

POLICY REVIEW AND DEVELOPMENT PANEL REPORT

REPORT TO:	Audit Committee		
DATE:	15 June 2026		
TITLE:	Draft Annual Governance Statement 2026 covering the 2025/26 financial year		
TYPE OF REPORT:	Review and approval		
PORTFOLIO(S):	Cllr Alistair Beales		
REPORT AUTHOR:	Charlotte Marriott – Interim Corporate Governance Manager		
OPEN/EXEMPT	Open	WILL BE SUBJECT TO A FUTURE CABINET REPORT:	No

Annual Governance Statement 2026

PURPOSE OF REPORT/SUMMARY:
<p>The Terms of Reference of the Audit Committee state: The main areas of responsibility for the Audit Committee will be to:</p> <ol style="list-style-type: none"> a) Monitor the Council’s responsibilities (under Regulation 6) of the Accounts and Audit Regulations 2015 and approve the Statement of Accounts. b) Review the Council’s assurance statements, including the Annual Governance Statement (AGS), to check that it properly reflects the risk environment and any actions required to improve it. <p>This report brings the Council’s draft version of the Annual Governance Statement (AGS) 2026 to the Committee for consideration and approval.</p> <p>The preparation and publication of the AGS is a statutory requirement. The document is a public statement that describes and evaluates the council’s overall governance arrangements, in particular how it has complied with its Code of Corporate Governance during a particular financial year.</p>
KEY ISSUES:
<ol style="list-style-type: none"> 1. That the AGS accurately reflects governance arrangements and highlights areas for improvement 2. Compliance with the CIPFA Addendum - Has the Council adequately addressed the new requirements? 3. Update on progress against key actions raised for 2024/2025 and new actions identified for 2025/2026.
OPTIONS CONSIDERED:
Options do not apply; the council must prepare, approve and publish a statement.
RECOMMENDATIONS:
<p>The Committee is recommended to:</p> <ol style="list-style-type: none"> 1. Review and comment on the draft 2025/26 AGS. 2. Confirm that the AGS appropriately reflects the Council’s governance arrangements and complies with the requirements of the CIPFA Addendum. 3. Recommend the AGS for approval and inclusion within the 2025/26 Statement of Accounts, pending external auditor feedback.
REASONS FOR RECOMMENDATIONS:
To ensure the AGS 2026 accurately reflects the Council’s governance and risk environment, and that identified improvements are being appropriately monitored.

1. Introduction

- 1.1 The council's [Code of Corporate Governance](#) sets out the many systems, policies, procedures, and operations we have in place, to help realise the principles defined within the CIPFA/SOLACE: Delivering Good Governance in Local Government Framework.
- 1.2 The core principles are:
- Principle A Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
 - Principle B Ensuring openness and comprehensive stakeholder engagement.
 - Principle C Defining outcomes in terms of sustainable economic, social, and environmental benefits.
 - Principle D Determining the interventions necessary to optimise the achievement of the intended outcomes.
 - Principle E Developing the entity's capacity, including the capability of its leadership and the individuals within it.
 - Principle F Managing risks and performance through robust internal control and strong public financial management.
 - Principle G Implementing good practices in transparency, reporting, and audit to deliver effective accountability.
- 1.3 The extent to which the council adheres to these principles is described in the AGS.
- 1.4 The preparation and publication of the AGS is a statutory requirement. The AGS describes and evaluates the council's overall governance arrangements during a particular financial year. It includes a self-assessment of the Council's governance framework, the effectiveness of its systems of internal control and the actions being taken to strengthen governance arrangements.
- 1.5 For 2025/26, the AGS has been updated to reflect the requirements of the [CIPFA Delivering Good Governance in Local Government Framework Addendum](#) (2025), which introduces new expectations around transparency, assurance mapping, and the reporting of significant governance issues.

2. The Annual Governance Statement 2026

- 2.1 The AGS has been produced in accordance with relevant guidance. A comprehensive review has taken place to ensure that the AGS accurately reflects the council's governance arrangements and provides focus on areas that require improvement.

2.2 The development of the AGS has engaged service managers and the Executive Leadership Team. In particular, input has been obtained from the Monitoring Officer, the S151 Officer and the Head of Internal Audit.

3. Corporate Priorities

Not applicable, the AGS is a statutory requirement.

4. Policy Implications

None at present, however, associated actions will likely have policy implications.

5. Financial Implications

None at present, however, associated actions may have financial implications.

6. Personnel Implications

None at present, however, associated actions will have personnel implications

7. Statutory Considerations

7.1 The adoption of the Annual Governance Statement will be required to comply with the Accounts and Audit Regulations 2015.

8. Equality Opportunity Considerations

None.

9. Risk Management Implications

9.1 The Annual Governance Statement forms part of the council's overall control framework and will provide reasonable assurance once adopted that the council is complying with the adopted Code of Corporate Governance.

10. Recommendations

- 10.1 The Committee is recommended to:
- a) Review and comment on the draft 2025/26 AGS.
 - b) Confirm that the AGS appropriately reflects the Council's governance arrangements and complies with the requirements of the CIPFA Addendum.
 - c) Recommend the AGS for approval and inclusion within the 2025/26 Statement of Accounts, pending external auditor feedback.

11. Declarations of Interest / Dispensations Granted

None

Background Papers

- a) [CIPFA/SOLACE Delivering Good Governance in Local Governance Framework 2016 edition and addendum May 2025](#)
- b) [Code of Corporate Governance](#)
- c) Various policies, strategies and procedures
- d) [Council Constitution](#)
- e) Service Area Assurance Statements



Borough Council of
**King's Lynn &
West Norfolk**



ANNUAL GOVERNANCE STATEMENT

2026

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Executive Summary

The Borough Council of King's Lynn and West Norfolk is committed to delivering its Corporate Strategy for the benefit of residents, businesses and communities across the borough. Effective governance is fundamental to achieving this ambition, ensuring that decisions are lawful, transparent, accountable and aligned to the Council's priorities.

This Annual Governance Statement (AGS) sets out how the Council has met its governance responsibilities during 2025/26 and provides an honest and evidence-based assessment of the effectiveness of its governance framework, in line with the CIPFA/SOLACE Framework and the 2025 addendum.

The review confirms that the Council's governance arrangements are generally sound and operating effectively, with strong foundations in ethical standards, financial management, transparency and statutory compliance. The Council is therefore able to provide reasonable assurance that its governance framework is fit for purpose.

However, the assessment also recognises that the operating environment remains challenging. Ongoing financial pressures, increasing service demand, and the scale of transformation associated with Local Government Reorganisation and devolution continue to place strain on organisational capacity and systems. In addition, the Council is delivering a portfolio of significant regeneration and transformation activity while maintaining core services.

Within this context, a number of areas have been identified where governance arrangements require strengthening or more consistent application, rather than fundamental redesign. These include:

- consistency of performance management and reporting across services
- workforce capacity and completion of statutory training
- strengthening programme and project governance
- information governance and cyber resilience
- financial sustainability and medium-term planning
- compliance with procurement processes
- health and safety systems and assurance

These issues do not reflect an absence of controls, but variability in their application, documentation, and organisational maturity. As such, they have been identified as priority areas for targeted improvement and are supported by a clear and deliverable action plan.

The Council has also continued to respond to wider strategic priorities, including its commitment to addressing health inequalities. Through adopting principles consistent with the Marmot approach, the Council is embedding consideration of the wider determinants of health—such as housing, environment and economic opportunity—into its policy and decision-making framework.

External assurance activity during the year, including the independent review of health and safety arrangements, has provided valuable insight and supports the Council's focus on strengthening consistency, structure and communication across key governance systems.

Looking ahead, the Council remains committed to continuous improvement. The governance framework will continue to evolve to ensure it supports effective decision-making, manages risk appropriately, and maintains public confidence during a period of significant change.

The Council recognises that good governance is not static; it requires active leadership, clear accountability, and a culture of openness and learning. This AGS demonstrates both the strength of the current framework and the organisation's commitment to addressing areas for improvement in a structured and transparent way.

We approve this Annual Governance Statement.

Cllr Alistair Beales
Leader of the Council
Date:



Kate Blakemore
Chief Executive Officer
Date:



Cllr Tom de Winton
Chair of Audit Committee
Date:



Position Statement

We commit to working for West Norfolk as a whole, ensuring that we consider the needs of all our communities and developing the area as a place on the map. A place where people choose to live, work, visit and invest.

Our Corporate Strategy, and subsequent Executive Team plans set out our vision and priorities. Good governance is essential to ensure we deliver these priorities – for our residents, staff, stakeholders and Councillors.

We strive to meet the highest standards of corporate governance to help ensure we meet our objectives and that we conduct business in a fair, open and transparent manner. Good governance ensures our functions are carried out in accordance with the law and proper standards.

It is important that actions and decisions are undertaken in the correct way, for the right people in a timely, inclusive, open, honest, and accountable manner. Having a framework of well understood rules, systems and appropriate access to information is crucial to supporting good governance

The underlying financial environment continues to pose significant challenges and Local Government Reorganisation, alongside Devolution, continues to place pressure on internal resources to carry out the day-to-day activities across the organisation.

Despite the recognised financial challenges, we have committed to delivering a number of high value, high impact regeneration projects to benefit the residents of West Norfolk – including the sensitive preservation of the internationally significant St George’s Guildhall, revitalising the iconic Custom House and the capital investment plan for Lynnsport with the integration of a new swimming pool.

The Council, Norfolk Public Health and Norfolk and Waveney ICB have committed to collaborating with partners to develop and implement the Marmot Place Programme for King's Lynn and West Norfolk. This initiative is a two-year work programme, during which partners will work closely with the Institute of Health Equity in developing recommendations to drive action in reducing health inequalities across King's Lynn and West Norfolk.

The first report as part of the Marmot Place project, overviews inequalities in health among babies, children, and young people and inequalities in key social determinants of health including development in the early years, through education and skills building, and into employment and further education. There is also focus on rurality, housing, green space and transport all areas which impact on the health and lives of children and young people.

Building on the evidence and the views of the many stakeholders, the report sets out high-level recommendations for action for the many sectors and organisations which shape health across the Borough. The next phase of the programme involves organisations developing practical ways forward, with specific commitments and implementation. There is a great deal



that can be achieved to ensure greater health equity for all the residents of King's Lynn and West Norfolk.

Within this overall context, the role of good governance remains critical to public trust and confidence in decision making and the use of public funds.

We are grateful to the councillors and officers of the council for all their efforts to ensure that the council is well run, transparent in its decision making and delivers the 'golden thread' which supports the effective management and leadership of the council.

This Annual Governance Statement provides the opportunity for an honest reflection on whether our Governance Framework is fit for purpose and provides the platform on which we hold ourselves accountable for continuous improvement.

The review of effectiveness confirms that during 2025-2026 there was overall assurance against the Governance Framework however, there are specific areas that have been identified for prioritised and targeted improvement alongside an Action Plan for wider improvements.

The council has a [Code of Corporate Governance](#) which sets out how the council maintains good governance. This code was developed against the [CIPFA Delivering Good Governance in Local Government Framework](#).

The Annual Governance Statement (AGS) reports publicly on how the council has complied with its governance duties and how the council has deployed effective governance during the 2025-26 financial year against the code. It includes a review of effectiveness of its governance arrangements, including systems of internal controls, and sets out proposed changes going forwards to secure continuous improvement.

The AGS 2025-2026 has been developed in line with the May 2025 [addendum to the CIPFA Delivering Good Governance in Local Government Framework](#).

Scope of Responsibility

The council's responsibilities are to:

- Ensure its business is conducted in accordance with the law and proper standards
- Safeguard and properly account for public money
- Use public money economically, efficiently, and effectively
- Meet its 'best value duty' to secure continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

This AGS reflects how the council has complied with the seven principles of good governance and identifies how we plan to maintain compliance and drive improvements.

Corporate Strategy and Action Plan

The council recognises its responsibility for ensuring a sound system of governance is in place to support the delivery of the [Corporate Strategy](#) and ensure good governance within

the council. The Corporate Strategy, published in December 2023, sets out the council's vision, priorities and key principles. The [Action Plan 2025-2027](#), agreed by Cabinet, sets out our key projects and desired outcomes to be achieved against the corporate priorities to deliver our Corporate Strategy and the needs of the residents.

Governance Framework

The Governance Framework is the set of systems, policies, procedures, values, and working practices that guide and control how the council operates. It covers how the council reports to the public, involves its communities, and, when appropriate, provides leadership.

This framework helps the council to assess whether it is achieving its key priorities and outcomes, and whether those efforts are resulting in suitable services and good value for money.

The [Code of Corporate Governance](#) was reviewed and revised during 2024-2025. It was presented to [Audit Committee](#) in March 2025 and [Cabinet](#) in April 2025, by the Monitoring Officer, and was subsequently adopted.

The AGS has been informed by the completion of 'Governance Assurance Statements' by key officers against specific questions focussing on the seven key principle. These provide assurance that effective governance arrangements are in place across all service areas, they also highlight areas that require further development. This is a newly introduced process for 2025-2026 that supports the development of the AGS and will be further embedded during the year ahead.

Decision making structures

The Council's governance framework is supported by a number of key decision-making and oversight bodies. Together, these structures provide democratic accountability, strategic leadership, and independent assurance over the effectiveness of the Council's arrangements. The main components of this framework are outlined below.

Full Council	Full Council meet approximately every six to eight weeks and is consists of all 55 elected members. Full Council has responsibility for: <ul style="list-style-type: none">• Approval of the Corporate Strategy• Approval of the Constitution• Approval of the policy framework• Setting the budget.
Cabinet	Cabinet is made includes the Leader and eight other elected members that hold specific portfolio holder responsibilities.
Audit Committee	The Audit Committee provides assurance to the Council on the adequacy and effectiveness of governance arrangements, risk management framework, internal control environment reviews and

approves the Annual Statement of Accounts and Annual Governance Statement.

Scrutiny

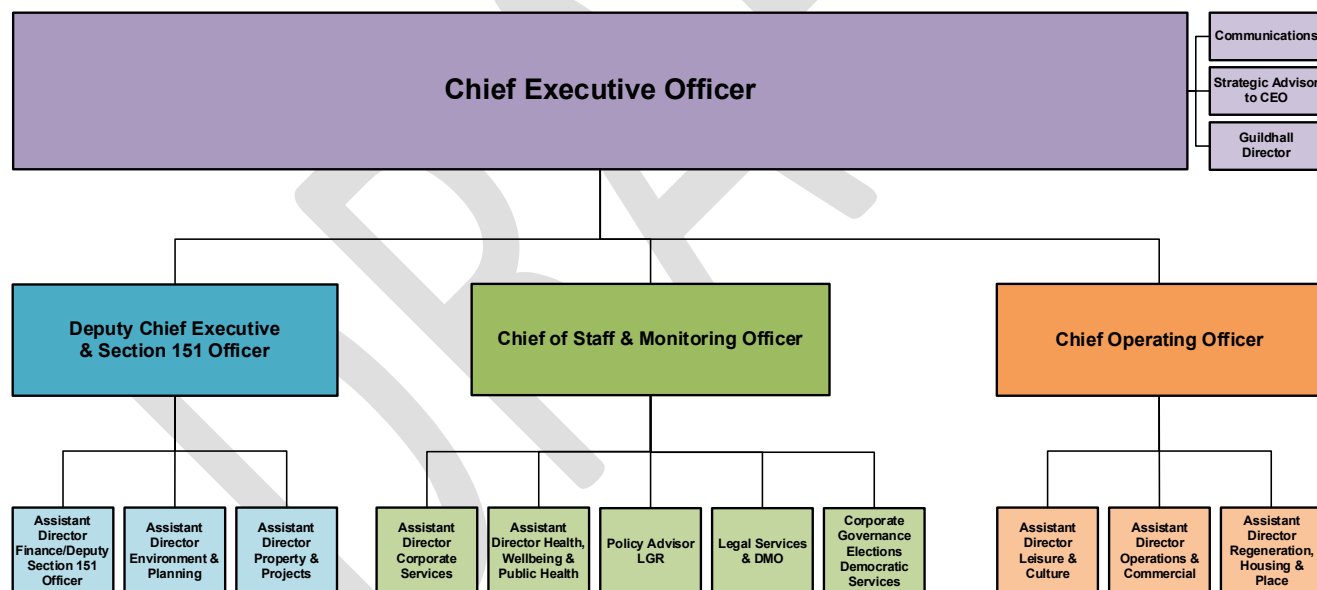
Scrutiny committees are in place to scrutinise executive decisions to help inform policy development and to review the effectiveness of existing policies. The council has three scrutiny panels:

- Corporate Performance Panel
- Regeneration Development Panel
- Environment and Community Panel

Statutory Officers and Organisational Structure

The Chief Executive Officer, Deputy Chief Executive (& S151 Officer), Chief Operating Officer and Chief of Staff (& Monitoring Officer) are collectively the Executive Leadership Team (ELT), whilst the Assistant Directors, including members of ELT make up the Corporate Leadership Team (CLT).

The Chief Executive Officer (Head of Paid Services), Deputy Chief Executive (& S151 Officer) and Chief of Staff (& Monitoring Officer) posts are designated Statutory Officers. [Article 12 of the Constitution](#) defines the functions of statutory posts.



Performance Monitoring

Corporate performance monitoring is in place to connect the priorities from the [Corporate Strategy](#) to individual service areas. Corporate performance is reported to the Corporate Performance Panel and Cabinet on a quarterly basis. Overall, many services across the Council perform well and this is reflected in the quarterly [Corporate Performance Management Reports](#) for 2025/2026 which demonstrates the council’s effective delivery of services and support for the community.

Performance monitoring covers the Corporate Strategy and key performance indicators agreed by the Corporate Leadership Team and the Corporate Performance Panel.

Risk Management

The council's [Risk Management Policy and Strategy](#) were adopted by Full Council in January 2026. The Policy and Strategy are reviewed every three years, or earlier in the light of new guidance, to ensure it remains relevant to the needs of the council. It is the council's policy to proactively identify, understand, manage and review the risks involved in service delivery and those associated with our plans and strategies, so as to encourage responsible and informed decision making.

Online risk awareness training is to be rolled out to relevant officers to ensure they have the necessary skills to identify, appraise and control the risks associated with the services they provide and projects they manage. Elected members will receive the online training so that they can consider the implications of risk whilst engaged with council activities.

To ensure it is effective, risk management needs to be aligned with corporate aims, objectives and priorities. The council's approach to embedding risk management is to create a culture that spreads best practice, identifies and communicates lessons learnt, and uses appropriate expertise.

The council's risk appetite is defined in the Risk Management Policy as 'open', which means that the council is prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risk.

Information Governance and Data Protection

During 2025-26 the Council has embarked on an Information Governance and Data Protection transformation programme. It was identified that the organisation was carrying significant risks related to our Information Governance, Data Protection and data management practices.

An application review was conducted during January, February and March 2026, which highlighted a lack of ownership and accountability for a number of digital systems being used across the authority, with no one seemingly being responsible for the data held in those systems.

Compliance with retention schedules, statutory timeframes for responses and maintenance of our Record of Processing Activity (RoPA) and our Information Asset Registers required immediate attention.

What we have done to address these issues:

- Create awareness and accountability at Executive and Corporate Management levels – clearly articulating the risks this presents to the authority and our residents.

- Introduction of Information Governance Leads across all service areas within the Council.
- Revised mandatory Data Protection training for all staff, which will be rolled out in 2026-27.
- Provided clarity of key Data Protection roles, alongside the recruitment of a new Data Protection Officer (DPO).
- New members of staff managing FOIs and SAR requests to improve compliance with statutory timeframes.
- Provided templates and deadline for the completion of service area RoPAs and IAR.
- Reviews of retention schedules carried out during March 2026.
- Proposal for the 'Establishment of a Corporate Data Government Framework' was endorsed by the Executive Leadership team in March 2026 and will be actioned during 2026-27, this includes the commissioning of a comprehensive data audit (which will include structured and unstructured data repositories)

The Data (Use and Access) Act 2025 passed into law in June 2025. This act introduces changes to UK data protection law. We have begun to revise our Data Protection Policy to ensure compliance and continue to drive improvements. The revised policy will be presented to Cabinet in June 2026. Information Governance matters are reported annually to the [Corporate Performance Panel](#).

Designated Posts

Experienced postholders include the Data Protection Officer/Interim Corporate Governance Manager, Senior Information Risk Owner (SIRO), Deputy Senior Information Risk Owner, Senior Corporate Governance Officer and the Information Governance Officer. In addition, appointed Information Governance Leads were introduced during 2025/26 across all services.

Data Protection Officer (DPO) Assurance Statement

As the Council's DPO, I confirm that I have exercised my statutory responsibilities independently and in accordance with Articles 37–39 of the UK GDPR. I have provided advice, monitoring, and oversight of the Council's compliance with data protection legislation throughout 2025/26.

Procurement and Contract Management

Procurement and Contract Management Transformation (P&CTM) began in 2024/25 and has continued throughout 2025/26, with the team implementing the changes brought about by new Contract Standing Orders and new national legislation, the Procurement Act 2023, both of which came into force in February 2025.

Non-Compliant Spend

There are areas of non-compliant spend, Contract Standing Orders are an internal control designed to support best value being achieved and as a protection against fraud & corruption. They are an essential part of the Governance Framework.

The P&CMT's quarterly meetings are bringing some of this non-compliant spend to light, and work continues to ensure all future contracts are subject to correct procurement procedures. This is reviewed quarterly and reported on as part of the performance measures. A deep dive review of non-complaint spend was commenced at the end of quarter four, which will drive further improvements in this area. This issue has been assessed as a 'significant governance issues'.

Wholly Owned Companies

WNHC Company Ltd (WNHC)

WNHC has received independent legal advice on the Loan Agreement and continues to work towards completion of the agreement. Financial modelling has been updated to ensure the proposed finance is affordable for the company and independent assurance on this modelling has also been provided. The board has delegated authority to officers to finalise and enter into the agreement and it is anticipated that the agreement will be completed by early March 2026.

WNHC together with the council continue to explore further opportunities to access grant to deliver additional affordable housing. Homes England recently released details of the new Social and Affordable Homes Programme 2026-36. The programme opens for bids in February and consideration is currently being given to opportunities to utilise this funding.

Work has commenced to finalise a new Support Services Agreement (SSA) for all services provided by the council to the company. A revised draft of the SSA was considered by the board at their December board meeting and this is expected to be finalised and approved in March 2026. WNHC will work with the council to review and update the Shareholder agreement and Articles of Association.

WNPL Limited (WNPL)

Financial modelling has been updated and presented to the board. WNPL continues to have discussions with the council regarding terms of the future funding arrangements.

A full review of stock management and maintenance arrangements to be undertaken with a procurement strategy agreed by the end of March 2026 ahead of the end of the current contract in October 2026. A review of options for future arrangements was considered by the Board in March 2026.

An annual tenant satisfaction survey has been completed with a 36% response rate. Tenants gave WNPL an average rating of 7.3 out of 10 and 7 out of 10 for Touchstone. 93% of those that responded were satisfied that WNPL provides a Safe Home and 70% were satisfied that WNPL provides well maintained homes with the remaining 30% neither satisfied or dissatisfied. Additional surveys have also been introduced at the beginning and end of tenancies and the results of these will be monitored.

The Renters Rights Bill received Royal Assent on 27th October 2025 and became the Renters Rights Act 2025. Measures within the Act will be introduced in phases with the first phase in May 2026 introducing significant reforms to tenancies in the Private Rented Sector. This includes the abolition of "no fault evictions" and fixed term tenancies. A review of the impact

of the Act on the Company's Business Plan has been shared with the board and discussed at the January meeting.

The impact of the phase 1 measures are expected to have a minimal impact on the company's business plan as the WNPL was already committed to not carry out no fault evictions and providing long term tenancies. A full review of policies, procedures and documents (such as tenancy agreements) will be carried out in the new year.

A Housing Management Policy Review has been undertaken, and new Housing Management Policies have been introduced in relation to lettings and tenancy sustainment. All policies will be reviewed to ensure compliance with the Renters Rights Act.

Financial Management and Sustainability

In accordance with Section 25 of the Local Government Act 2003, the Deputy Chief Executive (Section 151 Officer) reported to Full Council in February 2025 on the robustness of estimates and adequacy of reserves. The assessment concluded that the budget for 2025-26 is based on sound assumptions, with appropriate mitigation of key risks, and that reserves are adequate to support the Council's financial plans.

Medium-Term Financial Strategy (MFTS):

The MFTS presented to Cabinet and Full Council in February 2026 confirms that budget gaps persist from 2026/27 onwards, reflecting continued uncertainty in the national local government finance system and the scale of cost and demand pressures. To achieve longer term financial sustainability, a combination of measures will be required during the next budget cycle, including a phased but time limited use of reserves, income generation, service redesign and transformation, and the delivery of savings. The Council's reserves remain at a level sufficient to provide financial resilience and the time required for planned actions to take effect.

The Council's financial management arrangements remain fully aligned with the governance requirements set out in the CIPFA Governance Framework and are embedded within the Financial Regulations forming part of the Constitution. Monthly budget monitoring continues to be undertaken, with quarterly reporting to Corporate Leadership Team, Cabinet and Scrutiny. The annual budget undergoes extensive development, review and challenge, covering the General Fund, the Capital Programme, and the budgets of the Council's wholly owned companies.

Security of the Council's funds remains the overriding priority, above liquidity and yield, underpinning the Treasury Management Policy Statement. [Council budgets](#)

Long-term financial planning, resilience and governance of financial decision making

Building on the Medium-Term Financial Strategy and the Council's established financial management arrangements, the governance framework ensures that long-term financial planning is fully integrated with strategic planning and decision making. There is clear alignment between financial planning, the Corporate Strategy and service planning processes

which enables resources to be directed towards agreed priorities while maintaining a focus on sustainability over the medium to longer term.

Within this framework, scenario modelling is used to inform planning and decision making. A range of financial scenarios are developed and considered which reflect different assumptions around funding levels, service demand, inflation and wider economic conditions. This ensures that Members and senior officers are sighted on the potential scale and timing of future financial pressures and are able to consider the implications of alternative policy choices and delivery models. This approach supports flexibility and preparedness in the context of ongoing uncertainty both within the national funding system and the potential implications of Local Government Reorganisation.

Financial resilience is considered on an ongoing basis through the Council's governance and risk management arrangements. This includes the integration of financial risks within the corporate risk framework alongside a regular review of key financial indicators and the broader assessment of organisational capacity to respond to financial challenges. In doing so, the Council considers not only the adequacy of reserves, but also its ability to sustain service delivery, manage demand pressures and deliver planned changes over time.

The governance framework also plays a critical role in supporting the management of difficult financial decisions. Clear processes are in place to ensure that decisions are informed by robust financial analysis, risk assessment and consideration of alternative options. Proposals are subject to structured reporting, challenge and scrutiny through Corporate Leadership Team, Cabinet and Scrutiny arrangements thereby providing assurance that decisions are transparent, evidence-based and aligned to the Council's priorities. This enables the Council to balance competing demands and take necessary decisions in a controlled and accountable way.

Savings and transformation programmes are delivered within this governance framework with defined arrangements for approval, oversight and performance monitoring. Proposals are assessed for financial viability, deliverability and alignment with strategic objectives and are subject to ongoing monitoring through established reporting mechanisms. Where risks to delivery are identified, there are clear escalation routes to enable timely intervention and corrective action.

Collectively, these governance arrangements provide assurance that the Council is taking a structured and forward-looking approach to managing its financial position which supports both the sustainability of its finances and the effective delivery of its services.

Counter-Fraud and Anti-Corruption

The councils Anti-Fraud and Anti-Corruption strategy, 2025-2028 establishes our vision, principles and priorities for prevention and tackling fraud and corruption.

Our [Anti-Fraud and Anti-Corruption policy](#) sets out how concerns are handled, including triage, investigation, sanctions and communication. The policy also identifies the fraud risks that the Council faces, collectively and for specific services.

Our [Anti-Money Laundering Policy](#) explains our approach to money-laundering risks, including roles, reporting and customer due diligence.

Investigations are taken in response to referrals to the Council from individuals and via the National Fraud Initiative Data-matching Portal.

Transparency and stakeholder engagement

Our [transparency webpage](#) is regularly updated and provides easy access to the information we publish in order to be open and clear, including councillor's expenses and senior salaries.

The council provides live streaming of Council and Committee Meetings that are open to the public to ensure transparency and easy access for all residents - [WestNorfolkBC](#) – apart from meetings where exempt matters are being debated or discussed. [Agendas, report packs and minutes](#) are also available. [Officer](#) and [Member](#) delegated decisions are available on our website.

Corporate [performance monitoring reports](#) are published on our website on a quarterly basis, to help residents understand how well key elements of services are performing.

The council's [financial strategy](#) is available on our website. In February we set our spending strategy for the forthcoming financial year that starts in April, together with projections of income and expenditure for future years. In approving the financial strategy we also set the [Council Tax](#) for the next financial year.

Whistleblowing

The Council is committed to the highest possible standards of openness, probity and accountability. In line with that commitment, we encourage all employees, Councillors, and those we work in partnership with to come forward and voice concerns about any aspect of the Council's work. We emphasise that employees can do so without fear of reprisals. The earlier concerns are raised, the easier it is to act and deal with the matter.

The Council's [Whistleblowing policy](#) sets out its approach to ensuring that concerns of significant public, including potential fraud, malpractice or illegality can be raised and considered in a safe and confidential manner. The Policy supports a culture of openness and accountability ensuring that individuals can raise concerns with confidence and without fear of detriment.

The Council maintains a separate whistleblowing procedure for staff and members which sets out in operational terms how reporting will be managed.

The Monitoring Officer provides an annual report to the Audit Committee, on an exception basis, on the handling of whistleblowing reports received in the preceding year, in a form that does not compromise confidentiality.

Standards and Code of Conduct Complaints

Our guidance on Member Code of Conduct Complaints Handling was approved by the Standards Committee in February 2023. This guidance outlines the arrangements under

which allegations against elected or co-opted councillor of the authority or of a town or parish council within our area have failed to comply with the Code of Conduct will be considered. Code of Conduct Complaints are reported to the [Standards Committee](#) on an annual basis.

Corporate Complaints

Public feedback mechanisms are a core part of demonstrating good governance and organisational culture. The council operates a formal, two stage, Corporate Complaints Policy, which has been developed in line with the requirements of the Local Government and Social Care Ombudsman. The policy is currently under review to ensure it remains fit for purpose. Alongside the policy review, our internal reporting and monitoring processes are being reviewed to better support transparency and identify learning.

Common themes identified for complaints received during 2025/26 are outlined below:

- Customer service, complaint handling and trust
- Perceived unfairness and bias
- Dissatisfaction with operational services

An annual complaints monitoring report is presented to the [Corporate Performance Panel \(CPP\)](#).

Local Government and Social Care Ombudsman (LGSCO)

The LGSCO consider complaints that have already been through the Council's internal process and where the complainant remains dissatisfied. The Ombudsman's decision notices are published publicly, and any cases that have been escalated to the Ombudsman are reported via the annual complaints monitoring report presented to [CPP](#).

Overall Assurance and assessment of effectiveness

The Governance Framework as set out within the AGS has operated as expected, with any areas for improvements identified in the action plan.

The review of the assurance statements demonstrates a generally sound governance framework, with strong transparency, ethical foundations, and financial control. The main corporate risks stem from inconsistent application and evidence, rather than absence of controls—particularly in action planning, risk management, governance awareness, and audit closure.

Taken together, the assurance statements demonstrate that the Council has a generally sound system of governance, with strong foundations in transparency, ethical standards, financial control, and statutory compliance.

The principal corporate risks do not arise from the absence of controls, but from:

- inconsistent implementation and documentation;
- reliance on informal knowledge rather than systematic assurance;
- variable maturity across services in planning, risk, performance, and audit follow up.

With targeted corporate action—particularly around constitutional awareness, Action Planning, risk management, DPIA use, Business Continuity Planning, and audit closure—the organisation is well placed to strengthen assurance and demonstrate continued improvement in future AGS cycles.

The following table provides a structured summary of the Council’s review of effectiveness for 2025/26, setting out the key governance components, the assurance sources available, and the overall assessment of how well each element operated during the year. Those in **bold text** have been assessed as a ‘significant governance issues’.

	Core Arrangements	Assurance Sources	Effectiveness Rating	Gaps / Risks Identified	Improvement Actions – reference number
A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.	<ul style="list-style-type: none"> • Officer Code of Conduct • Member Code of Conduct • Constitution • Statutory Officers • Standards Committee • Register of Interest • Equality Policy • Anti-fraud and Anti-corruption policy documents • Whistleblowing policy • HR policy documents • Gifts & Hospitality Register • Corporate Complaints Policy • Annual Corporate Complaints report (incl FOIs, DP requests and compliments) • Enforcement Policy • Procurement and Contract Management Strategy • Contract Standing Orders 	<ul style="list-style-type: none"> • Monitoring Officer / Statutory Officer oversight • Whistleblowing activity reports • Code of Conduct activities and reports • Standards committee reports • Fraud risk assessment and activities • HR disciplinary and grievance data • Internal & external Audit reports • Training and development records • Policy library • Scrutiny committee reports • Audit committee reports • Procurement reports and activities 		<ul style="list-style-type: none"> • Inconsistent staff awareness of the Constitution, scheme of delegation, anti-fraud and anti-corruption arrangements, whistleblowing, and registers of interests, particularly in operational and project based services. • Lack of Governance Dashboard reporting – collective oversight ‘health check’ 	1.1 1.2 1.3

	Core Arrangements	Assurance Sources	Effectiveness Rating	Gaps / Risks Identified	Improvement Actions – reference number
B. Ensuring openness and stakeholder engagement	<ul style="list-style-type: none"> Recording decisions Council body forward plans Council body agendas Council website Transparency/open data Corporate Performance YouTube channel Stakeholder meetings – CEO Consultations Resident newsletter Communication and Engagement Strategy 	<ul style="list-style-type: none"> Publication scheme compliance Published committee agendas and minutes Livestreamed / recorded Member meetings Information Governance compliance reports Monitoring / Statutory Officer oversight FOI/EIR performance reports Consultation and engagement activities and reports Scrutiny committee oversight Resident feedback and complaints reports Internal Audit reports Resident and staff engagement / satisfaction surveys 		<ul style="list-style-type: none"> Limited engagement is reported in some internal or technical services, but this reflects service remit rather than control failure. No significant systemic weaknesses identified. 	
C. Defining outcomes in terms of sustainable economic, social, and environmental benefits.	<ul style="list-style-type: none"> Corporate Strategy Annual plan Corporate Performance Policy framework Corporate Equalities Working Group White Ribbon steering group Audit committee Member working groups 	<ul style="list-style-type: none"> KPIs Corporate Performance monitoring reports EDI activities EIA reports White Ribbon activities Cabinet reports Medium Term Financial Strategy Internal Audit reviews Resident feedback 		<ul style="list-style-type: none"> Sustainability and environmental impacts not always clearly articulated outside specialist services Social Value Framework and monitoring mechanisms are not established 	3.1 3.2 3.3
D. Determining interventions, necessary to optimise the achievement of the intended outcomes.	<ul style="list-style-type: none"> Medium Term Financial Plan Budget planning Consultations and feedback Socia Value policy and framework Transformation programme 	<ul style="list-style-type: none"> Budget monitoring Programme and projects oversight Risk management reports Statutory Officer oversight and guidance Corporate planning 		<ul style="list-style-type: none"> Performance measures are not consistent across the organisation, especially in services that are not statutory or are project-based, 	4.1 4.2

	Core Arrangements	Assurance Sources	Effectiveness Rating	Gaps / Risks Identified	Improvement Actions – reference number
	<ul style="list-style-type: none"> • Corporate Performance • Performance and Risk Management System • Risk registers • Consultations, surveys and feedback 			<p>which makes it harder to track progress consistently.</p> <ul style="list-style-type: none"> • Corporate planning framework exists, but it is used inconsistently. • Limited staff awareness of the Forward Plan and reporting schedules. • Social Value Framework needs to be fully developed and embedded 	
E. Developing the entity's capacity, including the capability of its leadership and the individuals within it.	<ul style="list-style-type: none"> • Internal Audit • Assurance Statements • Delegations • Staff and member training and development packages • Consultation and survey results 	<ul style="list-style-type: none"> • Training and development records • Appraisals • Management development programmes • Internal Audit reports of workforce and capacity • HR metrics – sickness absence, turnover, vacancy rates, recruitment performance, agency spend • H&S and wellbeing report • EDI monitoring • OD plans and oversight • CPP reports • Statutory Officer oversight • Staff feedback 		<ul style="list-style-type: none"> • Inconsistent delivery and quality of 1:1s, especially in operational or casual staffing environments • Partial completion of statutory training in some services – some staff may not be aware of the training that is required • Job descriptions not always updated promptly during periods of organisational change. • Some services continue to experience challenges in recruitment, retention, and capacity • Variability in the application of project management standards 	5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9

	Core Arrangements	Assurance Sources	Effectiveness Rating	Gaps / Risks Identified	Improvement Actions – reference number
F. Managing risks and performance through robust internal control and strong public financial management	<ul style="list-style-type: none"> • Risk Management Strategy and Policy • Corporate Management System • Risk Registers • Risk implications embedded within cabinet reports • Audit Committee – Terms of Reference, forward work plan and reports • Quarterly performance monitoring and reporting • Post-project review process • Financial regulations, strategies and processes • Budget monitoring • Risk based Internal Audit planning • Annual Governance Statement • Information Governance policies and processes 	<ul style="list-style-type: none"> • Risk Management reports • Performance management reports • Internal audit reports • External audit reports • Financial oversight • Scrutiny committees • Audit committee • Counter-fraud and NFI outcomes • H&S compliance • Information Governance compliance • Statutory Officer oversight • Post-project evaluations and PMO reports 		<ul style="list-style-type: none"> • Inconsistent ownership and updating of service level risk registers • Limited routine consideration of Data Protection Impact Assessments outside specialist teams • Information Governance and Cyber Security Resilience • Gaps in Business Continuity Planning for some non-critical services; • Uneven application of the Project Management Framework • Health and Safety audit outcomes • A small but persistent number of outstanding internal audit recommendations • Financial Sustainability and Medium-Term Budget Pressures • The evolving cyber threat landscape • Non-compliant procurement spend 	6.1 6.2 6.3 6.4 6.5 6.6 6.7 6.8 6.9 6.10 6.11 6.12 6.13 6.14 6.15 6.16
G. Implementing good practices in transparency, reporting, and audit to deliver	<ul style="list-style-type: none"> • Corporate Performance Framework • Transparency data • Statement of Accounts 	<ul style="list-style-type: none"> • Internal Audit annual opinion • Annual Governance Statement • Transparency publications 		<ul style="list-style-type: none"> • Uneven maturity of performance reporting, particularly in operational and project-based services 	7.1 7.2 7.3

	Core Arrangements	Assurance Sources	Effectiveness Rating	Gaps / Risks Identified	Improvement Actions – reference number
effective accountability	<ul style="list-style-type: none"> • Annual Governance Statement • Pay Policy Statement • Statutory Officers • External Audit plan and reports • Audit Committee • Policy review and development panels • Corporate Complaints annual monitoring report 	<ul style="list-style-type: none"> • Internal & External Audit reports • Financial statements and reports • S151 Officer assurance • Monitoring Officer assurance • Complaints, Ombudsman reports • Information governance reports and reviews • Risk reporting 		<ul style="list-style-type: none"> • Fragmented or developing KPI frameworks • Outstanding or unclear internal audit recommendations in a few services • FOIs and EIAs not currently published 	

Our assessment of effectiveness also includes outcomes from the work of internal audit, external assurances (where applicable) and external audit.

Internal Audit

Annual Opinion

The Head of Internal Audit Opinion will be added to the final Annual Governance Statement following approval by the Audit Committee.

External Assurance

Governance of the Council is monitored by external organisations as well as the internal governance monitoring and controls in place.

During 2025/26 the council commissioned Bureau Veritas to assess out health & safety practices in order to offer a constructive picture of the council's position in this regard. The review concluded that many teams demonstrate good practice, strong teamwork and genuine care for safety. However the current health & safety system is under strain due to inconsistent processes and historic ways of working that has created gaps that need to be coordinated and given organisation wide attention, The report concluded that the challenge is not lack of willingness, but a lack of consistent structure, capacity & communication, but noted that the leadership intent is positive and there is a clear ambition to modernise service and improve outcomes.

This review has provided the council with a detailed action plan, covering a period of 18 months which will ensure appropriate action is taken and risks are mitigated appropriately. This action plan is monitored through the Health and Safety Board which meets on a monthly basis.

This issue has been assessed as a 'significant governance issue'.

External Auditors

The Council's external auditors are responsible for providing independent assurance on the Council's financial statements and wider arrangements. External audit reports are presented to the Audit Committee ensuring appropriate Member oversight and enabling any significant findings or concerns to be considered within the Council's governance framework.

The Council's appointed external auditors, Ernst & Young (EY), undertake an independent audit of the financial statements and provide an opinion on whether they present a true and fair view of the Council's financial position. In addition, EY assess the Council's arrangements for securing economy, efficiency and effectiveness in its use of resources. In forming their conclusions, EY take account of statutory requirements, national standards, their own audit work and, where appropriate, the findings of Internal Audit.

The most recent auditor's report covering the financial year ended 31 March 2025 was issued on 26 February 2026 following a draft version being reported to [Audit Committee on 17 February 2026](#). The auditors issued a disclaimer of opinion on the financial statements, reflecting that they were unable to obtain sufficient appropriate audit evidence due to ongoing audit backlog issues, delays in the provision of supporting information and the impact of prior year disclaimers.

The auditors also confirmed that disclaimer opinions had been issued for the financial years ended 31 March 2021 to 31 March 2024, and highlighted that ongoing operational and resource challenges, together with delays in financial statement preparation, have affected the timeliness and quality of the Council's accounts.

As part of their consideration of arrangements for securing economy, efficiency and effectiveness, the auditors identified a significant weakness in the Council's governance arrangements relating to the preparation of the Statement of Accounts and the provision of high-quality supporting working papers.

The position reflects the broader national context, where a significant backlog in local authority audits had developed. Nationally, the use of disclaimer opinions for earlier years has been part of a wider approach to restore timely assurance on more recent financial statements.

In response to the findings raised by the external auditors, the Council is progressing a programme of improvement focused on strengthening its financial reporting arrangements. This includes enhancing the quality and timeliness of the Statement of Accounts, improving supporting working papers, and ensuring that audit evidence is provided in line with agreed standards and timescales. Capacity and capability within the finance function has also been reviewed and strengthened to support these improvements.

How the overall opinion (of assessment of effectiveness) has been agreed

The council has responsibility for conducting a review of the effectiveness of its Governance Framework including the system of internal control. This review is conducted with reference to the council's Code of Corporate Governance and aligned with the CIPFA/SOLACE

Delivering Good Governance in Local Government Framework 2016, and the subsequent May 2025 addendum.

Effectiveness is assessed through a review of Assurance Statements submitted by all service areas over the 2025–26 period, supplemented by detailed evaluations of specific aspects of the Governance Framework. This review also takes account of the conclusions reached by other parties such as internal and external audit.

Significant Changes and Areas for Improvement

For this AGS, ‘significant governance issues’ has been defined as those issues that create a risk to the Council’s ability to achieve our priorities, comply with the law, safeguard public money, or maintain effective governance.

Updates will be reported in the next Annual Governance Statement, with any unresolved issues carried forward.

Identified issues during 2025/26, to be addressed in 2026/27	Evidence / rationale
<p>Principle D:</p> <p>Consistency of Performance Management and KPI Frameworks</p>	<p>The review identified inconsistent use of performance measures across some service areas, particularly non-statutory and project-based services. This limits the Council’s ability to monitor outcomes consistently and take timely corrective action.</p>
<p>Principle E:</p> <p>Workforce Capacity and Statutory Training Compliance</p>	<p>Some services continue to experience challenges in recruitment, retention, and capacity, which affects resilience and service delivery. In addition, statutory training compliance is not yet consistent across all areas, with partial completion or unclear interpretation in some teams.</p>
<p>Principle F:</p> <p>Financial Sustainability and Medium-Term Budget Pressures</p>	<p>The Council continues to face significant financial pressures arising from demand-led services, inflationary impacts, and uncertainty in national funding. These pressures present a risk to the long-term sustainability of the Medium-Term Financial Strategy. Strengthening financial resilience remains a corporate priority, supported by enhanced budget monitoring, savings tracking, and scenario planning.</p>
<p>Principle F:</p> <p>Strengthening Programme and Project Governance</p>	<p>The review highlighted variability in the application of project management framework. This creates risks to delivery, cost control, and the achievement of intended outcomes.</p>
<p>Principle F:</p> <p>Information Governance and Cyber Security Resilience</p>	<p>The Council continues to strengthen its information governance arrangements, but the evolving cyber threat landscape requires ongoing improvement. Work is progressing to enhance cyber controls, staff awareness, and incident response capability. This</p>

	remains a significant issue due to the potential impact on service continuity and data protection.
<p>Principle F:</p> <p>Non-compliant procurement spend. Instances where procurement activity did not fully comply with the Council's Contract Standing Orders or national procurement regulations</p>	The identification of non-compliant spend can represent a significant governance issue due to the fundamental role Contract Standing Orders (CSOs) play within the Council's internal control environment. CSOs are a key mechanism for ensuring transparency, fairness, value for money, and protection against fraud and corruption. Non-compliance can therefore, indicates a breakdown in established governance controls.
<p>Principle F:</p> <p>Health and Safety</p>	Inconsistent compliance with health & safety and cross-cutting control weaknesses limits the Council's ability to provide robust assurance on this significant issue. This is a significant issue due to the potential issues of employee safety, service delivery, and organisational reputation if not addressed.

Action plans to address these in the coming year

Actions identified through within this AGS and wider assurance activity will be monitored throughout 2026/27 through the Council's established governance and performance framework. Progress will be reviewed regularly by senior management and the Corporate Leadership Team, with regular performance reports presented to the audit committee. Each action has a named lead officer ensuring that improvements are tracked transparently and that any delays or emerging risks are escalated promptly. This approach provides ongoing assurance that governance improvements remain on track and that the Council continues to strengthen its overall control environment.

The actions that have been identified as 'significant governance issues' within this AGS that will be progressed throughout 2026/27 are included at Appendix 2. The review also highlighted a number of operational areas that require improvement, these will be addressed within a separate, operational action plan.

Governance Outlook

The Council remains firmly committed to maintaining governance arrangements that are robust, transparent, and responsive to the evolving environment in which we operate. Looking ahead, we recognise the need for governance that is not only compliant but genuinely fit for purpose—capable of supporting effective decision-making, safeguarding public value, and enabling continuous improvement. We will embed our assurance statement process, and ensuring that our structures, policies, and behaviours remain aligned with best practice.

Over the coming year, we will continue to review and strengthen our systems of control, risk management, and assurance so that our governance remains fit for purpose in a changing landscape.

Local Government Reorganisation

The forthcoming Local Government Reorganisation (LGR), including the establishment of the shadow unitary authority in May 2027, culminating in Vesting Day on 1 April 2028, represents a major transition for the sector and for our organisation. Over the coming year, we will continue to strengthen our governance framework so that it remains resilient, future-focused, and capable of supporting effective decision-making throughout the reorganisation process.

LGR brings unavoidable risks as the Council must deliver major structural change while continuing to provide reliable day-to-day services. The scale of transformation may place pressure on capacity and established processes, so maintaining strong oversight and protecting business-as-usual performance will remain essential throughout 2026/27.

We will continue to invest in strong leadership, clear accountability, and a culture of integrity, ensuring that our governance remains resilient, future-focused, and able to meet the challenges and opportunities ahead.

New and Emerging Legislative Changes

Looking ahead to 2026/27, several pieces of new and emerging legislation will have a direct impact on the Council's governance, assurance and service-delivery arrangements.

Forthcoming changes—including updates to procurement regulations under the Procurement Act, strengthened duties relating to data protection and digital information, and evolving requirements linked to environmental and climate-related reporting—will require the Council to review and adapt its governance framework, policies and assurance processes.

The Council will continue to monitor these developments closely and ensure that governance frameworks, policies and assurance processes are updated to maintain compliance and support effective implementation.

Other anticipated legislative changes include:

- The Overnight Visitor Levy Bill
- The Social Housing Renewal Bill
- The Education for All Bill
- The Representation of the People Bill
- The Police Reform Bill
- The NHS Modernisation Bill
- The Digital Access to Services Bill
- The Public Office (Accountability) Bill
- The Draft Taxi and Private Hire Vehicle Bill
- The Armed Forces Bill

Cyber Security

The cyber threat landscape is becoming increasingly sophisticated, with councils facing more frequent and targeted attempts to disrupt systems or access sensitive data. Strengthening

cyber resilience will remain a priority for 2026/27, with continued investment in security controls, staff awareness and incident-response capabilities to ensure our systems and services remain protected.

Conclusion

In conclusion, the Council remains committed to maintaining high standards of governance, transparency and accountability. The actions set out in this Statement will be taken forward and monitored throughout 2026/27 to ensure continuous improvement in our governance arrangements. The Council is satisfied that, overall, its systems of internal control and governance remain robust, and it will continue to strengthen these arrangements in response to emerging risks, legislative changes and organisational developments.

This Statement has been approved by the Leader of the Council, the Chair of Audit Committee and the Chief Executive, who are satisfied that it accurately reflects the governance position for the year and the improvement actions required for the period ahead

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Appendix 1 : Progress of 2024/25 actions

AGS Action	Context to action	Issues and challenges identified	Progress during 2025/26	Continue to progress in 2026/27?	
1	Introduction of climate change decision making impact assessment	To demonstrate how a project/initiative will affect people and the environment	<p>Senior management capacity to lead this work following departure of key senior officer.</p> <p>Local Government Reorganisation activities adding to capacity challenges</p>	<p>Options report considered by Senior Leadership Team on 3 December 2024. Assistant Director nominated to lead development but subsequently left the organisation.</p> <p>Following staffing changes in Corporate Governance, further work undertaken to develop an impact assessment tool. Report considered by Corporate Leadership Team in March 2026.</p> <p>Tool being refined and tested with report authors. Feedback and recommendations to be presented to Corporate Leadership Team, Dec 2026</p>	No, now BAU
2	Refresh and extend equalities training provision for staff. To ensure current practice reflects recommended best practice, both in terms of service delivery and as	A subgroup of the equalities working group will progress this action. Training for managers will commence as part of a new practical management passport programme rolled out	<p>Management capacity to lead this work and operational capacity to deliver.</p> <p>Staff changes.</p> <p>Local Government Reorganisation activities</p>	<p>Wider EDI work continued to progress via the Corporate Equalities Working Group.</p> <ul style="list-style-type: none"> • The council was awarded Disability Confident status in April 2025. • Signing of Unison's anti-racism charter. • Achieving White Ribbon 	No, now BAU

AGS Action		Context to action	Issues and challenges identified	Progress during 2025/26	Continue to progress in 2026/27?
	people managers	in May 2025. Training will also be implemented to support new policy. Work to support care leavers has been progressed and will be subject to further review during 25/26	adding to capacity challenges	<p>Accreditation.</p> <ul style="list-style-type: none"> • Submitting our application to the Ministry of Defense for 'Gold' accreditation status with the Armed Forces Covenant Employer Recognition Scheme. • The establishment of our Dyslexia Peer to Peer Support Group. • Launch of Menopause awareness workshops and the development and implementation of a Menopause support booklet, action plan and risk assessment. • The adoption of Unison's Sexual Harassment at Work Policy, preventing sexual harassment training was delivered to managers. • EDI training was embedded within the managers passport training <p>A defined eLearning package is currently under development.</p>	

AGS Action		Context to action	Issues and challenges identified	Progress during 2025/26	Continue to progress in 2026/27?
3	Develop our local offer for care leavers – to be progressed by the care leavers working group	To demonstrate the council’s commitment to care leavers and the care leaver covenant	<p>Management capacity to lead this work and operational capacity to deliver.</p> <p>Local Government Reorganisation activities adding to capacity challenges</p> <p>Limited to no engagement with care leavers.</p>	None.	
4	Project management	A project maturity assessment identified the need for a PMO to principally support the major capital projects/programmes to provide oversight, alignment and control	Initial delays in proceeding with intended recruitment.	PMO team of 5 FTE in place with effect from September 2025. 1 FTE utilised 100% on LGR readiness at that point. Remainder of team supporting major capital projects / programmes including the Transformation Programme. No further action required.	No, now BAU
5	Capital programme governance arrangements to be reviewed and embedded across the organisation	The processes around new additions, monitoring and reporting against projects needs enhancing to ensure that reporting is focussed on live projects, and there is clear oversight of the	None	The Capital Project Framework adopted a tiering approach to categorisation in its Capital Strategy approved by Council in February 2024. The process was embedded during 2025/2026 as demonstrated through Members Major Projects Board, Quarterly Budget Monitoring	No, now BAU

AGS Action	Context to action	Issues and challenges identified	Progress during 2025/26	Continue to progress in 2026/27?	
		pipeline of supported projects coming forward, and the associated capital and revenue implications are known		Reports to Cabinet and updates on Council Borrowing in Treasury Management reports to Audit Committee.	

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Appendix 2: 2025/26 Actions

Principle	Issues/Challenges Identified	Ref	Action	Lead Officer
D	Determining the interventions necessary to optimise the achievement of intended outcomes			
	Inconsistent application of performance measures and corporate planning	1.1	<ul style="list-style-type: none"> Develop and implement a single, council-wide performance and corporate planning framework with defined KPIs, consistent definitions and clear ownership to ensure all services measure performance in the same way. 	Chief of Staff
E	Developing the entity's capacity, including the capability of its Leadership and individuals within it			
	Partial completion of statutory training in some services – some staff may not be aware of the training that is required	2.1	<ul style="list-style-type: none"> Develop training based on role and define the training requirements for that specific service and roles 	Assistant Director Corporate Services
		2.2	<ul style="list-style-type: none"> Ensure staff are encouraged to undertake training that has been identified as statutory 	
		2.3	<ul style="list-style-type: none"> Ensure HR systems enable completion tracking and necessary escalations 	
	Some services continue to experience challenges in recruitment, retention, and capacity	2.4	<ul style="list-style-type: none"> Ensure HR Business Partners are fully embedded with service areas and are adequately equipped to support managers to address these challenges 	
Managing risks and performance through robust internal control and strong public financial management				
Information Governance practices require improvement	3.1	<ul style="list-style-type: none"> Roll out of mandatory Data Protection Essentials module 	Data Protection Officer	
	3.2	<ul style="list-style-type: none"> Development of 'bitesize' data protection 'deep dive' modules 		
	3.3	<ul style="list-style-type: none"> Adoption and roll out of revised Data Protection Policy 		
	3.4	<ul style="list-style-type: none"> Embedding of Information Governance Leads 		

Principle	Issues/Challenges Identified	Ref	Action	Lead Officer	
		3.5	<ul style="list-style-type: none"> Roll out of Corporate Management System (CMS) 		
		3.6	<ul style="list-style-type: none"> Delivery of the Data Governance Framework Programme 		
		3.7	<ul style="list-style-type: none"> Ensure clear escalation routes are in place 		
		Financial Sustainability and Medium-Term Budget Pressures	3.8	<ul style="list-style-type: none"> The budget setting timetable, to include review, development and monitoring of cost management and income generation activities. Heightened monitoring of in year forecasting to ensure that potential overspends include, documentation of escalation, consideration and mitigation. 	Deputy Chief Executive (Section 151 Officer)
		Variability in the application of project management framework	3.9	<ul style="list-style-type: none"> Establish clear expectations for the application of the project management standards 	Assistant Director Corporate Services
	3.10		<ul style="list-style-type: none"> Ensure expectations are clearly communicated and templates and guides are easily accessible 		
		The evolving cyber threat landscape	3.11	<ul style="list-style-type: none"> Increase staff awareness – deliver targeted mandatory cyber security training 	Deputy Chief Executive (Section 151 Officer)
	3.12		<ul style="list-style-type: none"> Strengthen Information Governance by delivering the proposed Data Governance Framework Programme 		
	3.13		<ul style="list-style-type: none"> Update associated ICT policies in line with revised Data Protection Policy 	Assistant Director Corporate Services	
		Non-compliant procurement spend.	3.14	<ul style="list-style-type: none"> Procurement team to engage with high risk service areas in order to understand root causes 	Assistant Director Finance (Deputy Section 151 Officer)
	3.15		<ul style="list-style-type: none"> Strengthen monitoring of procurement activity, including regular reporting on non-compliant spend to senior management 		

Principle	Issues/Challenges Identified	Ref	Action	Lead Officer
		3.16	<ul style="list-style-type: none"> Implement the resulting actions from the review of non-compliant spend and strengthen controls in this area 	
	Health and Safety audit outcomes	3.17	<ul style="list-style-type: none"> Implement and monitor the actions resulting from the external review of health and safety 	Assistant Director (Health, Wellbeing and Public Protection)

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