

# Annual Governance Statement – 2024-2025

## **Executive Summary**

We have been advised on the outcome of the result of the review and consider that the arrangements provide substantive assurance and continue to be regarded as fit for purpose and operating effectively in accordance with the governance framework and support the achievement of the authority's outcomes. We note the comments regarding the action that is being taken to address the recommendations contained in the recent Ofsted report for Children's Services and the view of the External Auditor in 2023/24 of the significant weakness in the arrangements to secure value for money for Childrens Services. We are committed to monitoring the implementation of the action plan and to proactively managing the governance implications and risks of the projects and challenges the Council will see in 2025/2026 in order to ensure that governance will remain resilient and fit for purpose.

**CLlr Martin Murray**  
**(Acting Leader of the Council)**

**Patrick Flaherty**  
**(Chief Executive)**

## **How we have reviewed the effectiveness of our governance arrangements in 2024/2025**

We have responsibility for conducting, at least annually, a review of the effectiveness of the governance framework including the system of internal control. The main aim of the Annual Governance Statement (AGS) is to provide the reader with the confidence that the Council has an effective system of internal control that manages risks to a reasonable level. The review of effectiveness is informed by the work of managers within the Council who have responsibility for the development and maintenance of the governance environment and by the annual opinions from both Internal and External Audit. Underpinning the review is the governance framework detailed within the Code of Corporate Governance which is updated annually to reflect the latest arrangements together with any areas for improvement which are actively reviewed to ensure that the necessary improvement actions have been taken. The Code of Corporate Governance is approved by the Audit & Standards Committee annually.

Issues arising from the effectiveness review are monitored through the Corporate Assurance Board and are incorporated into the following years annual governance statement in order to demonstrate how they have been addressed/mitigated.

The following sources of assurance are used to inform the overall opinion on the effectiveness of the governance and control framework.

## Internal Audit

One of the key sources of assurances that the Council receives, is from the internal audit outturn report which contains the overall opinion on the Council's internal control, risk management and governance framework.

The overall Head of Audit opinion for 2024/25 was produced as part of the annual outturn report which was presented to the Audit & Standards Committee in July 2025.

The key conclusions were:

- An **"Adequate Assurance"** opinion was given on the overall adequacy and effectiveness of the organisation's governance, risk, and control framework, i.e., the control environment in 2024/25.
- In 2024/25, the Council's internal audit efforts concentrated on supporting its digital transformation initiatives, particularly the Corporate File Plan Project, the integration of artificial intelligence (AI), and other enhancements to digital services. A key focus was ensuring robust control environments, and that fraud prevention was embedded early in redesigned business processes. This included ongoing support for the Highways Transformation Programme. Cybersecurity remained a priority, with positive assurance outcomes from reviews of third-party and privileged access controls, as well as progress on the cybersecurity programme initiated after the 2023 cyber incident. Audits of high-risk areas such as Special Educational Needs and Disabilities (SEND) also provided adequate assurance ratings, specifically in SEND Transport, Governance, and the Enhanced Access Plan Do Review (EAPDR) Pathway. These areas will continue to receive audit attention in 2025/26 to support and align with the Council's Delivery Plan.
- It is pleasing to note that the Council's financial management remained strong, with all main key financial systems audits receiving positive assurance and no high-level recommendations. The Council's core payroll system also maintained a positive assurance rating, indicating a stable control environment.
- However, the Schools' Compliance Programme revealed ongoing issues. Of the 21 schools audited, 19 received limited assurance ratings due to non-compliance with Regulations and internal control lapses including within school payroll processes. To address this, Internal Audit has in-year distributed best practice guidance and self-assessment tools and plans to use AI in 2025/26 to further support schools in strengthening internal controls.
- Although financial losses from fraud and error remained on the whole, low in 2024/25 and the number of limited assurance opinions in system reviews

decreased from nine in 2023/24 to five in 2024/25, concerns persist in compliance reviews. Our proactive counter-fraud exercises have continued to identify weaknesses in payment controls, especially regarding purchase cards and SEND Direct Payments. Internal Audit will continue to support these areas in the coming year.

- To enhance accountability and transparency of audit findings, outstanding audit recommendations are monitored and reported monthly to the Senior Leadership Team. Additionally, data analytics tools will be increasingly used to provide deeper insights and foresight across key operations, reinforcing the Council's commitment to continuous improvement and strong governance.

- **Performance against the UK Public Sector Internal Audit Standards (PSIAS)**

- From 1<sup>st</sup> April 2025 all internal audit teams in the public sector are required to conform to the new internal audit standards. These are a combination of the Global Internal Audit Standards (GIAS) and the Application Note referred to as the 'Global Internal Audit Standards in the UK Public Sector' or GIAS (UK Public Sector). For the purposes of the 2024/25 outturn report, compliance has been assessed against the UK PSIAS, as these were the relevant internal audit standards in force for the 2024/25 financial year. This is achieved through undertaking periodic self-assessments which consist of both (i) internal quality assessments and (ii) external quality assessments.
- As part of the Internal Audit Quality Assurance and Improvement Framework (QAIP), the following is in place:
  - *On-going monitoring of the performance of the internal audit activity* - This is an integral part of the day-to-day supervision, review, and measurement of the internal audit activity. On-going monitoring is incorporated into the routine practices and protocols used to manage the internal audit activity and uses processes, tools and information considered necessary to evaluate conformance with the Mission of Internal Audit, Definition of Internal Auditing, and the standards of ethics and professionalism; and
  - *Periodic self-assessment* - On an annual basis, the Chief Internal Auditor will develop and conduct internal assessments of the Internal Audit function's conformance with the standards and communicate the results to Senior Management and this Committee.
  - *External Quality Assessments (EQA)* - External assessments will be undertaken at least once every five years by a qualified, independent assessor or assessment team from outside the organisation and may be either a full external assessment or a self-assessment with independent validation.
  - The Internal Audit service's last EQA was undertaken in January 2023. The overall conclusion and opinion of the assessor conclude that the

Internal Audit Service **GENERALLY CONFORMS** to the requirements of the Public Sector Internal Audit Standards and the CIPFA Local Government Application Note' and was reported to the 21 March 2023 meeting. This is the highest category level that can be awarded via the CIPFA assessment process. Working practices have remained the same throughout 2024/25.

- In summary, the work undertaken by the Internal Audit Service during 2024/25 and reported within the Annual Outturn Report was performed in accordance with PSIAS. There were no impairments or restrictions in scope or constraints on independence or objectivity during the year which prohibit the delivery of the Head of Internal Audit opinion for 2024/25.

## External Audit

The Council's external auditors KPMG, provide assurance on the accuracy of the year end Statement of Accounts and the overall adequacy of arrangements for securing and improving value for money. In conjunction with many other Council's, we have been significantly impacted by the problems surrounding the Local Public Audit system and the resultant audit backlog. Consequently, the audit backstop date for the 2023/24 Statement of Accounts was 28 February 2025. To address the backlog, the Department for Housing, Communities and Local Government published deadlines for outstanding issues to be resolved. These are as follows:

Financial Years Statement of Accounts	Audit Deadlines
All years up to and including 2022/23	13 December 2024
2023/24	28 February 2025
2024/25	27 February 2026
2025/26	31 January 2027
2026/27	30 November 2027
2027/28	30 November 2028

The audits for the outstanding Statement Accounts 2021/2022 and 2022/23 have now been concluded and the External Auditor, EY issued disclaimed opinions in line with the backstop arrangements. These were presented to the Audit & Standards Committee in December 2024.

Nationally the contractual arrangements for Local Public Audit were relet by the Public Sector Audit Appointments Ltd (PSAA) and KPMG were appointed for 5 years covering the financial years 2023/24 to 2027/28. During 2024/25 the KPMG Director attended the Audit & Standards Committee to ensure that Members were informed regarding the progress of audit for 2023/24 Statement of Accounts.

Given the receipt of disclaimed opinions from EY for the previous two financial years statements, a further disclaimed opinion was also given for the 2023/24 financial statements. It is anticipated that the External Auditor will present their opinion for the 2024/25 financial statements to the Audit & Standards Committee at the February 2026 meeting.

## **Financial Resilience**

Compliance with the CIPFA Financial Management Code is reviewed annually. This takes the form of a self-assessment against the seven principles included namely,

- The responsibilities of the Chief Finance Officer and Leadership Team.
- Governance and Financial management style.
- Long to medium term financial management
- The Annual Budget process
- Stakeholder engagement and Business Plans.
- Monitoring financial performance
- External Financial Reporting.

The results of the 2024/25 assessment concluded that there were no issues to be raised in respect of the above criteria within the annual review.

The final financial outturn position for 2024/25 was an underspend of £5.301m and was presented to Cabinet in June 2025. This position reflects underspends across all the directorates. However significant pressures have been seen in Children in Care Placements and in Older People with Physical Disabilities, with both services being partially funded by the additional allocation of Social Care Grant.

## **Statutory Officers**

The Chief Finance Officer (Director of Finance & Resources) context.

Any major organisation requires a set of clearly defined and understood rules and regulations for the management of its financial affairs. In response to the requirements of Section 151 of the Local Government Act 2003, The Director of Finance & Resources has a duty to report to the Council on:

- the adequacy of the proposed reserves
- robustness of the budget,

In response to Section 114 of the Local Government Finance Act 1988, the Director of Finance & Resources has a duty to report to the Council if it, or one of its officers:

- has made, or is about to make, a decision which involves incurring unlawful expenditure
- has taken or is about to take, an unlawful action which has or would result in a loss or deficiency to the Council
- is about to make an unlawful entry in the Council's Records

In addition, the Director of Finance & Resources is required to make a report under Section if it appears that the expenditure incurred and/or proposed in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure.

#### The Monitoring Officer context

The role of the Monitoring Officer is a statutory one, the office having been created under Section 5 of the Local Government and Housing Act 1989. Every Council must have a Monitoring Officer and since 2001 that office cannot be held by the person who is head of that Council's paid service, nor by the Section 151 Officer, though there are no other formal qualification requirements.

If it appears at any time to the Monitoring Officer that any proposal, decision or omission

- by the Council
- by any Committee or Sub-Committee of the Council
- by any Joint Committee on which the Council are represented, or.
- in the course of the discharge of functions of the Council by or on behalf of the Council's Executive.

constitutes, has given risk to or is likely to or would give rise to-

- a contravention of any enactment or rule of law by the Council, by any Committee or Sub-Committee of the Council, by any person holding any office or employment under the Council, by any such Joint Committee, or by the Council's Executive or any person on behalf of the Executive or
- any such maladministration or injustice as is mentioned in Part 3 of the Local Government Act 1974 where the Ombudsman has conducted an investigation.

then the Monitoring Officer is required to prepare a report to the Council's Executive (if it relates to executive functions), or in all other cases to the Council, with respect to that proposal, decision or omission, and in doing so is required to

consult so far as practicable with the Council's Head of Paid Service and their Director of Finance.

During 2024/25 the Monitoring Officer and the Director of Finance and Resources did not have to use their statutory powers of intervention.

## **Review of the Governance Arrangements**

Review of the constitution - the Audit & Standards Committee at its meeting on 24<sup>th</sup> September 2024, agreed to a full review of the Constitution. A working group was established to ensure that Members views and suggestions were captured. The aim of the review was to ensure that the constitution remains up to date, and a number of suggested changes were made which were adopted by Full Council at their meeting in March 2025.

Governance Health Check - during 2024/25 the health check evaluation process continued to develop and was overseen by the Corporate Assurance Board. The aim of the exercise was to provide assurance that governance measures were in place and working effectively. The health check itself was designed to ensure that the Council maintains outstanding internal governance processes that safeguards the council and to deliver a health check judgement to supplement the Annual Governance Statement. Where improvements were identified as being required the health check would commission and deliver thematic improvement plans in any areas of governance exhibiting weaknesses. A report was produced by the County Solicitor from the Corporate Assurance Board to the Statutory Officers Group and presented to their meeting on Monday 14 April 2025. This contained a conclusion, based on the returns from all of the Key Lines of Enquiry Leads, of full assurance and suggested that Corporate Governance remained in a good position and whilst some areas of note had been highlighted, there were no significant risks to governance that needed to be raised at that point in time.

The LGA Self-Assessment Tool relating to the Improvement & Assurance Framework has also been completed during 2024/25 and submitted to the Statutory Officers group, providing a further source of assurance regarding the effectiveness of our governance arrangements. No significant issues were raised. The LGA guidance stated that by undertaking this review it will help to inform the AGS and also support the corporate statutory officers in their roles to ensure and support good governance in the Authority. Questions contained covered two main elements i.e. how the council continuously assures itself and how is it held to account

### Overview and Scrutiny Committee Arrangements -

During 2024/25 there were effective scrutiny processes in place which are demonstrated through the four overview and scrutiny Committees which are linked to the Councils key priorities and outcomes. A comprehensive annual report was produced for 2024/25 covering the results of the work undertaken by

the four committees as outlined in their individual workplans aligned to the eighteen priorities in the 2024/25 delivery plan. This report was presented to Full Council on 17 July 2025. The annual report also included a section on how the scrutiny process adds value to the Council through its work to continue to focus on improving services and provides constructive input into the decisions which are made.

Review of the Code of Corporate Governance - The annual review of the Code was undertaken in both April 2024 and March 2025. The Code remains relevant and reflects the current governance framework. It is published on the Council's internal Staff Space pages together with the single sheet framework which identifies the contributing processes that help to achieve the overarching core principles of the Code. A detailed action plan was included, highlighting areas for continuous improvement and development.

Information Governance 2024/2025 - The annual report was presented to the April 2025 Audit & Standards Committee. Overall, the report concluded and provided assurance that the information governance practices are appropriate, current, adhered to consistently, well communicated and under regular surveillance.

Annual Civil Contingencies Report 2024/2025 - As part of the 2024/2025 annual report, assurance was provided regarding compliance with the Civil Contingencies Act 2004, that emergency planning arrangements are fit for purpose, up to date, routinely complied with, effectively communicated and are monitored. A detailed plan was also presented outlining the priorities that the Partnership would be working on within 2025/26 including preparedness for implementing Martyn's Law.

Health, Wellbeing & Safety Report 2024/2025 - The annual report for 2024/25 concluded that health and safety performance was maintained and continued to be managed effectively during 2024/25. A key focus has been on continuous improvement and ensuring that all service areas have up to date audit maturity levels and clear action plans. The work plan for 2025/26 will continue to focus on maintaining and improving health & safety standards and enhancing the wellbeing of staff. The Health, Safety and Wellbeing Service continues to be flexible in its approach to enable robust management and response to future incidents and to ensure any learning and improvement to process are shared effectively.

## **Review of Risk Management Arrangements**

The risk management policy and strategy document has been updated and approved. This is published on Staffs Space and available to all staff. During the year significant work has been undertaken to update the risk register documentation. Workshops have been held with staff including the attendance of a risk specialist from Zurich to assist with the process and increase awareness of what good risk management looks like. A detailed transformation plan has been

produced demonstrating the steps that will be taken to strengthen existing risk management arrangements including the production of data dashboards highlighting key strategic risks and improved reporting arrangements and was shared with WLT/SLT in September 2024. This will be the focus of the work in 2025/26.

## **Whistleblowing Arrangements in 2024/25**

The Whistleblowing arrangements for the Council are set out in detail on the Staff Space pages, including details of contact individuals and how to make a whistleblowing referral. These are reported into the Monitoring Officer for review and investigation. Although a number of referrals were made only 2 during 2024/25 met the whistleblowing classification and were dealt with by the Monitoring Officer.

## **Review of Complaints received in 2024/25**

The annual Local Government and Social Care Ombudsman annual letter to the Chief Executive for 2025 was received on 9 July 2025. The following extract is from the letter and states:

'It is disappointing to report that the issues we have raised in previous letters have continued this year. There were four occasions where we had to warn your Council that we would issue a witness summons statement before we received the information that we required. This is not a step that we take lightly. In total, 62% of responses to our enquires were late and in 45% of cases where we made recommendations, there was delay in providing evidence of compliance. It is the sixth consecutive year we have reported late compliance with our recommendations.'

A detailed customer feedback and complaints improvement plan has been developed, which provides a robust framework to address noted areas of weakness and to drive meaningful improvements forward within the team.

The Customer Feedback and Complaints Annual Report for 2024/25 was presented to the Overview and Scrutiny Committee in September 2025. Appended to the summary overview were detailed specific individual reports covering Adults Social Care, Children's Social Care & SEND and Corporate Services. Key elements covered included for each area, total number of complaints received, how many were reviewed on time, key issues highlighted, financial remedies and how many complaints had been upheld, partially upheld and those that had not been upheld. A number of actions were identified in order to strengthen existing procedures, and these are summarised below.

Corporate	Health & Care	Children & Families	CF&Complaint Team
<ul style="list-style-type: none"> <li>• Procedural changes</li> <li>• Improvements made to Highways ReportIt system</li> <li>• Improved communication</li> <li>• Staff training in customer service</li> </ul>	<ul style="list-style-type: none"> <li>• Procedural changes</li> <li>• Reminders shared regarding specific policies and appeal processes</li> <li>• Team workshops completed</li> <li>• Improved communication with families</li> <li>• Review of the current valuation procedures and benchmarking</li> </ul>	<ul style="list-style-type: none"> <li>• Improved communication with families</li> <li>• Increased the number of employed Educational Psychologists by 33%</li> <li>• Reminder to Tribunal Team to comply with SENDIST deadlines</li> </ul>	<ul style="list-style-type: none"> <li>• New CaseTracker system for improved reporting and better case management on 01 April 2025</li> <li>• Learning module to CaseTracker will be released in 2025/26 to improve tracking</li> <li>• LGSCO approved training to be delivered in 2025</li> </ul>

## Matters arising from the Audit & Standards Committee

The annual report of the then Chair of the Audit & Standards Committee was approved by the Committee at the March 2025 meeting. This provided a summary of the work undertaken by the Committee and highlighted key actions performed including receipt of the External Audit reports, approval of the Internal Audit plan and sign off of the annual governance statement. Regular updates were provided by the previous External Auditor EY and KPMG to ensure that Members were fully informed regarding the statement of Accounts audit backlog and how the matter was proposed to be dealt with, including updates from Government. The then Members of the Committee concluded that moving forward that strong governance arrangements would continue to be in place, in particular as the Council moves forward with devolution and local government reorganisation.

During 2024/25, following Members previous evaluation of the effectiveness of the Audit Committee against the updated (2022) CIPFA guidance exercise, steps were taken to appoint independent members to the Committee. A recruitment exercise was undertaken and resulted in a strong shortlist of experienced candidates who were interviewed by a panel of Members. Two candidates were appointed for a period of four years, both having substantial experience of operating at Board Level, one being a previous Head of Internal Audit within Local Government. This provides an extra level of expertise to the Committee in fulfilling the requirements of their terms of reference.

Standards Matters - Annual Report 2024/2025. At the April 2025 meeting, Members considered the annual report in relation to the management of member complaints. The Council has the support of four independent persons (IPs) from a variety of backgrounds who are able to provide alternative perspectives on complaints. During 2024/2025 seven complaints were investigated, three were concluded and related to communications between Councillors and constituents and were found not to breach the Code of Conduct. The remaining four were ongoing at the point that the annual report was produced and will be followed up within the 2025/2026 report. The emphasis of the Elected Members keeping open

and active communication channels with the people they represent was made including updating constituents to confirm that they had received their communication and dealing with the matter.

During the year the government sought views on proposals to introduce measures to strengthen the standards and conduct regime for local authorities in England. All Members and Officer of the Council were invited to respond to the consultation. Any future amendments that need to be made to the standards process as a result of the consultation process will be reported to a future meeting of the Audit & Standards Committee.

## **Review of Performance Management Arrangements**

The Integrated Performance Report is reported quarterly and is presented to Cabinet. This provides an overview of progress, performance and financial position in delivery against the Councils Strategic and Delivery plans. Following the establishment of the monthly Quality Performance & Improvement Board further key performance indicators have been determined and are categorised as red, amber or green providing an overview as to where potential issues are occurring.

## **Childrens Services**

As a result of the Ofsted Inspection report issued in January 2024 and the 'requires improvement' judgement awarded, a detailed action plan was produced to address the weaknesses identified. In addition, within the External Auditors - Auditors Report for 2023/24 this area was raised as a significant weakness in the arrangements to secure value for money.

A new Director for Children & Families (DCS) came into post in July 2024. An Internal Improvement board and a Performance Board, chaired by the DCS have been established to focus on the necessary single agency improvements that are required. A detailed plan on the Positive feedback on pace of improvement from the LGA advisor and Department for Education (DFE) has been received. The Ofsted. Annual conversation has been scheduled for October 2025. The planned focus visit for 2024/25 was deferred to later in 2025 due to acknowledged pressure in the service and will concentrate on the Front Door arrangements. Ofsted commented that the self-assessment was an honest reflection of challenges with a clear plan for improvement subject to the necessary investment being approved. The DFE believe progress on the SEND improvement plan has been too slow and they are awaiting the revised management structure and frontline investment to support the changes required as outlined in the previous SEND inspection and APP review. Significant steps have been taken to strengthen and increase the leadership capacity within the service together with a new fit for purpose organisational structure.

Childrens Services LGA - focused peer review, scope of the review covered leadership and management and a detailed review of the current LADO arrangement to consider the effectiveness of the service, the quality of the advice given, actions taken and outcomes, together with a review of the current arrangements. A number of recommendations were made covering leadership, effectiveness, quality and partnership arrangements which were presented to the then Strategic Improvement Board on 21<sup>st</sup> January 2025.

## **Adults Services**

In February 2025, the Care Quality Commission (CQC) conducted an inspection of Staffordshire County Council to evaluate how well the local authority meets its responsibilities under the Care Act 2014. The assessment focused on four key themes and nine quality statements, which included leadership, improvement and innovation in adult social care services. An overall rating of 'Good' was received with all nine assessed areas also rated as 'Good'.

The CQC's assessment of Staffordshire County Council's adult social care services reflects a commitment to quality care and support for vulnerable adults. The positive rating and feedback from service users underscore the effectiveness of the council's approach to adult social care, which is crucial for enhancing the well-being of the community.

## **How we have improved our governance arrangements in 2024/2025**

During 2024/25 the action points that were raised as part of the 2023/24 AGS action plan have been addressed. The details are contained in appendix 1.

Work has continued to address the weaknesses that were identified arising from the November 2023 Ofsted Inspection report that awarded Childrens Services a requires improvement judgement. This included the appointment of a new Director of Families with effect from July 2024.

Governance training designed to help staff to better understand how the Council's governance processes work was launched in the autumn of 2024. Two modules were developed to cover Finance & Procurement (specifically how to comply with the Council's Finance & Procurement regulations) and secondly the Legal, Democracy & Governance arrangements. The training was made mandatory for staff working in key areas and who had been identified by their line manager as needing to undertake the training. Oversight was provided via the Council's Learning Hub system.

Following on from the introduction of the Key Lines of Enquiry (KLOE) reviews, a full cycle of reports and the generation of an overall opinion has occurred during

2024/25. The Corporate Assurance Board has met quarterly to review and challenge the information contained in the individual KLOEs. In addition, leads have attended the Statutory Officers Group to discuss any matters arising within their areas. Governance matters are being discussed at the highest level

The oversight of delivery of the Council's key performance indicators covering the strategic priorities was strengthened by the development of the corporate performance facility which reports monthly into the Quality, Performance and Improvement Board and quarterly through to Cabinet.

Throughout 2024/25, the Corporate Assurance Board has continued to review and evaluate any public interest/Section 114 reports released by the wider public sector, to ensure that our current practices and procedures are evaluated against any areas of weaknesses flagged by the reports and that the same situation could not arise within the Council.

To meet the challenges of the developing artificial intelligence (AI) agenda an AI framework has been developed. The framework has been created to ensure that our exploration and use of AI technologies at the Council are safe and responsible. Recognising the benefits and risks of AI the approach is to develop a structured approach that meets ethical standards, privacy by design and regulatory compliance. The framework provides a guide when using AI to improve operations whilst avoiding potential issues to support the transition into using AI in an innovative and secure manner.

## **Forward look on governance & areas for improvement**

A number of issues have been highlighted and will continue to be the key focus of the County Council's leadership in 2025/26 namely:

- Devolution and Local Government Reorganisation (LGR) - To continue to make the necessary preparations to meet the expectations of the Local Government Reorganisation and Devolution agendas set by Central Government in December 2024. The Council will submit its proposal by the 28th of November 2025 deadline pending Cabinet approval on 4th November 2025. It is currently understood that several proposals will be submitted from across Staffordshire. However, the decision of which option(s) should be consulted on, lies with Central Government. Following consultation, Central Government will decide upon the option for LGR across the area contained within the formal Statutory invitation. The current expected date for notification is Summer 2026.
- To continue to monitor the increasing use of AI within Council operations and to update the AI Governance Framework as necessary.

- To continue to have robust oversight of key contractual partners to continue to remain vigilant against the potential failure of key providers/suppliers and to ensure that suitable business continuity arrangements are in place to deal with an event, should it occur.
- To continue to monitor the cyber security risks and threats to the Council's ICT network to ensure they are sufficiently protected and secured. This area will continue to be monitored based on increasing numbers of public sector cyber security incidents. Cyber governance arrangements will be reviewed and strengthened as appropriate.
- To work with and understand the requirements of a new administration to ensure that the highest levels of corporate governance are in place and demonstrated. This will include robust induction processes for any new members.
- To ensure that robust arrangements continue to develop, reinforce and implement good governance practice and risk management across the Council.
- To continue to strengthen risk management arrangements and visibility of strategic risks through the inclusion within the Quality Performance and Improvement reports. This will also include the support provided by the external risk management advisor via our insurance provider Zurich to risk owners.
- Highways - To ensure that the governance arrangements in place within the recently launched Highways Service Road Map are implemented and adhered to effectively.
- Childrens Services - To continue to address the recommendations and actions contained in the Inspecting Local Authority Childrens Services (ILACS) Improvement Plan.
- Complaints - To ensure that the detailed Customer Feedback & Complaints Improvement Plan is implemented as per the time frame included to ensure that areas of weakness highlighted are addressed and drive through meaningful improvements within the team.