give sound assurance and adds value to the organisation and its corporate governance.

WHAT ACTIONS WILL BE TAKEN/TIMETABLE FOR IMPLEMENTATION

- 1.13 The next steps are for corporate risk owners to review further actions associated with those risks, with appropriate target dates.
- 1.14 Further work will be undertaken with Heads of Service to do the same exercise relating to each service area / function in order to develop service and function risks, scores, maps and actions.

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

- 1.15 Ensuring we are a customer focused and service led Council – to become more business-like and efficient in the way we deliver services. Effective management of corporate risks is a demonstration of this approach.

RESOURCE IMPLICATIONS

- 1.16 RSM are providing capacity and facilitation to support this activity and during the first quarter of 2025/26, the Corporate Director will assess the resource requirements for this activity and the use of the Risk and Controls Officer post.

LIST OF APPENDICES INCLUDED

Appendix 1 – Corporate Risk Summary
Appendix 2 - Heat Maps

CONTACT OFFICER

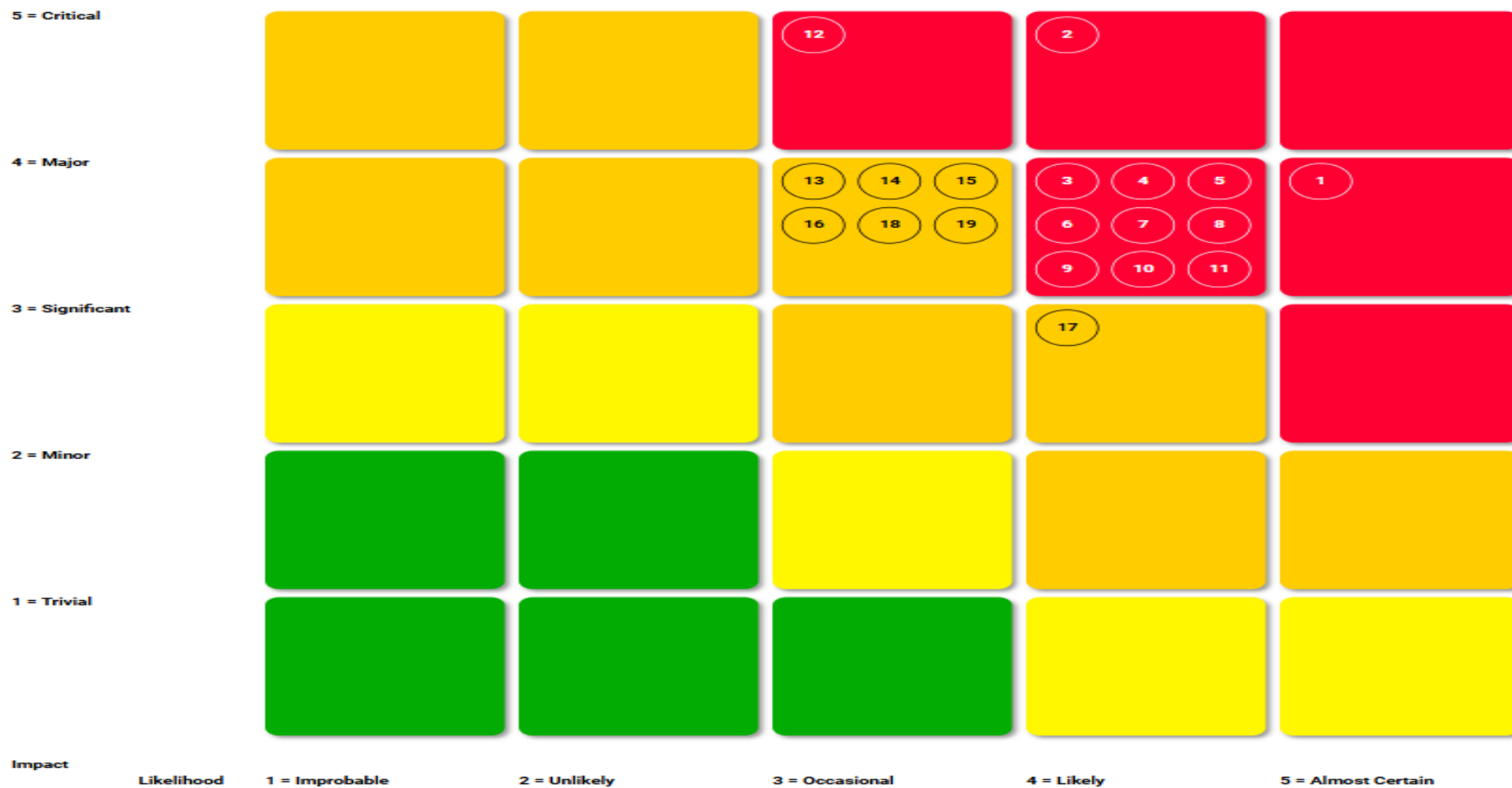
Name/Job Title: Suzanne Jones, Corporate Director – Finance and Resources
Telephone: 01480 388214
Email: suzanne.jones@huntingdonshire.gov.uk

Corporate Risk Register - Summary

Risk Register						
Prefix	Risk Title	Risk Description	Risk Owner	Inherent Priority	Residual Priority	Target Priority
CORP0001	Cyber	Successful / serious cyber security attack on the Council	Corporate Director (Finance and Resources) Section 151 Officer	Very High (5:4=20)	High (5:2=10)	High (5:2=10)
CORP0002	Service Quality	Unable to maintain and build quality and consistency in service provision by the Council	Corporate Director (People)	Very High (4:4=16)	High (3:3=9)	High (3:3=9)
CORP0003	Political	Unable to effectively respond to changes in political priorities and policies	Chief Executive	High (3:4=12)	Medium (3:2=6)	Medium (3:2=6)
CORP0004	Financial	Failure to preserve Council's financial position	Corporate Director (Finance and Resources) Section 151 Officer	Very High (4:4=16)	Medium (3:1=3)	Medium (3:1=3)
CORP0005	Governance	Governance failure	Chief Executive	High (4:3=12)	Medium (3:2=6)	Medium (3:2=6)
CORP0006	Resilience	Inability to effectively respond to a major disruption / critical event	Corporate Director (People)	High (4:3=12)	High (3:3=9)	Medium (3:2=6)
CORP0007	Health & Safety	Serious health, safety, and well-being failure by the Council	Chief Executive	Very High (5:3=15)	High (5:2=10)	High (5:2=10)
CORP0008	Regulatory	Unable to meet requirements of new regulations and legislation affecting the Council	Chief Executive	Very High (4:4=16)	High (3:3=9)	Medium (3:2=6)
CORP0009	Fraud	Significant fraud/ theft successfully committed against the Council	Corporate Director (Finance and Resources) Section 151 Officer	High (4:3=12)	Medium (3:2=6)	Low (2:2=4)
CORP0010	Data Protection	Major confidentiality breach on the part of the Council.	Corporate Director (Finance and Resources) Section 151 Officer	Very High (4:4=16)	High (4:2=8)	Medium (3:2=6)
CORP0011	Environmental	Failure to ensure that the Council responds effectively to its environmental obligations (both legislative and policy); undertakes its activities whilst ensure environment compliance where appropriate; and effectively responds to the climate change challenge in so far as it relates to the Councils policies and obligations to the District.	Corporate Director (Place)	High (4:3=12)	High (4:2=8)	High (4:2=8)
CORP0012	Staffing	Failure to recruit, develop, support and retain high quality / calibre staff across all Council services.	Chief Executive	Very High (4:4=16)	High (3:3=9)	Low (2:2=4)
CORP0013	Partnerships / Collaboration	Not maintaining and developing fruitful partnerships and collaborations	Chief Executive	Very High (4:4=16)	Medium (3:2=6)	Medium (3:2=6)
CORP0014	Stakeholder Engagement	Not effectively engaging with our key external stakeholders	Chief Executive	Very High (4:4=16)	Medium (3:2=6)	Medium (3:2=6)
CORP0015	Housing and Infrastructure	Failing to effectively plan for and manage the current and future housing demands and infrastructure development - resulting in a barrier to growth and investment, or detrimental impact on communities.	Corporate Director (Place)	Very High (4:4=16)	High (4:2=8)	High (4:2=8)
CORP0016	Transformation	The Council fails to manage its transformation strategy (including digital)	Corporate Director (People)	Very High (4:4=16)	High (3:3=9)	High (3:3=9)
CORP0017	Safeguarding	Failure to ensure there are robust systems in place to address safeguarding and prevent duty concerns	Chief Executive	High (4:3=12)	High (3:3=9)	Medium (3:2=6)
CORP0018	Equality, Diversity and Inclusion	The Council fails to support and embed its equality, diversity and inclusion ethos.	Chief Executive	High (4:3=12)	Medium (2:3=6)	Low (2:2=4)
CORP0019	Local Government Reorganisation (LGR)	Failure to effectively plan for Local Government Reorganisation (LGR)	Chief Executive	Very High (4:5=20)	High (3:4=12)	High (3:3=9)

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RISK HEAT MAPS INHERENT RISK RATING



RISK HEAT MAPS RESIDUAL RISK RATING



RISK HEAT MAPS TARGET RISK RATING

5 = Critical

4 = Major

3 = Significant

2 = Minor

1 = Trivial

Impact

Likelihood

1 = Improbable

2 = Unlikely

3 = Occasional

4 = Likely

5 = Almost Certain



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Public
Key Decision – No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Internal Audit Update Report

Meeting/Date: Corporate Governance Committee
24 September 2025

Executive Portfolio: Executive Councillor for Governance &
Democratic Services
Cllr Jo Harvey

Report by: Internal Audit Manager – Dan Harris (RSM)
(Corporate Director – Finance and Resources)

Wards affected: All

Executive Summary:

This report sets out a summary of the work undertaken by the Internal Audit Service since the Committee last met in July 2025. RSM have prepared the update which will be presented by them.

Committee Members will find some updates on some of the actions reported here in the paper later on the agenda titled “Update on Internal Audit Actions”.

Recommendation:

The Committee is

RECOMMENDED

To comment on and note the update on work undertaken by Internal Audit up to end of September 2025.

1. PURPOSE OF THE REPORT

- 1.1 This report gives the Committee an update of the work of the Internal Audit Service since the last meeting.

2. BACKGROUND

- 1.1 The activities of the Internal Audit team are pivotal to the organisation's governance and control processes. The findings of audit reviews demonstrate compliance with controls and processes or identify where improvements need to be made. This is an inherent element of Priority 3 of the Corporate Plan (2023-2028) which is about 'doing our core work well' through 'delivering good quality, high value-for-money services with good control and compliance with statutory obligations'.
- 1.2 RSM will, in the capacity of Head of Internal Audit be at the meeting to present the update on the work that had been carried out.

3. LEGAL IMPLICATIONS

- 3.1 None

4. RESOURCE IMPLICATIONS

- 4.1 No additional resource requirements arise from this report.

5. LIST OF APPENDICES INCLUDED

Appendix 1 – Internal Update Report from RSM LLP

CONTACT OFFICER

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HUNTINGDONSHIRE DISTRICT COUNCIL

Internal Audit Progress Report

Corporate Governance Committee – 24 September 2025

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.



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1. Final reports 5

Appendices

Appendix A: Progress against the internal audit plan 2025/26 12

Appendix B: Other matters 14

KEY MESSAGES

The internal audit plan for 2025/26 was approved by the Corporate Governance Committee (CGC) on 25 March 2025. This report provides an update on progress against that plan and summarises the results of the work completed by to date.



2025/26 Internal Audit Plan - Since the last CGC meeting in July 2025, we have finalised the following seven internal audit reports:

- Capital Programme (**Partial Assurance**)
- Data Quality and Performance Management (**Partial Assurance**)
- Contract Management (**Partial Assurance**)
- Procurement (**Partial Assurance**)
- Transformation (**Partial Assurance**)
- Council Tax (**Reasonable Assurance**)
- Housing Benefits (**Reasonable Assurance**)

The following reports is currently at **draft** report stage:

- Complaints and Compliments **[to note]**

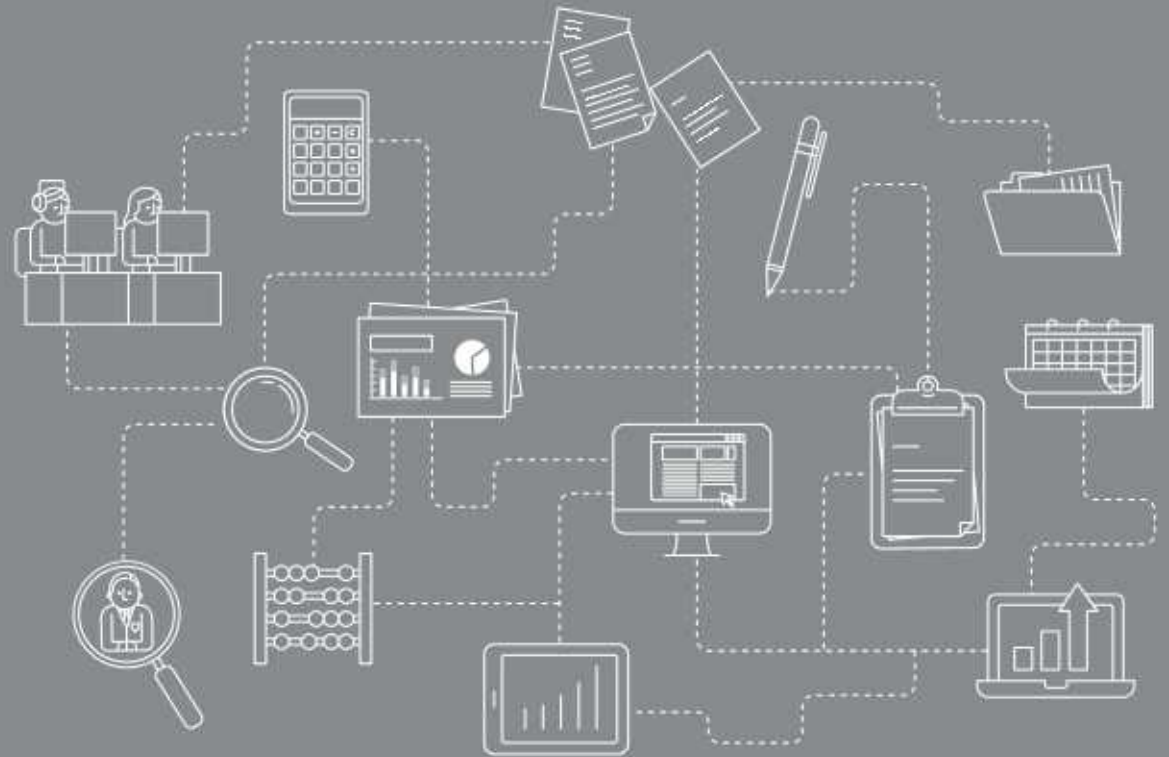


Details of the progress made and scheduling of the 2025/26 internal audit plan are included at Appendix A. **[To note]**

Final Reports

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01



1. FINAL REPORTS

1.1 Summary of the key issues arising from the final reports being presented to this Committee

This section summarises the reports that have been finalised since the last meeting.

Assignment	Opinion issued	Actions agreed		
		L	M	H
Capital Programme 2025/26: <p>The audit identified control design weaknesses and instances of non-compliance with the control framework, resulting in the agreement of seven medium-priority and two low-priority management actions.</p> <p>There is a lack of comprehensive, up-to-date and accessible documentation governing the capital programme. This includes gaps in the procedures for capital bid approvals, managing in-year capital additions, record keeping and ongoing monitoring. There is no formal framework for evaluating capital bids strategically, and the capital bid form lacks a designated field to evidence review and approval mechanisms. Of five 2025/26 capital bids sampled, one did not have a completed capital bid form. Our testing also raised concerns about the timeliness and traceability of TechOne account disablement, posing a potential risk to system security.</p> <p>Testing did not identify any issues related to the capitalisation of expenditure. Similarly, our review of a sample of projects confirmed that business cases for capital spend had been appropriately approved, despite their being no central repository for business cases. Monitoring of capital expenditure variances is in place, with over- and underspends reported to Cabinet quarterly along with relevant explanations.</p> <p><u>No high priority management actions.</u></p>	Partial Assurance	2	7	0
Data Quality and Performance Management 2025/26: <p>This audit has identified control weaknesses relating to data quality and performance reporting, resulting in one high priority, four medium and three low priority management actions.</p> <p>The high priority finding relates to gaps in the Performance Management Framework (PMF) and the absence of a Data Quality Framework. The current PMF does not clearly outline the annual target setting process, including who is responsible for reviewing and approving targets. It also lacks clarity on document ownership and review cycles. These gaps present a governance risk, as inconsistent approaches to performance and data management can lead to unreliable reporting and undermine effective decision-making. A combined action has been agreed to update and strengthen the PMF, incorporating data quality requirements into a single, integrated framework.</p>		3	4	1

Assignment	Opinion issued	Actions agreed		
		L	M	H
<p>We also identified that the Terms of Reference (TOR) for the OPE Board contained an outdated list of attendees, despite the document being dated May 2025. This reduces clarity around governance and accountability. An action has been agreed to review and update the TOR, introducing version control and formal approval processes. Despite this issue, OPE Board meetings were found to be taking place as scheduled and were supported by formal agendas and minutes.</p> <p>Our reconciliation of performance data in reports back to source records found data quality discrepancies for two of the PIs. In addition to the areas for improvement, the audit identified several positive practices. For the performance indicators sampled, data was submitted by PI owners to the Business and Transformation team in a timely and consistent manner. It was also noted that the 2025/26 annual targets are now being presented to the Overview and Scrutiny Committee and Cabinet, promoting transparency and enhancing oversight within the Council's performance management process.</p> <p>These findings provide a solid foundation for the Council to build on and will support the Business and Transformation team in its ongoing efforts to enhance data quality and performance management.</p> <p><u>Management Action 1:</u></p> <p>We will update the 2023 Performance Management Framework to reflect current practices and incorporate data quality into a single, integrated document. The new framework will:</p> <ul style="list-style-type: none"> • Document the target-setting process, including roles and data • Standardise expectations for Data Quality Templates • Clarify reporting timelines and responsibilities • Establish document ownership and review procedures • Be communicated to staff for consistent application. <p><u>Priority:</u> High</p> <p><u>Responsible owner:</u> Steffen Gosling - Business Performance and Insight Team Leader</p> <p><u>Deadline:</u> 15 October 2025</p>				
<p>Contract Management 2025/26:</p> <p>We noted a number of areas where the control framework requires improvement. Training materials for contract management were available to staff via the Intranet, however no formal training sessions had yet been held despite the Procurement Act 2023 coming into force in February 2025. There is an aim to deliver training from August 2025. Furthermore, while the contract register provided details on each contract, 294 out of the 570 contracts recorded had expired at the time of the review. In a number of cases, the start and end dates in the contract did not align with the dates recorded within the register. There is also a need to ensure that the register is updated and made visible to budget holders to enable them to update the system.</p>	<p>Partial Assurance</p>	1	5	1

Assignment	Opinion issued	Actions agreed		
		L	M	H
<p>Additionally, we found one instance where key performance indicators had not been reported on to the relevant supplier contract management meeting.</p> <p>We confirmed the Council had some areas where the controls were operating effectively. Of the finalised contracts reviewed, in both cases, the contract was retained by the Council and the contract was signed off in line with the Constitution. Furthermore, the contract database outlined the details of each contract, including quote title, department and estimated value, as well as an audit trail of the actions taken for managing each contract.</p> <p><u>Management Action 3:</u></p> <p>A formal action plan will be implemented, outlining the Council's actions around re-tendering for expiring contracts. The contract register will be updated, removing the contracts the Council will not re-tender for, in a timely manner. Where appropriate, expiring contracts that are not longer needed and there is no recurring need for services should be archived.</p> <p><u>Priority:</u> High</p> <p><u>Responsible Owner:</u> Procurement Manager</p> <p><u>Deadline:</u> 30 September 2025</p>				
<p>Procurement 2025/26:</p> <p>Our review identified several control weaknesses which have resulted in the agreement of one high, four medium and six low priority management actions. These included testing confirming that the procurement process was not being followed consistently or evidenced with documentation. The published version of the Code of Procurement had not been updated in time for the new legislation (Procurement Act 2023), although we noted that the Procurement Lead had a working copy that was being updated currently that was provided as part of the audit to ensure alignment with legislation. Also, the waiver process was not being consistently followed as we noted these were very low in number. Whilst the Council has developed numerous processes to meet the requirements of the Procurement Act 2023, the framework was not yet fully embedded. We recognise that the organisation is on an improvement journey and is actively working to embed changes. However, of particular concern was our sample testing of nine payments less than £50k where there were six instances where sufficient written quotations were not held and waivers had not been documented. In addition, there were no checks completed by the Procurement Team to provide oversight of this process, so they were unaware of this spend.</p> <p>We did, however, find some controls in place including for Direct Award and process maps with clear responsibilities for the different agents like Service Leads, Procurement Leads and IT. We also found that the Procurement Board was meeting regularly since March 2025 although there were also issues with a lack of administrative support to the Procurement Board in the early stages which meant minutes were not consistently produced and shared with key stakeholders. We noted that the new Monitoring Officer has introduced a new house style for minute taking and action recording and recently launched a new approach to administration of the forum.</p>	Partial Assurance	6	4	1

Assignment	Opinion issued	Actions agreed		
		L	M	H
<p><u>Management Action 9:</u></p> <p>We will ensure the Procurement Team has oversight of the process and verifies that sufficient documented quotations are obtained, or waivers are completed, in line with guidance in the Code of Procurement.</p> <p><u>Priority:</u> High</p> <p><u>Responsible Owner:</u> Michel Ngue-Awane, Procurement Lead</p> <p><u>Deadline:</u> 30 September 2025</p>				
<p>Transformation 2025/26:</p> <p>Management was concerned that there was inconsistency in how projects follow guidance and templates, and as a result, wanted to understand how controls could be improved. Our review identified areas of control design weaknesses and there are areas of non-compliance in regards to the management of the Transformation Programme, which have resulted in the agreement of one high, eight medium and two low priority management actions.</p> <p>Areas of poor control design included the absence of standardised project management processes and the lack of a project management system in place to aid in the PMO's oversight and Project Managers' management of projects. Furthermore, the Transformation Plan lacks a strategic, top-down planning approach, with projects primarily being initiated and developed at the service level. The current project monitoring framework does not include a live dashboard, which could aid in real-time visibility of project status, progress, and risks.</p> <p>Sample testing identified areas of non-compliance with expected project documentation standards. Several projects lacked key documentation, such as Business Cases, Project Initiation Documents, Financial Assessments, Project Risk Registers, regular progress reporting to the PMO, clearly defined financial implications and cost estimates and completed Benefit Realisation Plans.</p> <p>We did confirm some well designed controls in place surrounding the approval of the Transformation Programme by service managers, HOS and Directors, and the planned approval by the Senior Leadership Team following a governance review led by the Corporate Director (Communities). Review of the Transformation Programme also confirmed that it incorporated the eight recommendations provided to the Council by the Local Government Association (LGA) Corporate Peer Challenge. Sample testing also confirmed that projects had completed milestone planning and aligned to HDC's organisational objectives.</p> <p><u>Management Action 1:</u></p> <p>The PMO will create a standardised project management toolkit, which will include including templates and guidance for consistent project management. This could be supported by training for Project Managers to ensure consistent application and continuous improvement of project management practices.</p>	<p>Partial Assurance</p>	2	8	1

Assignment	Opinion issued	Actions agreed		
		L	M	H
<u>Priority:</u> High				
<u>Responsible Owner:</u> Lucy Aston, Corporate Performance and Transformation Manager				
<u>Deadline:</u> 31 March 2026				
Council Tax 2025/26:				
Key controls across Council Tax billing, collection, and recovery processes were found to be broadly well-designed and effectively implemented. Positive findings included documented tax base calculations and formal charges approvals. Billing processes feature robust verification and timely exception reporting. Debt recovery follows a clear timetable with appropriate court approvals obtained. Write-offs are properly authorised and regularly audited. NEC system access is well managed, with thorough user onboarding, timely deactivation, and annual reviews. Governance is supported by comprehensive management information and KPI reporting. Some instances of control design weakness and of non-compliance were identified, resulting in the agreement of one medium-priority and seven low-priority management actions.				
The NEC system does not enforce refund approval hierarchies based on value and processed refunds are not subject to retrospective audit. This presents a risk of unauthorised or inappropriate refunds. Other areas of control weakness were that bailiff account reconciliations are completed every six months but with a lack of consistent formal review and sign-off. It was also noted that there is no formal documentation or evidence maintained of a monthly check between a report detailing all current NEC system users and their corresponding job and the master data spreadsheet of system user accounts.				
Sample testing identified some instances of non-compliance. In one instance monthly reports relating to the suppression of Council Tax 1st, 2nd, Final Reminder, and Summons letters were not checked and marked up as such. Intended bi-monthly meetings with the Council's enforcement agents (Newlyn and Jacobs) have been less frequent and monthly cash and refund reconciliations lack timely management review. Procedures await migration to a new format and some gaps in procedures were observed, though we noted their update was a work in progress.				
<u>No high priority management actions.</u>				
Housing Benefits 2025/26:				
Overall, controls were found to be adequately designed. However, testing identified some areas where compliance with the control framework can be improved. We found that following quality assurance checks, feedback on identified errors to staff is not always provided promptly or formally, which may limit opportunities to address issues before they are repeated. Whilst quality assurance is completed daily and is based on the total caseload, the coverage of activity is not monitored at the individual assessor level. It was also identified that the overpayment report, run by assessment team leaders twice a week,				
Reasonable Assurance		7	1	0
Reasonable Assurance		7	0	0

Assignment

Opinion issued

Actions agreed

L M H

was incorrect in one instance and therefore would not have captured all generated overpayments, but that this was an isolated issue.

The audit confirmed that performance monitoring arrangements are well established, with regular weekly and monthly reporting providing management with clear oversight of processing times, and accuracy rates. Financial controls were sound, with clear segregation of duties for reconciliations and prompt investigation of high-value payments to ensure that any issues can be corrected without delay. Access controls were tested and found to be robust, and the Business Continuity Plan was up to date. Our testing of a sample of housing benefits claims processed and rejected found that these were processed in line with organisational policy.

No high priority management actions.

02

APPENDIX A: PROGRESS AGAINST THE INTERNAL AUDIT PLAN 2025/26

Assignment	Status / Opinion issued / Start date	Actions agreed			Target CGC	Actual CGC meeting
		H	M	L		
1 Human Resources – Recruitment and Retention	Final Report – Partial Assurance	1	6	1	July 2025	July 2025
2 Payroll	Fieldwork in progress				September 2025 (now Nov 2025)	
3 Capital Expenditure	Final Report – Partial Assurance	0	7	2	September 2025	September 2025
4 Data Quality and Performance Management	Final Report – Partial Assurance	1	4	3	September 2025	September 2025
5 Contract Management	Final Report – Partial Assurance	1	5	1	September 2025	September 2025
6 Procurement	Final Report – Partial Assurance	1	4	6	March 2026	September 2025
Transformation	Final Report – Partial Assurance	1	8	2	September 2025	September 2025
Council Tax	Final Report – Reasonable Assurance	0	1	7	September 2025	September 2025
Housing Benefits	Final Report – Reasonable Assurance	0	0	7	September 2025	September 2025
10 Complaints and Compliments	Draft Report				November 2025	
11 Business Rates	Fieldwork in progress				March 2026 (now Nov 2025)	
12 Creditors	Fieldwork in progress				Nov 2025 / Jan 2026	
13 Capacity Planning	September 2025 – planning				November 2025	
14 General Ledger	October 2025 – planning				January 2026	
15 Risk Management	November 2025 - planning				January 2026	
16 Disabled Facility Grant (DFG) Verification	Fieldwork in progress				N/A	
17 Artificial Intelligence (AI)	November 2025 – planning				March 2026	
18 Market Towns Programme	December 2025 – planning				March 2026	
19 Workforce Development Strategy	December 2025 – planning				March 2026	

Assignment		Status / Opinion issued / Start date	Actions agreed			Target CGC	Actual CGC meeting
			H	M	L		
20	Follow Ups	Dec 2025 / Mar 2026 – planning				March / June 2026	
21	Effectiveness of CDIO Role	January 2026 – planning				March / June 2026	
22	Democratic Services	January 2026 – planning				June 2026	
23	GDPR (Advisory)	February 2026 – planning				June 2026	

APPENDIX B: OTHER MATTERS

There have been no changes to the Internal Audit Plan for 2025/26 since the last meeting in July 2025.

Detailed below are the changes to the 2025/26 internal audit plan previously reported to the Committee.

Note	Auditable area	Reason for change
	The Risk Management review is now scheduled for Q3 at the request of the S151 Officer, with the Complaints and Compliments audit being brought forward into Q2 in response to this request.	
	We have commenced the scheduling process for the 2025/26 internal audits and there have been some minor changes to timing of reviews. This includes Risk Management moved to Q2, Capital Expenditure moved to Q1, Data Quality and Performance Reporting moved to Q1 and Workforce Development Strategy has moved to commence in Q3. The DFG Grant Verification timing is under review and being scheduled.	

FOR FURTHER INFORMATION CONTACT



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Alastair Foster, Managing Consultant

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of Huntingdonshire District Council, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

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Public
Key Decision – No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter: Internal Audit Actions – update report

Meeting/Date: Corporate Governance Committee
24 September 2025

Executive Portfolio: Executive Councillor for Governance &
Democratic Services
Cllr Jo Harvey

Report by: Corporate Director – Finance and Resources
(On behalf of Corporate Leadership Team)

Wards affected: All

Executive Summary:

This report summarises the progress in implementing management actions arising from final internal audit reports. Implementation of the actions are the responsibility of the relevant managers with oversight from Corporate Leadership Team.

Further information relating to the Internal Audits carried out will be reported in a separate paper.

Recommendation:

The Committee is

RECOMMENDED

To comment on and note the current position regarding actions arising from internal audit reports.

1. PURPOSE OF THE REPORT

- 1.1 This report sets out the current position with respect to implementation of actions arising from Internal Audit reports.

2. WHY IS THIS REPORT NECESSARY/BACKGROUND

- 2.1 This report summarises the position regarding open actions arising from final internal audits.

3. ANALYSIS OF OPEN ACTIONS

- 3.1 Appendix 1 sets out all the actions that remain open from final internal audit reports. It contains brief updates on actions provided by the action assignees.
- 3.2 There are seven actions that have been redated from the original target date as detailed below:

Action Ref	Audit	Original Date	Revised Date	Action Summary	Update
1625	Overtime 21.22	31 Mar 2025	28 Feb 2026	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.	<u>08 Sep 2025:</u> Delayed due to work that has been carried out aligning contracts for all permanent members of staff
1754	Operations – Vehicle Maintenance Processes	31 Jan 2025	30 Sep 2025	To create full training records	<u>03 Sep 2025:</u> Work is in progress and the full records for each staff member's training will be completed by revised date
3371	Code of Procurement 24.25	28 Apr 2025	30 Dec 2025	Revised Code of Procurement	<u>03 Sep 2025:</u> The Code of procurement has been revised and updated to reflect the

					change in the Procurement Act 2023. This will need to be approved by members and incorporated in the Constitution.
3375	Code of Procurement 24.25	31 May 2025	31 Dec 2025	Regular review a sample of higher value / strategic contracts previously awarded to understand how they are being managed post award	<u>16 Sep 2025:</u> The Procurement Lead has been asked to arrange for a quarterly review of contracts, covering both high risk and high value partnerships.
3381	Key Financial Controls 24.25	31 Mar 2025	31 Oct 2025	Reconciliation of Debtors has a technical issue which has been raised with supplier	<u>05 Sep 2025:</u> TechOne is continuing to work on resolving the differences and identifying the root cause. (Revised timeline agreed by RSM and sighted by the Head of Audit).
3767	Home and Hybrid Working	31 Jul 2025	31 Dec 2025	A clear desk policy should be introduced to address potential GDPR breaches.	<u>22 Aug 2025:</u> This policy was approved by Information Management Board in July 2025. It will be reinforced as part of the implementation of the overall Home and Hybrid working policy.

3.3 The 68 remaining actions that are not yet due are summarised below by audit and by priority.

Audit Area	High	Medium	Low	Total
Housing Benefits	0	0	5	5
Recruitment and Retention	0	2	0	2
Data Quality and Performance Management	1	4	3	8
Capital Programme	0	4	1	5
Council Tax	0	1	2	3
Procurement	0	2	1	3
Contract Management	0	1	0	1
Transformation	1	8	2	11
Code of Procurement Audit 24.25	1	1	0	2
Committee Governance Structure 24.25	0	4	2	6
Home and Hybrid Working 24.25	2	5	2	9
Commercial Estates Rent Review Processes and Invoicing 24.25	1	0	0	1
Key Financial Controls 24.25	1	0	0	1
Operations Vehicle Maintenance 24.25	0	1	0	1
Cyber Essentials Assessment	2	5	2	9
Fuel Usage and Payments 22.23	0	1	0	1
Overtime 21.22	0	1	0	1
Grand Total	9	40	20	69

4. UPDATES ON ACTIONS / PROGRESS FROM COMPLETED AUDIT REVIEWS

- 4.1 Each monthly meeting of CLT that reviews governance matters now receives a report highlighting any actions overdue for implementation and any due within the next three months. This enables CLT to ensure that actions are implemented or that the date is revised with good reason.
- 4.2 In the next agenda item, (Agenda item 7, entitled “Internal Audit Update Report” a summary of audits completed is reported. The Committee will note that there are a number of actions relating to Procurement and Contract Management. Recognising that the Committee have had a continued interest in this matter, the following update provides further detail on progress against each audit. This information is intended to supplement the progress updates against open actions set out at Appendix 1.

Procurement:

- 4.3 A date issued / revised process has been created and is now in use. This is underpinned by a new Procurement SharePoint site which is now being used to house all procurement documentation and provide an archive of historic documents.
- 4.4 The Monitoring Officer has created a new house style of minutes / note taking, which capture and document decisions clearly and effectively. The Monitoring Officer reviews and approves the notes of each meeting. Additionally, the Monitoring Officer has rolled out a new action log to capture actions arising from meetings of the board, which fall directly out of the meeting notes. The new action log ensure that the activity, deliverable, and assigned Officer are clearly recorded, and also records an action status. Both the meeting notes, and action log, are saved in the Procurement SharePoint site, and are formally reviewed and approved as a standing item at the Procurement Board.
- 4.5 The Procurement Lead has created a record to log attendees for procurement and contract management training. This is saved centrally on SharePoint. As part of each new project, the Procurement Team have been instructed to consult the training log and ascertain whether the relevant Officer has undertaken Contract Management training, and make arrangements for training as necessary.
- 4.6 The Procurement Board has undertaken a review of key documentation, and any new documentation will be reviewed by the Procurement Board going forwards.
- 4.7 A process exists to ensure that the Procurement Team will review every Conflict-of-Interest Form received to ensure that it has been completed in full. The team will also update a log with required information. The Procurement Lead has reminded the team of their role in ensuring full signatures.

- 4.8 As mentioned above, a new Procurement SharePoint site has been produced and is live, and this has been promoted to managers at the Council's formal management meeting on 14 September 2025. The new SharePoint site provides a single source of documentation and guidance for Officer use. The organisation will continue to be engaged on the contents of the site to ensure that it meets the needs of stakeholders.
- 4.9 TechOne Finance System: The Procurement Lead has noted the importance of ensuring that the contracts register includes all payments over £10,000 with the Procurement Team. Further work is underway to implement the use of a finance system to capture this data.
- 4.10 The Procurement Lead has worked with the Procurement Team to ensure that the team has full oversight of the relevant processes, and has instructed that quotations are obtained, and waivers forms are completed in line with guidance. This documentation is retained on the team's SharePoint site.
- 4.11 A new approach has been implemented from 2025, whereby the details of each procurement project, including the terms and contract itself, is saved in an individual project folder on the SharePoint site.
- 4.12 A refreshed a waiver process was considered by the Procurement Board at their meetings on 6 August and is now in use. The new template has been designed to be clearer and easier to use. Additionally, training and support on the use of waivers will be provided on a project-by-project basis.
- 4.13 Noting the comments from the Internal Audit on document control, all relevant documentation has been updated to have date issued / revised stamp, and to note when the next review will take place. Further detail on the Contract Management Toolkit is provided at paragraph 4.15 below.

Contract Management:

- 4.14 The Internal Audit suggested that the Contract Management Toolkit is formally approved by the Procurement Board, and that it should reference the Procurement Act 2023. The toolkit has been refreshed and includes the Procurement Act 2023. The toolkit will continue to be reviewed by the Procurement Board until it is finalised, and the Procurement Team is currently working with stakeholders to further refine the draft. As per the recommendation in the Internal Audit, version control has been added to guidance.
- 4.15 All non- recurring expired contracts have been archived. The procurement flowchart and contract management flowcharts are in place and outline steps to be taken for expired contracts. The Contract Management module, in the TechOne Finance System, is also being implemented and will alerts on recurring contracts. Once in place, alerts will be sent out 18 months before contract expiry date.

- 4.16 The Contract Management Toolkit sets out the appropriate templates and processes to follow to ensure that where formal contract management meetings are set, discussions will cover performance and outcomes, and the setting of key performance indicators for monitoring.
- 4.17 The Internal Audit requested that consideration to implementing service credit clauses within key strategic contracts as a means of addressing any concerns with supplier performance. This mechanism will be used on a case by case basis.

5. KEY IMPACTS / RISKS

- 5.1 Each monthly meeting of CLT that reviews governance matters, now receives a report of any actions overdue for implementation and those due in the coming three months. CLT can ensure that action to ensure that actions are implemented or that the date is revised with good reason.

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

- 6.1 Corporate Priority 3 – Doing our core work well.

7. RESOURCE IMPLICATIONS

- 7.1 There are no additional resource requirements arising from this paper.

8. REASONS FOR THE RECOMMENDED DECISIONS

- 8.1 This report advises the Committee of the proposed action that SLT will agree with Internal Audit which is operational. It is reported to the committee that for assurance and oversight.

9. LIST OF APPENDICES INCLUDED

None

10. BACKGROUND PAPERS

None

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Open Internal Audit Actions Report



Generated Date	12-Sep-25
Action Criteria	
Project	Internal Audit

Housing Benefits					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3929	Low	We will continue to: <ul style="list-style-type: none">• Complete the update and migration of all Housing Benefit procedures into the new standardised format and template• Address any remaining gaps in procedures identified during the update process• Implement and follow a clear timeline to coordinate the completion of this work, using the central tracking spreadsheet to monitor progress	31 Mar 2026	31 Mar 2026	Description: Following the recent completion of the audit, the resulting action has now been uploaded for monitoring. Updates will be provided by the assigned owner as the action progresses. Update Date: 12 Sep 2025
3930	Low	We will add a version history section to the Overpayment Policy that records the version number, date of revision, the person responsible for the update, and the approval details. This version control process will be applied to all future policy updates to ensure transparency and accountability.	31 Oct 2025	31 Oct 2025	Description: Following the recent completion of the audit, the resulting action has now been uploaded for monitoring. Updates will be provided by the assigned owner as the action progresses. Update Date: 12 Sep 2025
3931	Low	Once parameters are input, both managers will sign the parameter record, and a scanned copy of the signature sheet will be held as evidence of this two-stage verification process	31 Mar 2026	31 Mar 2026	Description: Following the recent completion of the audit, the resulting action has now been uploaded for monitoring. Updates will be provided by the assigned owner as the action progresses. Update Date: 12 Sep 2025
3933	Low	Management will consider if there is additional value to be obtained by viewing how the two individual processes (performance statistics via team and assessor) are aligned.	31 Oct 2025	31 Oct 2025	Description: Following the recent completion of the audit, the resulting action has now been uploaded for monitoring. Updates will be provided by the assigned owner as the action progresses. Update Date: 12 Sep 2025
3934	Low	We will establish a process to ensure that feedback on errors is issued promptly and without unnecessary delays. This will ensure assessors are made aware of errors quickly, reducing the risk of repeated mistakes. Prompt feedback will also allow staff to discuss any additional support, training, or guidance they may require for improving their performance.	31 Oct 2025	31 Oct 2025	Description: Following the recent completion of the audit, the resulting action has now been uploaded for monitoring. Updates will be provided by the assigned owner as the action progresses. Update Date: 12 Sep 2025

Recruitment and Retention					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3709	Medium	We will consider ways in which they can improve the completion rate of the Leaver Questionnaire.	31 Dec 2025	31 Dec 2025	Description: This is currently under review. Update Date: 11 Sep 2025
3711	Medium	We will report on recruitment KPIs to an appropriate forum or include recruitment KPIs within the Workforce Report.	31 Oct 2025	31 Oct 2025	Description: Head of HR currently in discussions around what appropriate forum should review KPI's Detail: Head of HR currently in discussions around what appropriate forum should review KPI's. Update Date: 03 Sep 2025

Data Quality and Performance Management					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3721	High	We will update the 2023 Performance Management Framework to reflect current practices and incorporate data quality into a single, integrated document. The new framework will: <ul style="list-style-type: none">• Document the target-setting process, including roles and data• Standardise expectations for Data Quality Templates• Clarify reporting timelines and responsibilities• Establish document ownership and review procedures• Be communicated to staff for consistent application	31 Oct 2025	31 Oct 2025	Description: Data Quality and Performance Management is under way, structure outline. Update Date: 10 Sep 2025
3724	Medium	We will establish a documented governance process which defines key steps in the annual target setting process. Each key step will outline responsibilities and expected outcomes, as well as what documentation needs to be retained for audit trail. The process will be reflected in the revised Performance Management and Data Quality Framework.	31 Oct 2025	31 Oct 2025	Description: This process has been drafted and included in the revised Performance Mang and Data Quality Framework, due to be presented to Service Managers Operational Board. Update Date: 10 Sep 2025
3725	Medium	A process will be implemented to double check that reported figures reflect what has been submitted by PI owners. If any changes have to be made due to late submission or any other reasons, then this needs to be documented and saved.	31 Oct 2025	31 Oct 2025	Description: With full recruitment in the team, this quality check process has already been implemented, and will be fully closed with the presentation of the Performance Mang Framework. Update Date: 10 Sep 2025
3726	Medium	A reminder should be issued to officers that information needs to be updated promptly in the relevant systems.	31 Oct 2025	31 Oct 2025	Description: No update provided. Update Date: 12 Sep 2025
3727	Medium	The Terms of Reference (ToR) for the Operations, Performance and Effectiveness (OPE) Board will be reviewed and updated to ensure it remains current and reflects the correct membership. Version control will be introduced to document any changes, and approval of any updates by the Corporate Leadership Team will be documented. The ToR will also confirm that services are responsible for the accuracy of performance data and must ensure appropriate representation at OPE meetings, where data is reviewed and any issues can be raised. In addition, an action log will be introduced to track all actions arising from meetings, with responsible officers, dates, and status recorded. Reviewing open actions will be a standing agenda item, with progress captured in meeting minutes to ensure consistent follow-up and accountability.	31 Oct 2025	31 Oct 2025	Description: Terms of Reference being Scoped Detail: August Operations, Performance and Efficiency Board discussed the revision to the Terms of Reference at their meeting in August. The governance of transformation has been approved by HOS and CLT with the shift of Delivery Board to a forward looking Transformation Board and the annual delivery of the Corporate Plan (Indicators, Actions and Projects within the Plan) now under the oversight of the Operations, Performance and Efficiency Board. Membership of the Board and Terms of Reference now being drafted to reflect this change in September. Update Date: 04 Sep 2025
3722	Low	Handover notes and the Corporate Reporting Process documents will be reviewed and updated to incorporate any new practices introduced since the original notes were made. The documents will be formalised as official Standard Operating Procedures, with clearly defined review cycles and designated owners.	31 Oct 2025	31 Oct 2025	Description: The Standard Operating Procedures have been reviewed to include handover notes and Corporate Reporting process. These are to be presented to Service Managers at Operational Board. Update Date: 10 Sep 2025
3723	Low	Process notes will be developed for 2025/26, or existing data quality templates will be enhanced, to clearly document the annual target-setting process for each performance indicator (PI). This should include details on the data to be reviewed for each PI, the key factors to be considered in setting the targets, and the required approvals before submission.	31 Oct 2025	31 Oct 2025	Description: This is in progress and the templates have been updated as part of the overall performance framework. Update Date: 10 Sep 2025
3728	Low	Performance reporting will be carried out in line with the agreed reporting schedule. Appropriate evidence will be retained to demonstrate that performance information has been presented and discussed as scheduled.	31 Oct 2025	31 Oct 2025	Description: This process has been implemented with the final step being presentation of the Performance Mang Framework and evidence to show completion being shared here. Update Date: 10 Sep 2025

Capital Programme					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3732	Medium	Management will define a formal process for in-year capital programme additions, including: <ul style="list-style-type: none">• A requirement for documented approval for all in-year additions, clearly specifying the authorising officer/body.• A defined communication protocol to ensure the Financial and Treasury Accountant is notified promptly of any approved additions.• Maintenance of a central register of in-year capital additions, including supporting documentation and approval evidence	31 Oct 2025	31 Oct 2025	Description: Not started, no update. Update Date: 03 Sep 2025
3733	Medium	Management will introduce a review and sign off of the draft annual Capital Programme to reduce risk of reporting errors	31 Dec 2025	31 Dec 2025	Description: Additional sign off process, alongside the current review processes. Detail: Finance will introduce a sign off process for the Capital Programme once it is complete, this will not require extensive set up procedures. The Capital Programme is not a stand alone report but forms part of the Budget and MTFS, and as such is already subject to the reviews of the Budget/MTFS that take place - management, budget managers, partners, Overview and Scrutiny, Cabinet, and Council. Update Date: 03 Sep 2025
3734	Medium	We will review and formalise the capital programme governance framework by: <ul style="list-style-type: none">• Updating The Financial Procedures (included within the Constitution) and Budget Process: A Guide for Budget Managers to reflect current practices, including the role of the Informal Cabinet in capital bid review.• Ensuring both documents are subject to formal approval and made readily accessible (e.g. via the Council intranet).• Developing comprehensive procedures that clearly outline the end-to-end capital programme process, including capital bid approvals, in-year amendments and monitoring procedures, record keeping and roles and responsibilities.	31 Dec 2025	31 Dec 2025	Description: This action will be taken forward by the new Head of Service. Update Date: 16 Sep 2025
3735	Medium	Management will establish a centralised repository for pre-project outline business cases and their respective approvals	01 Dec 2025	01 Dec 2025	Description: This aligns to the Transformation PMO audit action with the delivery of all projects requiring a business case to be completed that strategically aligns to Transformation vision and goals. The majority of capital bids projects will be included as part of this audit action. There are a few remaining that are BAU projects, generally in relation to annual funding provision processes, and these will be covered separately. Update Date: 10 Sep 2025
3731	Low	Management will consider developing and implementing a formal scoring or appraisal framework to assess capital bids against defined criteria, including alignment with the Corporate Plan.	31 Oct 2025	31 Oct 2025	Description: Update Detail: Not started, no update. Update Date: 03 Sep 2025
Council Tax					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3938	Medium	We will formalise and evidence the process of sample checking of refunds.	30 Sep 2025	30 Sep 2025	Description: Work has commenced and is on track. A procedure document has been created and is due to be implemented ahead of the target date. The agreed process will involve carrying out periodic reconciliations to ensure refunds are actioned in accordance with authorised limits. Update Date: 12 Sep 2025
3936	Low	Management will continue to: <ul style="list-style-type: none">• Complete the procedure index for Council Tax, ensuring all necessary procedures are included• Address any subsequent gaps in procedures identified• Update refund procedures to clearly document approval levels based on refund value• Implement a process to periodically review and update procedures	31 Dec 2025	31 Dec 2025	Description: This is a work in progress, work to complete in December. Update Date: 11 Sep 2025
3941	Low	Systems and Development Manager will ensure staff evidence that the 3C ICT report is signed and dated to evidence that it has been reviewed against the master data spreadsheet of system user accounts.	30 Sep 2025	30 Sep 2025	Description: Following the recent completion of the audit, the resulting action has now been uploaded for monitoring. Updates will be provided by the assigned owner as the action progresses. Update Date: 12 Sep 2025
Procurement					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3738	Medium	We will update the draft Code of Procurement in line with the new Procurement Act 2023 and all procedures and forms affected by it.	31 Oct 2025	31 Oct 2025	Description: The Procurement Lead has began work to redraft the Code of procurement drafted, and has provided this to the Monitoring officer to review. Detail: Once the code of procurement is reviewed, it will be forwarded to members for approval. Once members have approved the Code of Procurement, it will be incorporated in the constitution. Update Date: 03 Sep 2025
3745	Medium	We will ensure the contracts register includes all payments over £10,000 as required by guidance.	31 Oct 2025	31 Oct 2025	Description: A system is being put in place to capture all the spend. Detail: Technology 1- new contract register linked to finance system being implemented to capture all third party spend. Update Date: 03 Sep 2025
3742	Low	We will update all new guidance documents that are adopted, and they will be reviewed by the Procurement Board.	31 Oct 2025	31 Oct 2025	Description: The Toolkit is undergoing redraft and review an dall new documentation is being reviewed by the Procurement Board. Update Date: 10 Sep 2025
Contract Management					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3752	Medium	Procurement will ensure the accuracy of the contract register.	31 Mar 2026	31 Mar 2026	Description: Work in progress Detail: Contract register being updated in collaboration with all stakeholder. Update Date: 03 Sep 2025

Transformation					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3756	High	The PMO will create a standardised project management toolkit, which will include including templates and guidance for consistent project management. This could be supported by training for Project Managers to ensure consistent application and continuous improvement of project management practices.	31 Mar 2026	31 Mar 2026	Description: The toolkit has started to be developed. The templates have been completed in draft ready for reflection with teams. The project category criteria shall be presented to Transformation bord in September. And the framework is being reviewed and will be presented in October for approval. Update Date: 10 Sep 2025
3757	Medium	Management will explore ways in which a project management system can be utilised to aid in the planning, tracking, and monitoring of all projects, which will aid in the standardization of project management within the Council. Options analysis should take place to understand potential benefits and risks.	31 Mar 2026	31 Mar 2026	Description: ICT are looking at Microsoft Accelerator solution, and HDC PMO will consider this as an option along with Smartsheets used by SCDC and CCity. We will be starting these conversations and development of requirements and solution comparisons end of September. Update Date: 10 Sep 2025
3758	Medium	The PMO will ensure that a business case is completed and formally approved prior to the initiation of a project where significant investment is required. The business case should clearly articulate the project's strategic alignment, objectives, expected benefits, costs, risks, and resource requirements.	31 Dec 2025	31 Dec 2025	Description: The project initiation phase documentations (business case and PID) have been finalised, and the PMO are planning how to develop and complete the business cases for all programmes, major projects and operational projects. Update Date: 10 Sep 2025
3760	Medium	The PMO will ensure that financial assessments are completed and signed-off by the Finance Business Partner prior to project initiation.	31 Mar 2026	31 Mar 2026	Description: This aligns to other audit actions in relation to completion of business cases and PIDS for active projects, and completion of business cases for capital projects and new initiatives. The templates will now include collaboration with Corporate Services, including financial services, and copies will be shared with Finance for comment before approval is sought. Update Date: 10 Sep 2025
3761	Medium	The PMO should ensure that a risk register is developed, maintained, and regularly reviewed for each project. The register should capture identified risks, their potential impact and likelihood, assigned risk owners, risk scores and mitigation or response plans.	31 Mar 2026	31 Mar 2026	Description: This has started with individual projects, and registers will be reviewed collectively once a central project solution is embedded. We have started the conversation regarding possible solutions for a central system. Update Date: 10 Sep 2025
3762	Medium	The PMO will ensure that regular progress reports are completed by all Project Managers.	31 Mar 2026	31 Mar 2026	Description: This has started. The PMO is now fully recruited, and the team are building relationships with teams across the Council. The initial request is for light progress updates being requested from Sept, with further development of full progress reports being expected once the project initiation document has been completed. Update Date: 10 Sep 2025
3764	Medium	The PMO will ensure that all Project Managers have completed a Benefits Realisation Plan, including benefit owners, measurable outcomes, and timelines for realisation.	31 Mar 2026	31 Mar 2026	Description: The templates for initiation phase have been updated and the PMO team are starting to use them, including the benefit realisation. this is currently on an individual basis and will be collectively managed once a new project solution has been implemented. Update Date: 10 Sep 2025
3765	Medium	The Transformation Team will consider ways in which a top-down planning approach can be incorporated into the Transformation Plan. This could include the development of a corporate-level project prioritisation and approval process to ensure that all projects are strategically aligned and governed consistently.	31 Dec 2025	31 Dec 2025	Description: This is in progress. The development of the Transformation Analysis Tool has been completed. The next steps is to share the information for reference with Service Managers and HoS for mid-year service planning review. The top-down analysis and ranking will be used once initial submission of service plans has been completed. Update Date: 10 Sep 2025
3766	Medium	The PMO will consider ways in which a live dashboard can be implemented to provide real-time visibility into all projects within the Transformation Programme to ensure continuous monitoring and accountability.	31 Mar 2026	31 Mar 2026	Description: The collation of progress updates for the Transformation Plan projects are now managed in MS Power Lists, and dashboards in MS Power BI have been created for Sept Transformation Brd. Update Date: 10 Sep 2025
3759	Low	The PMO should ensure that a project initiation document is completed prior to project initiation. The document should include planned aspects of the project, such as the scope, benefits, agreed milestones and tolerances, budget, risks and governance structures.	31 Mar 2026	31 Mar 2026	Description: The priority is to first address the controls and relevant documentation for active projects, then to promote the new PMO framework across the council, providing direct support for services and regular 'in the loop' sessions. This will help with the promotion of the support provided, and clear communication regarding expectations and process. Update Date: 10 Sep 2025
3763	Low	The PMO will ensure that each project has an identified Finance Business Partner and that areas of future financial implications and costs, such as efficiency savings are identified prior as part of the project planning process prior to project initiation.	31 Mar 2026	31 Mar 2026	Description: This aligns to other audit actions in relation to completion of business cases and PIDS for active projects, and completion of business cases for capital projects and new initiatives. The templates will now include collaboration with Corporate Services, including financial services, and copies will be shared with Finance for comment before approval is sought. Update Date: 10 Sep 2025

Code of Procurement Audit 24.25					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3375	High	Periodically, the Procurement Lead shall review a sample of higher value / strategic contracts previously awarded to understand how they are being managed post award, to include performance monitoring, compliance verification and issue resolution. (High-Red).	31 May 2025	31 Dec 2025	Description: Reopened: The Procurement Lead has been asked to arrange for a quarterly review of contracts, covering both high risk and and high value partnerships. The Procurement Lead has been asked to give consideration and planning for the following: - Confirming that service is monitoring KPIs and SLAs- Check that meetings with suppliers are taking place and issues are discussed and logged- Confirming that service has obtained required documentation and is up to date - Checking that financial obligations are being metDetail: Update Date: 16 Sep 2025
3371	Medium	<p>The Code of Procurement reform changes need to be expedited on the back of this audit and the Procurement Act 2023 updates due to happen in early 2025 to ensure effective and efficient procurement thresholds.</p> <p>The Procurement Lead with the support of the Monitoring Officer 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.</p> <p>Internal Audit recommends that this documentation is reviewed (and is subject to appropriate approval) once every 3 years, or when regulations change (if they change before 3 years).</p> <p>The procurement documentation will be updated by the Procurement Lead/team after discussions with the Monitoring officer and will be reviewed and approved by Director of Finance and Corporate Services. (Amber-Medium).</p>	28 Apr 2025	31 Dec 2025	Description: This date has been revised to reflect the necessary governance touchpoints of the Constitution Working Group, Corporate Governance Committee, and Full Council Approval. The Monitoring Officer also intends to engage the incoming Procurement Manager in the drafted of this chapter. Update Date: 11 Sep 2025

Committee Governance Structure 24.25					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3712	Medium	The Council will review and update the Constitution on a regular basis so that the governance document is fit for purpose. A frequency of formalreview and a cycle of this review process will be established and evidenced, including version and change control.	31 Mar 2026	31 Mar 2026	Description: The Constitution Review Working Group is established and last met on 4 September 2025. Chapters of the Constitution are scheduled for review by the group going forwards. Update Date: 04 Sep 2025
3714	Medium	The Council will review the meeting frequency of the Constitution Review Working Group.	30 Sep 2025	30 Sep 2025	Description: The frequency of the meetings was discussed by the Working Group at its meeting on 4 September 2025. The Group has agreed to schedule its meetings to take place in advance of Corporate Governance Committee and meetings of Full Council. Update Date: 04 Sep 2025
3715	Medium	Management will give consideration as to whether the Employment Committee should produce an annual report to self-assess its own effectiveness and delivery of its agreed terms of reference.	30 Sep 2025	30 Sep 2025	Description: At this point, Management are not recommending an annual report of the Employment Committee. The Terms of Reference of the Committee are set out in the Constitution and can be considered as part of wider Constitutional review work. Update Date: 04 Sep 2025
3716	Medium	The Constitution Review Working Group will evaluate the current scheme of delegation to identify gaps, ambiguities and areas where further detail is needed. This should include an assessment of roles, responsibilities, and authority at each level of the Council. Key stakeholders may need to be engaged throughout the process.Specific delegated authorities should be clearly defined within a clear, structured document. The authority, responsibilities and limits of decision making for each individual, committee or department should be clearly outlined. The delegation should include levels of financial authority, operational decisions and strategic responsibilities as appropriate.	31 Mar 2026	31 Mar 2026	Description: The Constitution Review Working Group is working with the Association of Democratic Service Officers who are currently undertaking a review of this chapter of the Constitution. Further engagement is planned with key stakeholders. Update Date: 04 Sep 2025
3718	Low	Management will ensure the TOR of governing forums are subject to formal and evidenced annual review and approval as part of annual Constitution update.	31 Mar 2026	31 Mar 2026	Description: This will be considered as part of the wider constitution review project. Update Date: 04 Sep 2025
3719	Low	Management to introduce a Constitution version control document to log Constitution versions, amendments, dates and approvals of amendments (for example whether they were approved by the Monitoring Officer or Full Council).	30 Sep 2025	30 Sep 2025	Description: Management have created an internal document to hold a record of Constitutional version control. Update Date: 04 Sep 2025

Commercial Estates Rent Review Processes and Invoicing 24.25					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3545	High	Head of Property and Facilities to draft a guidance document on the implementation of rent reviews. The guidance should provide a hierarchy of the types and values of rent reviews and who may complete / approve these. The guidance will be subject to appropriate approval (Director of Finance and Corporate Resources).	30 Sep 2025	30 Sep 2025	Description: Part drafted. Work in progress. Update Date: 09 Sep 2025

Operations Vehicle Maintenance 24.25					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
1754	Medium	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 skills need to be refreshed, and the data analysed to highlight any training gaps.	31 Jan 2025	30 Sep 2025	Description: Work still in progress. Update Date: 03 Sep 2025

Fuel Usage and Payments 22.23					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
1680	Medium	New Action - The Council should clarify as to whether the decision on the availability of the 50,000-litre tank is a CLT or departmental issue. Old Action - 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.	30 Sep 2023	30 Sep 2025	Description: Passed to CLT for a decision Detail: Passed to CLT for a decision. Update Date: 03 Sep 2025
Overtime 21.22					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
1625	Medium	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.	31 Mar 2025	28 Feb 2026	Description: This action has been delayed due to work that has been carried out aligning contracts for all permanent members of staff' Detail: As per request from Head of HR, action has been moved to 28/02/2026. Update Date: 08 Sep 2025
Home and Hybrid Working 24.25					
Reference	Priority Level	Action Detail	Original Target	Revised Target	Update Details
3511	High	HDC will develop a formal Hybrid Working Policy and framework that sets out corporate expectations for teams and departments across the organisation. The policy framework should recognise there is 'no one size fits all' and allow for a degree of flexibility, in line with organisation risk appetite. The policy should provide guidance on roles and responsibilities for human resources, line managers and departmental heads.	31 Mar 2026	31 Mar 2026	Description: Hybrid working policy has been drafted and will be going to employment committee in October to be ratified. Update Date: 08 Sep 2025
3512	High	Once the corporate framework is defined, HR will issue clear, Council-wide communications outlining hybrid working expectations, office attendance policies, and department and team's variations. HR will also ensure that staff receive regular updates about any changes or clarifications regarding hybrid working and attendance.	31 Mar 2026	31 Mar 2026	Description: This is in progress, staff are being updated with the progress of the hybrid working policy. Update Date: 11 Sep 2025
3514	Medium	4/1 Management will conduct a review of IT equipment in the office locations so that all necessary technology is available and in proper working condition.	31 Dec 2025	31 Dec 2025	Description: An assessment has been (or is currently being) performed, and a revised process to expedite replacement equipment when it is found missing/faulty has been adopted. Update Date: 11 Sep 2025
3519	Medium	The Council will review the Flexible Working Policy and guidance following the introduction of the Hybrid Working Policy to ensure consistency.	31 Mar 2026	31 Mar 2026	Description: This will be started following the approval of the hybrid working policy. Update Date: 11 Sep 2025
3520	Medium	The Council consider an appropriate monitoring KPI to be reported to Employment Committee as part of the current reporting suite of documents.	31 Mar 2026	31 Mar 2026	Description: This will be agreed following approval of the Hybrid Working Policy at Employment Committee. Update Date: 11 Sep 2025
3692	Medium	Management will introduce a consistent organisational approach to planning and achieving optimum productivity levels. Guidance in this area will be provided to line managers and departmental heads to ensure that there is consistency and that optimal levels of employee performance are maintained. This approach could include a productivity plan per department that sets out the controls for monitoring productivity. This should define HDC's expectations for regular 121s. (Note - HR has confirmed that the need for performance management framework and regular 121's has been identified as part of the Workforce Strategy, and work is already underway to implement them.)	31 Mar 2026	31 Mar 2026	Description: Monitoring Framework for 121 completion implemented Detail: Consistency of 121s assured through 'My Conversation' training as part of the Management Development Programme in Q2. The 2025 staff survey will include question for all staff regarding 121 completion - outcome will be compared to last year to measure progress. Performance Appraisal forms include requirement to confirm 121s undertaken. Update Date: 04 Sep 2025
3767	Medium	A clear desk policy should be introduced to address potential GDPR breaches, ensuring that all documents are securely stored away. True hot-desking should be implemented to reduce desk 'ownership' and encourage staff to keep their workspaces clear. Teams requiring physical storage for paperwork should be provided with secure office cupboards or storage solutions to safeguard sensitive documents.	31 Jul 2025	31 Dec 2025	Description: Clear Desk Policy Detail: this policy was approved by Information Management Board in July 2025. Update Date: 22 Aug 2025
3522	Low	The Remote Working and Stress in the Workplace e-learning modules should be mandatory for all staff. Additionally, Positive Mental Health at Work for Managers and the Managing Remote Teams e-learning modules should be mandatory for Managers.	30 Sep 2025	30 Sep 2025	Description: This is being updated within the Learn system. Update Date: 10 Sep 2025
3523	Low	An additional e-learning session covering productivity in the workplace and when working remotely should be introduced for staff.	30 Sep 2025	30 Sep 2025	Description: This is being updated within the Learn system. Update Date: 10 Sep 2025

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title	Approval for the publication of the Annual Governance Statement 2024/25 and Annual Financial Report 2024/25.
Meeting/Date:	Corporate Governance Committee – 24 September 2025
Executive Portfolio:	Finance and Resources: Councillor B Mickelburgh
Report by:	Corporate Director of Finance and Resources
Ward(s) affected:	All

Executive Summary:

The Council is required by statute to produce both an Annual Governance Statement (AGS) and an Annual Financial Report (AFR). Both documents are produced in line with statutory regulations and are required to be approved by 'those charged with governance'.

In order to approve the accounts, the Committee must:

- Consider the Completion Report for Those Charged with Governance (including the Audit Report) which comments on the auditor's findings on the AFR and their view on Value for Money (VfM).
- Approve the Annual Governance Statement (paragraph 4), previously presented on 19 June 2025, which includes the following:
 - Scope of responsibilities
 - What is governance
 - The governance framework
 - Review of effectiveness
 - Governance issues and progress on issues
 - Opinion
- Approve the Letter of Representation 2024/25 (paragraph 5)
- Approve the Annual Financial Report 2024/25 (paragraph 6)

Recommendations:

The Committee is recommended to:

1. Receive and discuss the Completion Report for Those Charged with Governance 2024/25 (**Appendix 1**)
2. Approve the Annual Governance Statement (**Appendix 2**) and authorise the Executive Leader and Chief Executive Officer to sign the Statement on behalf of the Council.
3. Approve the Letter of Representation (**Appendix 3**) and authorise the Corporate Director (Finance and Resources), as Section 151 Officer to sign it on behalf of the Council.
4. Give delegated powers to the Chairman of the Committee and the Corporate Director (Finance and Resources), as Section 151 Officer to authorise and sign the Annual Financial Report for 2024/25 (**Appendix 4**) on behalf of the Council.
5. Give delegated powers to the Corporate Director of Finance and Resources, in conjunction with the Chairman of this Committee, to ensure that any minor amendments to the statement of accounts are completed before final publication.

1. PURPOSE OF THE REPORT

- 1.1 To complete the processes for finalising and publishing the Council's Annual Governance Statement (AGS) and Annual Financial Report (AFR) for 2024/25.

2. BACKGROUND

- 2.1 The Corporate Governance Committee is designated as 'those charged with governance' and consequently it is required to approve both the AGS and AFR prior to publication. To do this the Committee needs to follow the stages in the order shown in the report.

3. RECEIVING THE AUDITOR'S REPORT

- 3.1 The Completion Report for Those Charged with Governance including the Audit Report and the Value for Money (VfM) Report will be presented at the meeting by the auditors, and a draft is attached at **Appendix 1**. The auditors will verbally update the Committee at the meeting of any further changes since issuing of the report.
- 3.2 In addition to reviewing the AFR, the auditors are required to give a view on Value for Money within the Council. The auditors anticipate an unqualified opinion in respect of the Value for Money conclusion.

4. APPROVE THE ANNUAL GOVERNANCE STATEMENT

- 4.1 The Committee, on behalf of the Council is required to review once a year the effectiveness of its system of internal control and following that review approve the AGS. The AGS will be published alongside the AFR and is shown at **Appendix 2**.
- 4.2 The governance statement includes the following:
- Scope of responsibilities
 - What is governance
 - The governance framework
 - Review of effectiveness
 - Governance issues and progress on issues
 - Opinion
- 4.3 The governance arrangements and the internal control environment are considered to be operating effectively.

5 APPROVE THE LETTER OF REPRESENTATION

- 5.1 Each year a letter has to be given to the auditor by the Council which explains what the Council has done to ensure its financial records

are accurate; a draft of the letter is attached at **Appendix 3**. It is best practice for the Committee to approve the content of this letter and then authorise the Corporate Director of Finance and Resources to sign it on behalf of the Council.

- 5.2 The Committee is asked to agree the draft letter and once the external auditor has confirmed that both the AGS and AFR are unqualified, that the Corporate Director (Finance and Resources) signs it on behalf of the Council.

6 APPROVE THE ANNUAL FINANCIAL REPORT

- 6.1 The Council is required to produce and approve an audited AFR, which incorporates the Statement of Accounts by the backstop date of 27 February 2026. The draft AFR including the statement of accounts is attached at **Appendix 4**.
- 6.2 The Committee is asked to approve the AFR, which includes the Statement of Accounts.
- 6.3 The issues that have been raised by the auditor in respect of the AFR are detailed within Section 3 of the Completion Report for Those Charged with Governance.
- 6.4 There may be some minor amendments required to the AFR and Statement of Accounts which will be finalised after this meeting in advance of them being published in line with the 27 February 2026 deadline.

7 KEY IMPACTS

- 7.1 The final version of all the documents will be published by the backstop date of 27 February 2026 with any relevant amendments.

8 LINK TO THE CORPORATE PLAN

- 8.1 Ensuring we are a customer focused and service led Council – to become more business-like and efficient in the way we deliver services. The production of the AFR is also a statutory requirement.

9 CONSULTATION

- 9.1 In line with the Account and Audit regulations the draft AFR was available for inspection.

10 LEGAL IMPLICATIONS

- 10.1 There are no direct legal implications arising from this report.

11 RESOURCE IMPLICATIONS

- 11.1 There is a specific budget for the Audit Fees.

12 REASONS FOR THE RECOMMENDED DECISIONS

- 12.1 The process that has been followed in preparing the AGS and the AFR has been thorough and in line with statutory regulations.
- 12.2 The issues that have been identified for inclusion within the AGS are referenced within the statement and reflect the current situation at the time.
- 12.3 Both the AGS and the AFR have been subject to external audit and review by the Council's auditors, Ernst and Young LLP.

13 LIST OF APPENDICES INCLUDED

Appendix 1 – Completion Report for Those Charged with Governance Including Audit Report (Draft)
Appendix 2 - Annual Governance Statement 2024/25
Appendix 3 – Management Letter of Representation
Appendix 4 - Annual Financial Report 2024/25

CONTACT OFFICER

Suzanne Jones – Corporate Director of Finance and Resources
Suzanne.Jones@huntingdonshire.gov.uk

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Public
Key Decision - No

HUNTINGDONSHIRE DISTRICT COUNCIL

Title/Subject Matter:	Annual Report of the Corporate Governance Committee
Meeting/Date:	Corporate Governance Committee – 24 September 2025 Council – 15 October 2025
Executive Portfolio:	Councillor J Harvey - Executive Councillor for Governance and Democratic Services
Report by:	Chair of the Corporate Governance Committee 2024/25
Ward(s) affected:	All Wards

Executive Summary:

The Committee presents an annual report to the Council on the work that it has undertaken each year.

The Draft Annual Report in respect of the 2024/25 is attached at Appendix 1. It has been prepared by Councillor Michael Burke, who was Chair of the Corporate Governance Committee during the period covered by the report. It summarises the work undertaken by the Committee during 2024/25 together with any issues that relate to the year.

If, after considering the draft report, the Committee wish to make any changes, it is proposed that the Chair be given authority to agree any amendments. The report will be presented to the next Full Council meeting.

The final report will be uploaded onto the Council's website once it has been approved.

Recommendation(s):

It is recommended that the Committee:

1. Review the draft Annual Report and decide what changes, if any, they wish to make; and
2. Authorise the Chair of the Committee to approve any amendments to the draft report.

1. PURPOSE OF THE REPORT

- 1.1 This is an annual report of the Committee which summarises the work it has undertaken during 2024/25 and any issues that arose in the year.
- 1.2 Once the draft report is approved by Committee it will be presented by the Chair of the Committee at Council.

2. BACKGROUND

- 2.1 The Committee is required to discharge the functions of the Council in relation to both the corporate governance of the Council and the conduct of elected Members. This annual report sets to inform Council of the activities Committee has undertaken in discharging these functions.
- 2.2 It has been prepared by the Chair of the Corporate Governance Committee during the period covered by the report. It details matters that have been considered together with membership and attendance throughout the year.

3. REASONS FOR THE RECOMMENDED DECISIONS

- 3.1 Committee is required to review the draft report and approve that it is an accurate representation/reflection of the year.

4. LIST OF APPENDICES INCLUDED

Appendix 1 - Corporate Governance Committee: Chair's Annual Report to Council for the year ending 31st March 2025.

CONTACT OFFICER

Name/Job Title: Suzanne Jones, Corporate Director of Finance & Resources, Section 151 Officer

Email: suzanne.jones@huntingdonshire.gov.uk



Corporate Governance Committee

**Chair's Annual Report to Council
for the year ending 31st March 2025**

Introduction by the Chair of the Corporate Governance Committee

This report summarises both the Committee's activities during 2024/25 and issues that arose in that financial year. It is intended to:

- Reassure the Council and other stakeholders that the committee is undertaking its responsibilities properly and in a way that allows it to exercise effective oversight; and
- Demonstrate to the District's residents and other stakeholders the importance that the Council places on good governance, openness and probity in public life. The report sets out the contribution the Committee makes to achieving those aims. The Committee's meetings are open to the public and its report are available on the Council's website.

Over the last year, the Committee has continued its focus on the following key issues:

1. Significant progress has been made by the Council against the backstop, with the following Statement of Accounts being published in advance of the date mandated by the Government: 2022/23, 2023/24. At the point of publication, the 2024/25 Accounts are on track to be published ahead of the backstop date of 27 February 2026.
2. Substantial work on the enhanced review and implementation of internal audit actions has taken place which has been supplemented by a refined approach to action reporting.
3. The updated Anti-Fraud, Bribery and Corruption Strategy, and the Annual Review of Fraud Investigation Activity.
4. Continued progress in resolving issues raised in previous Annual Governance Statements.
5. To continually review, challenge and enhance the controls necessary to deal with cyberattacks and to manage Cloud services effectively.

Since the publication of the English Devolution White Paper in December 2024, the Committee has naturally factored Local Government Reorganisation (LGR) into its deliberations. LGR will remain a central consideration shaping the Committee's ongoing work.

Once again, the Committee has maintained its focus on the risks that exist for the organisation. The vital role that Internal Audit plays in assessing the standard of management of these Risks has continued and has been underpinned by the appointment of a Risk Manager, who joined the organisation earlier this month. The Risk Manager will assist the organisation in further enhancing its risk management approach.

The Committee has continued to request updates on the Corporate Risk Register at each meeting, and the ongoing scrutiny of risk in the context of Audit remains a key objective of the Committee going forward. The rationalised Corporate Risk Register has enabled the Committee to focus on risk management in a structured and strategic manner.

To this end, the Chair and Vice Chair have continued to work with the Executive Councillors and Senior Officers to improve the Council's effectiveness in Risk management, and the role that the Corporate Governance Committee can play in this. This work has been undertaken with oversight from RSM, who have also fulfilled the role of Head of Internal Audit.

The Chair and Vice Chair took part in the review of the LGA Audit Peer Challenge in March 2024. The Committee will recall that one of the recommendations related to the appointment of a Monitoring Officer. The new Monitoring Officer joined the organisation on 30 June 2025, and now attends the Corporate Governance Committee. The Chair has met with the Monitoring Officer and looks forward to the Committee working collaboratively with the postholder to further strengthen and refine the Council's governance framework.

The Committee will recall the Government's stated intention to require local government audit committees to include one or more Independent non-voting members. The Committee have greatly valued the contributions of Phillip Webb as our independent member.

Finally, I would like to thank those Officers who have supported the Committee's activities over the Corporate year 2024-25; the Members who served on the Committee during the Corporate year, and in particular, Members for their contributions to the Committee's oversight of all aspects of Corporate Governance.

Councillor Michael Burke

September 2025

ANNUAL REPORT OF THE CORPORATE GOVERNANCE COMMITTEE

YEAR ENDED MARCH 2025

This is the report to Council of the Corporate Governance Committee to summarise activities undertaken during 2024/25 demonstrating compliance with the *CIPFA Audit Committee Position Statement 2022 (CACPS)*, discharging its responsibilities and providing an assessment of its performance.

The CACPS sets out the purpose, model, core functions and membership of the Corporate Governance committee (CGC). It details outputs that must be established and evidenced:

- Purpose of CGC.
- Independent and effective model.
- Core functions, including specific responsibilities for:
 - Maintenance of governance, risk and control arrangements.
 - Financial and governance reporting.
 - Establishing appropriate and effective arrangements for audit and assurance.
- Audit committee membership.
- Engagement and outputs.
- Impact.

These areas are explored in the following report and the activities and achievements noted.

1. Purpose of CGC

The committee's purpose is to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements. Its role in ensuring there is sufficient assurance over governance, risk and control gives greater confidence to all those charged with governance that those arrangements are effective.

The committee has oversight of both internal and external audit, together with the financial and governance reports, helping to ensure there are adequate arrangements in place for both internal challenge and public accountability.

2. Independent and Effective Model

The Committee is an apolitical, non decision-making forum; it is an advisory committee that has sufficient importance in the authority, so that its recommendations and opinions carry weight and have influence with the leadership team and those charged with governance. It is directly accountable to Council and is independent of the scrutiny and executive functions but has rights of access to and engagement with other committees or functions.

3. Core Functions

3.1. Maintenance of governance, risk and control arrangements.

The Committee considers updates from the organisation on the operation of its governance, risk and control arrangements. During 2024/25, this included:

- Receiving regular updates on the organisation's Corporate Risk register, debating the risks included upon it, the mitigating actions proposed to control exposure to adverse impacts should those risks materialise and recommending further areas for consideration.
- Monitoring actions arising from Internal Audit reviews and receiving updates on actions not implemented by the agreed target dates.
- Reviewing new policies and policy updates and recommending these for approval to Council.
- Receiving and noting the Annual Review of Fraud Investigation activity report.
- Receiving and noting the Annual Complaints report.
- Receiving an update on the organisation's compliance with the Information Rights Act and Information Governance.
- Considering a report by the Elections and Democratic Services Manager on the Code of Conduct and Register of Disclosable Pecuniary Interests.
- Receiving an update on Cyber Security.
- Reviewing a Community Governance Review – Glatton & Conington Parishes.
- Receiving a report on Future Internal Audit Provision.
- Reviewing an Inspection Report Update on Use of Surveillance Under the Regulations of Investigatory Powers Act (RIPA).

3.2. Financial and governance reporting.

As set out above, significant progress has been made by the Council against the backstop, with the Statement of Accounts for 2022/23 and 2023/24 being published in advance of the date mandated by the Government. The 2024/25 Accounts are on track to be approved on 25 September 2025, which will allow them to be formally signed ahead of the backstop date of 27 February 2026.

The organisation's external auditors regularly attend the meetings of the committee and in September 2025 specifically to present the External Auditor's Annual Report for 2024/2025. Committee members were able to ask questions of the External Auditors.

3.3. Establishing appropriate and effective arrangements for audit and assurance

The Committee is tasked with reviewing and approving the Internal Audit Charter on an annual basis alongside the Annual Internal Audit Plan. The Charter defines the purpose, authority and responsibility of Internal Audit activity, establishes the Internal Audit Service's position within the organisation; authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities.

The Annual Internal Audit Plan details the expected activities for the Internal Audit Team over the coming year and is based upon the outputs of the Risk Management Strategy. It aims to be able to provide assurance that the controls in place to protect the organisation are deployed effectively and monitored regularly.

The following Internal Audit activity was undertaken as part of the 2024/25 internal audit plan, and confirmed to Committee:

Assignment (2024/25 Internal Audit Plan)	Executive lead	Opinion issued	Actions agreed		
			L	M	H
One Leisure, Pool Operation Records	Corporate Director (Communities)	Limited Assurance	0	2	2
Review of Commercial Estates rent review processes and invoicing	Director of Finance and Corporate Resources	Limited Assurance	1	2	2
Code of Procurement	Director of Finance and Corporate Resources	Limited Assurance	0	3	4
Key Financial Controls	Director of Finance and Corporate Resources	Limited Assurance	7	4	2
Home and Hybrid Working	Chief Executive Officer	Advisory – some significant issues	3	9	2
Cyber Essentials Readiness Assessment - DRAFT	Chief Digital and Information Officer	Advisory – some significant issues	2	6	2
Budget Management; financial sustainability	Director of Finance and Corporate Resources	Reasonable Assurance	0	6	0
Operations Vehicle Maintenance Processes	Chief Executive Officer	Reasonable Assurance	0	5	0
Green Bin Implementation and transfer to BAU operations	Corporate Director (Communities)	Reasonable Assurance	0	3	0
Committee Structure Governance	Director of Finance and Corporate Resources	Reasonable Assurance	3	5	0
Follow Up of Management Actions	Director of Finance and Corporate Resources	Reasonable Progress	2	1	0
Minor works follow up	Corporate Director (Communities)	No opinion - Advisory	0	3	0
DFG Grant Verification	Director of Finance and Corporate Resources	No opinion - Advisory	0	0	0
Total			18	49	14

The Committee receives regular reports on the completion of audit actions, in particular, actions which are not implemented by the agreed due date. The

reports to Committee update on the reasons for non-implementation and the work being undertaken to achieve completion. The Committee have noted the work undertaken by Officers to enhance the reporting on Internal Audit Actions.

4. Engagement and outputs

During 2024/25 the committee met on seven occasions. Committee meetings were regularly attended by the Internal Audit Manager (covered by RSM since January 2025), the Corporate Director for Finance and Resources, the Chief Executive and other officers as required. The Chair and Vice Chair were able to meet the officers outside of Committee as required.

The organisation's external auditors regularly attended committee meetings on to discuss audit planning and progress.

CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT

Committee	Decisions	Date for Action	Action Taken	Officer Responsible	Delete from future list
N/A	Constitution Review Working Group Constitution Review Working Group appointed at Annual Council on 15 May 2025.	N/A	The Working Group met on 4 September 2025 and considered a finalised version the Council Procedure Rules, further discussions on an updated Officers Scheme of Delegation reflecting the changes in Management structure, a Substitutes Policy and received a presentation from the Centre for Governance and Scrutiny on how to deal with opposition amendments at budget Council.	Elections & Democratic Services Manager	No
09/07/2025	Update on Code of Conduct and Register of Disclosable Pecuniary Interests The Committee asked what responsibility did HDC have in terms of those Town/Parish Councils who chose to	N/A	Each Town or Parish Council is responsible for adopting their own Code of Conduct, ensuring that this includes any mandatory provisions of the LGA Model Code. The Monitoring Officer is responsible for ensuring that a Code has been adopted by the Town and Parish Councils	Elections & Democratic Services Manager	Yes

CORPORATE GOVERNANCE COMMITTEE PROGRESS REPORT

	adopt their own Codes, in making sure they were suitable Codes.		and if not adopting the Model Code, supplying a copy of their own adopted Code to ensure compliance.		
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