

Annual Governance Statement 2021/22 (Appendix B)

1. SCOPE OF RESPONSIBILITY

- 1.1. North Norfolk District Council (NNDC) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for and used economically, efficiently, effectively and equitably. NNDC also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 1.2. In discharging this requirement, NNDC is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.
- 1.3. NNDC has approved and adopted a Local Code of Corporate Governance, and this has been updated for the 2021/22 financial year based on the '*Delivering Good Governance in Local Government: Framework*' (CIPFA/Solace, 2016) ('the Framework') which was introduced in 2016/17. A copy of the Council's current Local Code can be accessed on our website. This statement demonstrates how NNDC has complied with the Framework and supports the requirement of the Accounts and Audit (England) Regulations 2015 in relation to the approval (Part 2 regulation 6) and publication (Part 3 regulation 10) of an Annual Governance Statement (AGS). The statement is prepared in accordance with proper practices in relation to internal control and is reviewed annually or more frequently as required. In addition, NNDC's framework for delivering good corporate governance is embedded within its Constitution, policies and procedures.

2. THE PURPOSE OF THE GOVERNANCE FRAMEWORK

- 2.1. The governance framework comprises the systems, processes, culture and values by which the authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to appropriate, cost-effective service delivery.
- 2.2. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood and impact should those risks be realised and to manage those risks efficiently, effectively and economically.
- 2.3. The governance framework has been in place at NNDC for the year ended 31 March 2022 and up to the date of approval of the statement of accounts.

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3. THE GOVERNANCE FRAMEWORK – THE SEVEN CORE PRINCIPLES

3.1. The Council's governance framework is derived from the following core principles as per the CIPFA/SOLACE 2016 Framework which is based upon the 7 core principles of the International Framework for Corporate Governance in the Public Sector as follows;

A - Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of the law;

B - Ensuring openness and comprehensive stakeholder engagement;

C – Defining outcomes in terms of sustainable economic, social and environmental benefits;

D – Determining the interventions necessary to optimise the achievement of the intended outcomes;

E – Developing the entity's capacity, including the capability of its leadership and the individuals within it;

F – Managing risks and performance through robust internal control and strong public financial management and;

G – Implementing good practices in transparency, reporting and audit to deliver effective accountability.

3.2. The Local Code of Corporate Governance highlights how good governance supports the Council and demonstrates what we aim to achieve by following the seven core principles, along with the tools we use to support our compliance. It goes further to identify the behaviours and actions that can demonstrate our compliance with the code, how we put this into practice and the source documents, policies, procedures and frameworks that enable us to evidence compliance.

3.3. ***Vision and Priorities*** - Our Vision is '**Making North Norfolk an even better place to live, work, do business and visit**'.

Our Mission statement facilitates this through '**Engaging with our communities to create a fair and welcoming inclusive North Norfolk where everyone can thrive and secure quality homes, good jobs whilst protecting and conserving our environment and delivering a sustainable future**'.

To help us deliver this vision we have produced our [Corporate Plan 2019 - 2023](#) that reflects the priorities and high-level outcomes for the North Norfolk area over a four-year period.

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- 3.4. **Quality of Services** - The Council has an established Performance Management Framework, which sets out how it monitors both performance and the delivery of objectives, with quarterly performance reviews being considered by Cabinet and the Overview and Scrutiny Committee. We publish information about our performance and carry out satisfaction surveys so that everyone can see the progress we are making. The Council's [Performance Management Framework](#) sets out how the Council will manage performance. This includes agreeing a [Delivery Plan](#) and assessing regular performance reports of the progress in delivering the plan.
- 3.5. **Constitution and Responsibilities** - A comprehensive document setting out the [Council's Constitution](#) exists which sets out the clearly defined structure for the Council's organisational and decision-making arrangements based upon a Cabinet/Executive model. In essence the different roles can be summarised as follows:
- Council decides upon certain policies and other specialist functions that cannot be delegated elsewhere including the setting of the council tax;
 - Cabinet is allocated authority by Council to approve policies not reserved for consideration by Council, deliver policies and to take most significant executive decisions;
 - Cabinet follows a [Work Programme](#) which is updated on a monthly basis and provides details of forthcoming decisions for up to three months ahead;
 - All executive decisions are recorded in a [Decision List](#), with formal minutes being available for public inspection;
 - The work of the Cabinet and the Council as a whole is supported by the Overview and Scrutiny Committee and its task and finish groups
 - The Scrutiny Committee has developed its own work programme for the review of Council services in addition to scrutinising the work of the Cabinet. It can 'call-in' a decision which has been made by the Executive but not yet implemented;
 - The Governance, Risk and Audit Committee is well established, and is responsible for the review of the work of the Internal and External Audit functions and provides independent assurance of the effectiveness of governance arrangements, risk management and financial management processes. It also has the responsibility for the approval of the Statements of Accounts.
 - Separate committees exist for Planning, Standards and Licensing;
 - Delegation arrangements to committees, the Executive and officers are set out in detail within the Constitution; and
 - Regular meetings take place between relevant senior officers and Members of the Council to discuss and propose policy.

The Constitution also includes sections on Standing Orders, financial regulations and conduct of meetings. The Constitution as a whole is reviewed periodically with interim updates made as and when appropriate.

- 3.6. **Codes of Conduct** - The Council has various Codes of Conduct applying to both Members and officers as well as a protocol for councillor/officer relationships that can be found [here](#). These have enabled the authority to develop an inclusive culture over the years, whereby Members and

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officers work together to deliver the Council's vision and quality services to its residents. The Codes include reference to the need to declare any interests that may conflict with the individual's role at the Council and such registers for Councillors and officers are maintained by the Council.

- 3.7. **Complaints** - The Council has in place a [Whistle-blowing Policy](#) (which was revised during the year) as well as a [compliments and complaints procedure](#), that ensures that any referrals are fully investigated, properly resolved and learning applied to service delivery. Systems and procedures have been enhanced to ensure that complaints/service requests are the cornerstone of the Council's management approach.
- 3.8. **Policies, Procedures, Laws and Regulations** - The Council's statutory officers are the Chief Executive (Head of Paid Service), the Monitoring Officer (Assistant Director Finance Assets Legal) and the Section 151 Officer (Director for Resources). They are responsible for ensuring the Council acts within the law and in accordance with established policies and procedures. The Section 151 Officer is specifically responsible for the proper discharge of financial arrangements and must advise the Council where any proposal might be unlawful or where expenditure is likely to exceed resources. There is also a requirement to ensure the authority's financial management arrangements conform to the governance requirements as set out in the Chartered Institute of Public Finance and Accountancy statement on the Role of the Chief Financial Officer (2010). Service Managers are responsible for ensuring legislation and policy relating to service delivery and health and safety are implemented in practice.
- 3.9. **Development and training needs** – North Norfolk is a learning organisation, both in terms of Members and officers. The training budget for staff is centralised under Human Resources, and continues to deliver a programme to develop the skills of its workforce. North Norfolk is committed to investing in the staff and maintains the Investors in People standard. This recognises the investment in staff development and ensures that staff are valued and given the opportunities to develop and achieve their full potential. Training and Development is at the core of the 'Check In' appraisal system and this work is informed and underpinned by the Council's revised appraisal system. North Norfolk continues to deliver a training and development programme to provide Members with the support and skills necessary to assist them in carrying out their duties.
- 3.10. **Risk Management** – The Council's [Risk Management Framework](#) shows how the Council manages risk in an active way in terms of service delivery. The Council uses the risk module within the performance system (InPhase), reporting the Corporate Risk Register to every GRAC meeting. The Register is also reviewed by the Corporate Leadership Team and Management Team ahead of each of these Committee updates and the InPhase system allows dynamic reporting where any manager updates are updated and reflected immediately within the live system. Lower level operational risks are also monitored through the InPhase system and the Council's project management framework, as managed by the CDU, also has reporting requirements in relation to risk and risk logs. Business Continuity Plans (BCPs) are regularly reviewed and updated to address key operational risks. All committee reports contain a mandatory risk section to ensure that Members can consider the risks and opportunities of any recommendations or options, so that the consideration of risk forms an integral part of all decision making. Training has been provided to Members on risk and risk appetite which is included as part of the Policy.

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- 3.11. **Communication** – The Council believes public understanding of its work, achievements and services, coupled with consultation with residents is key to maintaining high satisfaction levels. This is achieved through continuous communications and consultation activity and upholding the Council's values of transparency and openness. North Norfolk regularly publishes information on its website and via a variety of social media channels. The Communications Team also continuously works with the local media to provide information to ensure residents are kept informed. Funding has also been included within the 2022/23 budget to support the production of a twice yearly residents' newsletter, which will help improve communications with residents.
- 3.12. **Partnerships** – The Council is involved with a variety of partnerships that have developed over the years, supported by a Partnership Governance Framework and Partnership Register, which help to ensure that we maintain a consistent approach when entering into any new partnerships.
- 3.13. **Transparency** – As a Council we want to be publicly accountable and present our work with openness and transparency, we present a range of information on our '[Transparency Data](#)' pages on the website, ranging from contract and purchasing information to car park data.
- 3.14. If there are any areas outlined above which require strengthening, these are highlighted within the Annual Governance Statement as part of the Action Plan within Section 5.

4. REVIEW OF EFFECTIVENESS

- 4.1. NNDC annually reviews the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by managers within the Council who have responsibility for the development and maintenance of the governance environment, the work of the internal auditors and from comments made by the external auditors and other inspection agencies.
- 4.2. Reviews have taken place both during the year and at year end, and cover the following:
- 4.2.1. The Cabinet is responsible for considering overall financial and performance management and receives comprehensive reports on a quarterly basis. It is also responsible for key decisions and for initiating corrective action where appropriate while the Governance, Risk and Audit Committee (GRAC) consider corporate risk and internal control issues.
- 4.2.2. The Monitoring Officer has a duty to monitor and review the operation of the Constitution to ensure its aims and principles are given full effect. In addition, the Constitution Working Party is in place to review the constitution and make recommendations to Full Council as appropriate.

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- 4.2.3. The Council has an Overview and Scrutiny Committee that can establish 'task and finish' groups, to look at particular issues in depth, taking evidence from internal and external sources, before making recommendations to the Cabinet. Scrutiny can "call-in" decisions of the Cabinet, which are yet to be implemented, to enable it to consider whether the decision is appropriate. In addition, the Overview and Scrutiny Committee can exercise its scrutiny role in respect of any Cabinet function, regardless of service area or functional responsibility, and will conduct regular performance monitoring of all services, with particular attention to areas identified as under-performing.
- 4.2.4. An Internal Audit review of the AGS was completed in January 2022 and achieved a 'reasonable' assurance level with just one recommendation designated as 'important'. This related to better linking and summarising findings from the self-assessment process within the AGS, cross-referenced to the Action Plan. The recommendations from the audit have been incorporated into the 2021/22 Statement; this includes the production of a detailed timetable for officers to follow covering production and sign off of the report.
- 4.2.5. The Local Government and Public Involvement in Health Act 2007 include powers to enable Councillors to champion local issues where problems have arisen in their ward. North Norfolk has embedded the "Councillor Call for Action" which allows Councillors to ask for discussion at Overview and Scrutiny Committee on issues where other methods of resolution by the District Member have been exhausted.
- 4.2.6. The development of the procurement function across the public sector has led to the establishment of a number of framework agreements for purchasing where the detailed work on price and quantity with suppliers has already been carried out. Contracts for supply are only established when goods, works or services are called off under the agreement.
- 4.2.7. The updated Procurement Strategy 2021 - 2025 was approved by Cabinet at the September 2021 meeting. Following a number of previous audit recommendations regarding procurement Full Council also approved a number of updates and improvements to the Constitution following at their meeting on 21 July 2021.
- 4.2.8. The Standards and Conduct provisions of the Localism Act 2011 came into force on 1st July 2012. The authority has appointed an Independent Person pursuant to the Act and has decided to have a Standards Committee (which is now not mandatory).
- 4.2.9. The Council also has in place the '[Counter Fraud, Corruption and Bribery Policy](#)', which provides a key source of assurance and was last updated in July 2020 and is currently in the process of being updated.

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- 4.2.10. The GRAC met four times during the year to provide independent assurance to the Council in relation to the effectiveness of the risk management framework and internal control environment. The Committee received regular reports on, internal control and governance matters in accordance with its agreed work programme.
- 4.2.11. Ordinarily the Annual Internal Audit Plan would be considered and approved by the GRAC in January ahead of the forthcoming financial year. However, due to the ongoing impact of Covid-19, it had not been possible at that time to produce the Annual Plan; as a result, the audit plans for the year were approved at the Committee meeting held on 15 June 2021, alongside the audit opinion. It was suggested at that time by the Head of Internal Audit that this would have a limited impact on the audit plan, as quarter 1 would have a light workload and the 2021/22 plan has been delivered in line with the expectations.
- 4.2.12. The 2021/22 Internal Audit Plan approved included a total of 170 days, encompassing 16 internal audit reviews, split into five key themes to provide adequate coverage over the Governance, Risk Management and Control framework informing the annual audit opinion.
- 4.2.13. During the 2021/22 financial year 14 (9 in 2020/21) internal audit assignments were completed and delivered over 150 days (129 days in 2020/21) of the original 170 agreed, and a reasonable audit opinion was given for the year overall. Of the 14 completed 13 resulted in a positive grading, the fraud audit received a limited assurance but a number of improvements are due to be considered by GRAC in June 2022 to address the recommendations made within that report.
- 4.2.14. The Council's Corporate Delivery Unit (CDU) has been established and designed to provide strategic and corporate oversight and advice on projects taken forward by the Council. An assurance review of the Project Management Framework was completed by Internal Audit in January 2022 to review the progress of the unit. The review provided a 'reasonable' assurance level with two new important recommendations, firstly to undertake a post-implementation review of the Project Management Guide and secondly for senior management to reinforce utilisation of the process by ensuring that projects considered by the Corporate Leadership Team (CLT) are compliant with the process to date.
- 4.2.15. The audit also reported on the following areas of good practice identified;
- The CDU has been established with responsibility for overseeing the governance of Project Management, thereby providing greater oversight of projects;
 - The CDU team has produced a comprehensive Project Management Guide with supporting templates which provides a framework which officers can readily use;

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- There is a Log of Project Programmes which has been cross-referenced to the Corporate Delivery Plan to try to ensure that all projects are identified for management through the Project Management Framework.
- 4.2.16. To improve the transparency, decision-making and governance further, a Cabinet Working Panel for Projects has also been established which meets every other month to consider all corporate projects designated as 'large'. All projects designated as 'medium' are discussed on a monthly basis at departmental management team meetings with relevant officers with any issues raised and escalated as required.
- 4.2.17. The Accounts and Audit Regulations 2015 require that "a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance". The conclusions of the internal audit enable an opinion on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control to be provided. In addition, Internal Audit can undertake fraud investigation and proactive fraud detection work which includes reviewing the control environment in areas where fraud or irregularity has occurred. All significant weaknesses in the control environment identified by Internal Audit are reported to senior management and the GRAC. It is also important to note that substantial assurance (the highest level of assurance that can be achieved) was concluded in 3 out of 14 audits which represents 21% of the audits completed (3 out of 9 (33%) for 2020/21) covering the following areas:
- Accounts Receivable
 - Accountancy Services
 - Customer Services
- 4.2.18. Internal Audit also carry out regular reviews of the status of implementation of Internal Audit recommendations. There are 26 historical recommendations overdue at the year-end (30 in 2020/21).
- 4.2.19. It should also be noted that the internal audit contract consortium either met or exceeded all but two of its performance indicators for the year (9 out of 11 in 2020/21).
- 4.2.20. The External Auditor's Annual Audit Letter for 2019/20 was considered by GRAC at its meeting of 30th March 2022, with a management response prepared in respect of the recommendations made.
- 4.2.21. The GRAC and CLT monitor and also continually review corporate risks and ensure that actions are being taken to effectively manage the Council's highest risks.

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- 4.2.22. The Council continues to review its treasury management arrangements in line with best practice and in response to regular updates and advice from the Council's Treasury advisors, Arlingclose, who also provide training to both officers and Members on treasury management related issues.
- 4.2.23. Key officers complete an annual Self-Assessment Assurance Statement which identifies non-compliance in a number of areas including procedures, risk and control, financial management and procurement. Any significant areas of non-compliance will either be taken account of in Service Plans or if corporate included in the AGS action plan. As with last year and in line with CIPFA best practice the process has been expanded to include asking managers to consider and comment on any significant issues which have been caused by the COVID-19 pandemic or of the impact has identified any areas of weakness in governance.
- 4.3. The year-end review of the governance and the control environment arrangements by CLT included:
 - 4.3.1. Obtaining assurances from the Chief Executive and Assistant Directors that key elements of the control framework were in place during the year in their departments.
 - 4.3.2. The statement itself was considered and signed off by CLT and is supported by them as an accurate reflection of the governance arrangements in place for the year.
 - 4.3.3. Obtaining assurances from other senior management, including the Monitoring Officer, that internal control and corporate governance arrangements were operating effectively within their areas of responsibility throughout the year.
 - 4.3.4. Reviewing any high-level audit recommendations that remained outstanding at the year end and taking appropriate action if necessary.
 - 4.3.5. Reviewing external inspection reports received by the Council during the year, the opinion of the Head of Internal Audit in her annual report to management and an evaluation of management information in key areas to identify any indications that the control environment may not be sound.
 - 4.3.6. Reviewing the updated Local Code of Corporate Governance.
- 4.4. The GRAC received assurances from the Head of Internal Audit that standards of internal control, corporate governance arrangements and systems of risk management were all operating to an adequate standard, with a reasonable assurance being concluded.

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- 4.5. The GRAC review the effectiveness of the governance framework as part of an annual review of the Local Code of Corporate Governance, and an improvement plan to address weaknesses and ensure continuous improvement of the system is in place.
- 4.6. In terms of gaining assurance on risks associated with delivering services through third parties, the formal partnership known as Coastal Partnership East between NNDC, Great Yarmouth Borough Council and East Suffolk has now been in place for four years. This approach is considered the best way for these Councils to address the challenges that are common to the whole coastline of Norfolk and Suffolk. By collaborating, rather than competing with one another for resources, we will be far better able to:
- Retain and recruit staff;
 - Broaden the scope of works that we can undertake;
 - Share experiences, lessons and new techniques;
 - Prepare joint schemes and projects (achieving economies of scale) and;
 - Explore new and innovative approaches to adaptation as well as coast protection.
- 4.7 Coastal Partnership East was formed by bringing together the coastal management resources and expertise from North Norfolk District Council, Great Yarmouth Borough Council and East Councils. The Partnership works along the 220km of coastline across Norfolk and Suffolk. This approach is seen an appropriate way of capitalising on our strengths and building resilience for the future.
- 4.8 A Section 113 Agreement made by the three authorities means that staff remain employed through their respective authorities and the management of each frontage remains with each Council, however, the shared resources of the Partnership are able to flex across local authority boundaries to enable all to benefit from a more resilient resource and skills base. The partnership is overseen by a Board comprising of relevant Member Portfolio holders/Committee Chairs that are supported by an Operational (senior) Officer Group, both of which meet on a quarterly basis.
- 4.9 The manager for Coastal Partnership East is included as part of the Council's annual Self Assurance process.

5. GOVERNANCE ISSUES

- 5.1. **Managers' Self-Assessment Assurance Statements** – these are produced on an annual basis by the Chief Executive, Directors and Assistant Directors (ADs) across the Council relating to their particular service areas. There are also further specific requirements for the Monitoring Officer and Section 151 Officer. The Statements cover key areas of responsibility as follows;

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- Procedures • Effectiveness of key controls • Alignment of Services with Corporate Objectives, Service Planning, Performance Management and Customer Satisfaction • Human Resources • Finance • Risks and Control • Health and Safety • Procurement • Insurance • Information Technology • Data Protection • Freedom of Information • Business Continuity • Partnerships • Equalities • Driver safety
- 5.2. Following a review of the Statements supplied, the AGS is drafted in consultation with Management Team (MT) before being considered by the CLT. Once approved by CLT the statement is signed off by the Chief Executive and the Leader of the Council before being approved by GRAC.
- 5.3. **Self-Assessment Assurance Statements for 2021/22** - A yes/partial/no response is required, with evidence and action required recorded where appropriate. Each AD is also required to note any issues they feel represent a significant control risk or governance issue. For the past two years, these statements have also included a section specifically in relation to the impact of COVID on processes and controls, and how these are now managed in the new environment.
- 5.4. Following the review of the Statements and the draft Annual Governance Statement for 2021/22, the following have been identified in terms of emerging themes for the organisation.
1. **Service/team plans and performance** - A number of managers referred to the need for further development of the Service and Team Plans to help ensure that resources are targeted in the most efficient way and that significant areas of work are sufficiently resourced. Further work is required with the Corporate Delivery Unit (CDU) to understand the impact of various new and emerging corporate projects on the Council's various support teams so that resource constraints can be identified, addressed, and prioritised as required. Managers also felt that in some areas performance targets and measures needed to be challenged and reviewed to ensure that they were adding value to the business and that they were realistic, meaningful and relevant.
 2. **Staff recruitment and retention** – While this has been a challenge for the authority for a number of years for various reasons the problem seems to have been worsening. The impact of this is being felt across the Council in a number of areas, with significant private sector inflationary increases putting pressure on local government pay levels following COVID. There are also challenges at certain pay grades when compared to other neighbouring local authorities.
 3. **Policy and strategy updates** – a number of the Council's policy and strategy documents are overdue for review and updating and there is a risk that these documents do not reflect current corporate priorities and best practice if the reviews are delayed.
- 5.5. Crucially, the responses have highlighted that there are no significant governance issues and governance arrangements are mainly consistent across the Council. Where partial responses have been provided, managers have already identified actions that are being progressed to

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address these areas and the Head of Internal Audit will review progress during 2022/23, with updates sought from ADs through the Council's performance management system InPhase.

- 5.6. There have not been any alleged or proven frauds during the 2021/22 financial year.
- 5.7. The following Action Plan has been developed to help address any control or governance issues identified as part of the AGS process.

Issue	Action/Outcome	Officer(s)	Target Date
Not all Service Plans and Team Plans have been updated. Without these in place there is an increased risk that resources are not targeted in the most efficient way and that significant areas of work are not sufficiently resourced. These plans will also drive and impact on some of the Council's performance targets.	Team Plans and Service Plans to be reviewed along with performance measures to ensure they continue to support corporate priorities and that targets are realistic, meaningful and relevant.	CLT/MT	31 December 2022
The Employee Code of Conduct was due to be reviewed in April 2020. The policy therefore needs to be reviewed and updated in response to recent corporate learning gained through internal and external audit reports to ensure that it remains fit for purpose.	Employee Code of Conduct policy to be reviewed in respect of recent corporate learning and to ensure the policy remains up-to-date	HR Manager	31 December 2022
The Council's IT Strategy has not been reviewed for a number of years and the previous planned review was impacted due to Covid.	Review and update IT Strategy and combine with Digital Strategy	Assistant Director for Organisational Resources	31 December 2022
The Partnership Framework has not been reviewed since the establishment of the CDU so there is a risk that the project management framework is not properly	Review and update the Partnership Framework and guidance.	CLT	31 October 2022

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aligned with this area of the business.			
The fraud audit was given a limited assurance level, the Head of Internal Audit has recommended monitoring the implementation of the recommendations contained within the report. It should however be noted that GRAC will be considering a report on these issues in June 2022.	Ensure that the recommendations contain within the fraud audit are delivered in a timely fashion.	Assistant Director for Organisational Resources	June 2022

6. CERTIFICATION

- 6.1. To the best of our knowledge, the governance arrangements, as defined above, have been effectively operating during the year with the exception of those areas identified above. We propose over the coming year to take steps to address the above matters to enhance our governance arrangement. We are satisfied that these steps will address the need for improvements that were identified during the review of effectiveness and will monitor their implementation and operation as part of our next annual review.

Leader of the Council

Cllr Tim Adams

Date

Chief Executive

Mr Steve Blatch

Date