**POLICY REVIEW AND DEVELOPMENT PANEL REPORT**

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| REPORT TO: | Audit Committee | | |
| DATE: | 16 November 2026 | | |
| TITLE: | Annual Governance Statement 2026 Key Actions – six month update | | |
| TYPE OF REPORT: | Monitoring | | |
| PORTFOLIO(S): | Cllr Alistair Beales - Leader | | |
| REPORT AUTHOR: | Charlotte Marriott – Corporate Governance Manager | | |
| OPEN/EXEMPT | Open | WILL BE SUBJECT TO A FUTURE CABINET REPORT: | No |

## Annual Governance Statement 2026 Key Actions

PURPOSE OF REPORT/SUMMARY:

Provide Audit Committee with a six-month progress update on the significant and operational actions identified within the 2026 Annual Governance Statement (AGS).

KEY ISSUES:

During the monitoring period, performance achieved to September 2026 is positive, with 71% of significant actions and 70% of operational actions remaining on track.

Several significant actions remain in progress but are advancing positively:

- Information Governance Leads have now been identified across all service areas, with further training and embedding activity planned
- New ICT policy suite has been drafted and undergoing consultation before implementation
- Additional procurement resource has been secured to strengthen compliance monitoring and reporting
- The Corporate Health and Safety Board is now established, with progress being made against recommended actions

Two actions are behind schedule:

- Development of data protection "deep dive" training modules
- Publication arrangements for Equality Impact Assessments

In both cases, progress has been affected by limited staff capacity within the Corporate Governance Team. However, these remain under review and will be progressed as resources allow.

OPTIONS CONSIDERED:

Not applicable.

RECOMMENDATIONS:

Audit Committee is recommended to:

1. Note the progress made against the significant and operational actions contained within the 2026 Annual Governance Statement.
2. Note any actions identified as delayed and the measures being implemented.
3. Endorse the continued monitoring arrangements and receive a further update as appropriate.

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 2026 Annual Governance Statement was approved in June 2026 by the Leader of the Council, Chief Executive Officer and Chair of the Audit Committee.

1.2 The AGS identified a number of significant and operational actions to address governance issues and strengthen the Council's control environment. It was agreed that progress against these actions would be monitored throughout the year and reported to Audit Committee after six months.

## 2. Progress Summary

2.1 The Council has made progress in delivering the significant and operational actions identified within the 2026 Annual Governance Statement. Of the 21 significant actions being monitored, the majority are on track, demonstrating a continued commitment to strengthening governance arrangements, improving performance management, enhancing information governance, and supporting organisational resilience.

2.2 Progress against all governance actions is detailed in Appendices A and B. These appendices provide an overview of delivery to date, highlighting actions that remain on track and identifying the small number of areas where progress requires further attention or is experiencing delay.

**Significant Actions**

| Status | Number | Percentage |
|---|---|---|
| On track | 15 | 71% |
| Minor delay | 5 | 24% |
| Delayed | 1 | 5% |
| Total | 21 | 100% |

**Operational Actions**

| Status | Number | Percentage |
|---|---|---|
| On track | 14 | 70% |
| Minor delay | 5 | 25% |
| Delayed | 1 | 5% |
| Total | 20 | 100% |

### 2.3 Key Achievements

#### 2.3.1 <u>Performance and Corporate Planning</u>

Progress has been made to develop a consistent approach to performance management. The 2026/27 key performance indicators and targets have been reviewed through the appropriate governance channels, including Executive Leadership Team, Corporate Leadership Team, Portfolio Holders, Corporate Performance Panel and Cabinet. This provides a stronger foundation for measuring outcomes consistently and ensuring resources remain aligned to council priorities.

2.3.2 Workforce Development and Capacity

A comprehensive programme is underway to strengthen compliance with mandatory and statutory training requirements. The introduction of manager guidance, enhanced monitoring through CIPHR and the development of management dashboards will improve oversight and accountability. The launch of the new HR Business Partner model further strengthens support available to managers in addressing workforce capacity, recruitment and retention challenges.

2.3.3 Information Governance and Data Management

Information governance remains an area of significant advancement. Key achievements include:

- Completion of the mandatory Data Protection essentials training rollout.
- Adoption of the revised Data Protection Policy by Cabinet.
- Continued rollout of the Corporate Management System (CMS), providing live access to performance, risks, strategy actions, audit recommendations and complaints.
- Successful pilot implementation of the Data Governance Framework programme within Property Services and Housing Standards and recruitment of three Data Analyst posts to support further programme delivery.

Collectively, these initiatives are significantly strengthening the Council's data governance and information management arrangements.

2.3.4 Financial Management

Quarterly budget monitoring indicates no material change to the overall revenue forecast, whilst work to reprofile the capital programme is expected to reduce forecast spend. Development of the Medium-Term Financial Strategy is progressing in accordance with the agreed timetable.

2.3.5 Cyber Security

The Council has continued to strengthen its cyber resilience through the launch of a refreshed mandatory cyber security training programme for all staff. This complements wider work on the Data Governance Framework and ICT policy review, helping to address the evolving cyber threat landscape.

2.3.6 Project Governance

Preparations for the introduction of a Project Commissioning Group and associated project management standards are well advanced. These arrangements will provide greater consistency in project governance, resource allocation and delivery assurance across the organisation.

2.4 Officers continue to monitor progress and will implement appropriate measures to minimise any impact on the Council's governance framework. The following actions are currently subject to delay or require additional management attention:

- Significant action 3.2, development of bitesize data protection ‘deep dive’ modules
- Operational action 6.3, consider a publication scheme for Environmental Impact Assessments

2.4.1 We have utilised temporary resources to maintain business-critical functions and continue meeting our obligations under relevant legislation. Recruitment to two key posts has been successfully undertaken, and future resourcing requirements will be kept under review to ensure service resilience and delivery.

## 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 is 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 Members are requested to note the report.

## 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

# 2026 Significant Governance Actions

Appendix A

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| **Principle D - Determining the interventions necessary to optimise the achievement of intended outcomes** | | | | |
| Inconsistent application of performance measures and corporate planning | 1.1 | • 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. | **G** | The 2026-27 key performance indicators and targets have been reviewed by the Executive and Corporate Leadership Teams, Portfolio Holders, Corporate Performance Panel and Cabinet to support continuous improvement of council services. Targets are set on the basis of realistic and achievable outcomes, ensuring resources are used effectively to deliver priorities for residents and communities. |
| **Principle 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 | • Develop training based on role and define the training requirements for that specific service and roles | **G** | Managers will be asked as part of the 2026 performance review process (October review) to discuss statutory/mandatory training requirements for each role with their staff and then to arrange for it to take place. Guidance will be available for managers to walk them through this. |
| | 2.2 | • Ensure staff are encouraged to undertake training that has been identified as statutory | **G** | Linked to above, as part of the guidance available to managers, allocating dedicated time for learning to take place will be advised. |
| | 2.3 | • Ensure HR systems enable completion tracking and necessary escalations | **G** | CIPHR enables the tracking of completion of training including mandatory/statutory training. A dashboard is currently under development for managers in the LMS which will enable them to review what training has taken place. HR Business Partners (HRBP) will follow up at manager meetings. There will be an annual programme of mandatory training via the LMS which will be publicised and promoted internally. |

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| Some services continue to experience challenges in recruitment, retention, and capacity | 2.4 | • Ensure HR Business Partners are fully embedded with service areas and are adequately equipped to support managers to address these challenges | G | The new HRBP model is currently being launched and will take a period of time to embed fully. HRBP's will access people data for discussion with the managers they support on a range of people metrics. |
| **Principle F - Managing risks and performance through robust internal control and strong public financial management** | | | | |
| Information Governance practices require improvement | 3.1 | • Roll out of mandatory Data Protection Essentials module | G | Roll out of data protection training completed. |
| | 3.2 | • Development of 'bitesize' data protection 'deep dive' modules | R | No progress has been made to date due to limited staffing resources within the Corporate Governance Team. |
| | 3.3 | • Adoption and roll out of revised Data Protection Policy | G | Revised policy adopted by Cabinet in June 2026. |
| | 3.4 | • Embedding of Information Governance Leads | A | All service areas now have an identified Information Governance Lead, however, further embedding and upskilling is required in some cases. |
| | 3.5 | • Roll out of Corporate Management System (CMS) | G | Progress on the rollout of the CMS has continued at pace throughout the summer. An API has been procured to enable data integration with Power BI, facilitating the creation of dashboards for corporate and service area risks, performance indicators, corporate strategy actions, and audit recommendations. Executive Leadership Team and Corporate Leadership Team have access to live portals, and training for service managers on the system is scheduled to take place during the autumn. |
| | 3.6 | • Delivery of the Data Governance Framework Programme | G | The programme has been piloted in two service areas (Property Services and Housing Standards), both now have complete visibility of their data estate, named owners against every application and dataset, retention policies applied, sensitivity classifications in place and DPIA status confirmed. Recruitment |

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| | | | | was successful for three Data Analyst posts who commence employment on 14 September. |
| Financial Sustainability and Medium-Term Budget Pressures | 3.8 | • The budget setting timetable, to include review, development and monitoring of cost management and income generation activities.<br>• Heightened monitoring of in year forecasting to ensure that potential overspends include, documentation of escalation, consideration and mitigation. | **G** | Budget Monitoring Reports are reported quarterly to Cabinet. No overall materiality changes to Revenue Forecast to date. Work to reprofile Capital programme is anticipated to reduce forecast spend this year.<br><br>Budget setting for the 2026 – 2031 MTFS is underway. The Community Projects and Budget Task Group met on 3 September and will meet again on 22 October. |
| Variability in the application of project management framework | 3.9 | • Establish clear expectations for the application of the project management standards | **G** | The project management standards will be launched alongside the establishment of an officer Project Commissioning Group, the purpose of which will be to ensure that all projects meet the strategic direction and are adequately resourced. Discussions with Executive Leadership Team are underway, with implementation currently anticipated in Quarter 3. |
| | 3.10 | • Ensure expectations are clearly communicated and templates and guides are easily accessible | **G** | The establishment of an officer Project Commissioning Group will include communication of the project management standards and provision of accessible templates and guidance. |
| The evolving cyber threat landscape | 3.11 | • Increase staff awareness – deliver targeted mandatory cyber security training | **G** | The cyber security training package has been refreshed and is now available as mandatory training for all staff through the Council's Learning Management System (LMS). All staff are required to complete the training by 30 September. |
| | 3.12 | • Strengthen Information Governance by delivering the proposed Data Governance Framework Programme | **G** | As above at 3.6 |

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| | 3.13 | • Update associated ICT policies in line with revised Data Protection Policy | **A** | The new ICT policy suite has been drafted and is currently out for consultation and feedback with ICT managers. The aim is for the updated policies to be approved and implemented by early October. |
| Non-compliant procurement spend | 3.14 | • Procurement team to engage with high risk service areas in order to understand root causes | **A** | Additional resource in place from September 2026 to March 2027. Currently working with spend managers where contracts have been identified as not providing evidence of compliance. |
| | 3.15 | • Strengthen monitoring of procurement activity, including regular reporting on non-compliant spend to senior management | **A** | The service is developing a dashboard to enable reporting on progress and risk against known compliance risks. This will be discussed with the Executive Management following a first draft. |
| | 3.16 | • Implement the resulting actions from the review of non-compliant spend and strengthen controls in this area | **G** | Additional resource, monitoring and reporting is being developed following the changes in reporting line for the procurement team to the Assistant Director – Finance. |
| Health and Safety audit outcomes | 3.17 | • Implement and monitor the actions resulting from the external review of health and safety | **A** | The Corporate Health & Safety Board is now established, with progress being made against recommended actions. While some areas are progressing more slowly than expected, tighter timelines are being implemented to support delivery. Recruitment has been partially successful, with an administrator due to start shortly; however, the officer post remains vacant and will be reviewed to determine the most effective way forward. |

# 2026 Operational Governance Actions

Appendix B

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| **Principle A - Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law** | | | | |
| 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 | 1.1 | • Improve staff awareness of the Constitution, Code of Conduct, registers of interests, and whistleblowing/fraud policies. | **G** | A training session is planned for service managers on whistleblowing in November 2026. Service managers were provided with a training session in September on the constitution and decision making. The code of conduct is due to be reviewed which includes register of interests and refreshed, with training to follow. Officer guidance on decision making is available to all staff on the Democratic Services section of the Intranet. Democratic Services Manager is available to attend team meetings to provide an overview of the Constitution and decision making on request. |
| | | | **A** | The Anti-Fraud and Corruption Policies have been reviewed, updated and considered by the Audit Committee in Sept. Their comments are being reviewed, and the Policies will be published to staff during Q3. A review of the on-line learning module performed and a renewed drive in completion by all staff. With in-house webinars to supplement the new policy update and a progress report to Audit Committee following the 2026/2027 year end. |
| Lack of Governance Dashboard reporting – collective oversight 'health check' | 1.2 | • Develop a Governance Dashboard to improve Management oversight of key corporate data sets | **G** | Successful collaboration with relevant service areas has enabled the collection of the data required for the health check. Statutory Officers and Cabinet Members have received a demonstration and access to the live dashboards, which provides governance and HR data at both directorate and service level. |

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| **Principle C - Defining outcomes in terms of sustainable economic, social, and environmental benefits** | | | | |
| Sustainability and environmental impacts not always clearly articulated outside specialist services | 2.1 | • Implement Climate Change Assessment tool, along with training and awareness for staff to enable them to utilise this effectively<br>• Revise Cabinet template to explicitly ask for environmental implications | **G** | Draft tool was initially considered by Corporate Leadership Team (CLT) in March 2026. Tool was simplified and has been tested with Planning Policy whilst preparing a Cabinet report. Tool was further revised in light of learning and is being tested with further report authors ahead of a follow up report to CLT due December 2026. Climate Change, Environmental Implications and considerations have been added to the Cabinet template. |
| Social Value Framework and monitoring mechanisms are not established | 2.2 | • Embed Social Value Framework and monitoring mechanisms | **A** | The Moving Communities platform has been implemented across the Leisure and Culture service, providing quantifiable performance data and enabling the monitoring of specific monetary values linked to a range of health conditions. Tier 1 contractors, including Lovell Partnerships, regularly report social value outcomes, supporting the measurement and evaluation of delivered benefits.<br><br>Discussions continue with ELT regarding the appointment of a CLT lead officer to provide strategic oversight and ownership of the Council's social value agenda moving forward. |
| | 2.3 | • Marmot recommendation - Work to engage with business directly and joint meeting of boards and partnerships to explore further engagement opportunities | **G** | Direct engagement with business has been challenging. Good links with the Kings Lynn and West Norfolk Skills group have been formed and the data from the year two findings has been shared with them for comment. Further joint meetings with the Health & Wellbeing Partnership and Place Board are being scheduled. Work to map projects and workstreams across West Norfolk that support the Marmot recommendations is being developed. Further work to develop a position paper on Transport challenges and the impact on skills and attainment, as well as access to work is also in development |

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| | 2.4 | • Deliver White Ribbon action plan to maintain accreditation | **A** | Limited progress on White Ribbon action plan due to resource constraints. Successful recruitment undertaken for a Corporate Policy Officer who will support the delivery of our action plan. Awaiting commencement. |
| **Principle D - Determining interventions, necessary to optimise the achievement of the intended outcomes.** | | | | |
| Corporate planning framework exists, but is it used inconsistently. | 3.1 | • Roll out of performance management system and review performance management framework<br>• Action Plan and Executive Team Plan are not fully reflective of team priorities, indicating planning misalignment | **G** | Progress on the rollout of the CMS has continued at pace throughout the summer. Executive Leadership Team and Corporate Leadership Team have access to live portals, and training for service managers on the system is scheduled to take place during the autumn. Performance Management Framework to be reviewed and reported to Cabinet early 2027. Corporate Action Plans and Executive Team Plans are developed at a strategic level. Individual service areas are encouraged to manage their own team objectives and outcomes, supported by relevant performance data and agreed metrics to monitor progress and drive improvement. |
| Limited staff awareness of the Forward Plan and reporting schedules. | 3.2 | • Consider the Forward Plan being linked in each edition of Our News, and other corporate communication channels<br>• Consider how this can be promoted to non-office based staff | **G** | Deadline dates for meetings are published under the Democratic Services pages on the Intranet and emailed to key officers at the beginning of the municipal year. Work is ongoing to look at how this can be promoted further. Working with Comms to put a standing link to Forward Decisions list in Our News. Forward plan is also available to view on the website and presented to CLT on a regular basis |
| Social Value Framework needs to be fully developed and embedded | 3.3 | • Refer to Section 2.2 above | **A** | As above at 2.2 |

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| **Principle E - Developing the entity's capacity, including the capability of its leadership and the individuals within it.** | | | | |
| Inconsistent delivery and quality of 1:1s, especially in operational or casual staffing environments | 4.1 | • HR to engage, via the relevant HR Business Partner (HRBP), with those areas to understand the challenges and support the implementation of appropriate processes | **G** | HRBP's will be providing a toolkit of resources to guide and enable managers to conduct regular 1:1's and tackle the performance review processes with confidence. The toolkit will have video's, guidance notes, infographics to ensure managers have a range of tools to support them in this process. |
| Job descriptions not always updated promptly during periods of organisational change | 4.2 | | **G** | HRBP's will support managers through the change process and this includes working with them to ensure they understand the processes they need to follow and that the relevant documentation is in place when changes occur. |
| **Principle F - Managing risks and performance through robust internal control and strong public financial management** | | | | |
| Inconsistent ownership and updating of service level risk registers | 5.1 | • Deliver Risk Awareness training to all staff and members<br>• Communicate clear expectations around the development, maintenance and ownership of service level risk registers | **G** | Risk awareness training is being developed in-house through the Learning Management System, with a potential rollout planned for early 2027. Assistant Directors have access to live service area risk registers, with all high and medium risks aligned to relevant corporate risks and accessible to both the Executive and Corporate Leadership Teams through the Corporate Management System. |
| Limited routine consideration of Data Protection Impact Assessments outside specialist teams | 5.2 | • Strengthen Information Governance by delivering the proposed Data Governance Framework Programme | **G** | As above at 3.6 |
| Gaps in Business Continuity Planning for some non-critical services | 5.3 | • Develop and communicate clear expectations for Business Continuity planning for non-critical services | **G** | Critical service bronze plans are currently being updated by plan holders. New bronze plans are being rolled out to non-critical services in the autumn. |

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| Variability in the application of project management standards | 5.4 | • Undertake promotion of the project management standards and communicate clear expectation around when staff need to be utilising | G | The standards will be promoted as part of the launch of an officer Project Commissioning Group, supported by appropriate communication to officers and members. Implementation is anticipated in Quarter 3. |
| A small but persistent number of outstanding internal audit recommendations further weaken assurance and require prioritised resolution | 5.5 | • Internal Audit to work with those services to understand the issues.<br>• Internal Audit to ensure recs are clearly understood and achievable | G | The high and medium recommendations were reviewed over the 2025/2026 year end and are regularly monitored at CLT. A further review during August of 2026 by CLT has focussed on the “Low” priority recommendations. The next report to Audit Committee in November will report an improved position, based on work undertaken so far. Consideration is also being given to recording the recommendations in a recently introduced Corporate Management System, to provide easier monitoring by CLT and ELT. |
| **Principle G - Implementing good practices in transparency, reporting, and audit to deliver effective accountability** | | | | |
| Uneven maturity of performance reporting, particularly in operational and project-based services | 6.1 | • Work with operational areas to promote and support the development of performance reporting | G | Regular quarterly monitoring on performance indicators, representing all service areas, and corporate strategy actions continue to be reported to Cabinet and the Corporate Performance Panel. |
| Fragmented or developing KPI frameworks | 6.2 | | | |
| FOIs and EIAs not currently published | 6.3 | • Publishing Freedom of Information requests online as part of the Transparency Code | A | Limited progress currently, due to resource constraints, however, Entec are now engaged in supporting the development of a bespoke system that will deliver a smoother back office function and allow for publication and a ‘self-serve’ function. |

| Issues/Challenges Identified | Ref | Action | Status | Progress (April-September 2026) |
|---|---|---|---|---|
| | | • Consider a publication scheme for EIAs | **R** | No progress to date, due to limited resources. See update at 2.4 |