

# Governance and Ethics Committee

**Wednesday, 05 March 2025 at 10:30**

County Hall, West Bridgford, Nottingham, NG2 7QP

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## AGENDA

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### Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>



Meeting GOVERNANCE AND ETHICS COMMITTEE

Date Wednesday 5 February 2025 (commencing at 10.30am)

membership

## **COUNCILLORS**

Philip Owen (Chairman)  
Callum Bailey (Vice-Chairman)

Chris Barnfather	Sue Saddington - <b>Apologies</b>
Samantha Deakin - <b>Apologies</b>	Helen-Ann Smith - <b>Apologies</b>
Errol Henry JP - <b>Apologies</b>	Nigel Turner - <b>Apologies</b>
Andy Meakin - <b>Apologies</b>	Roger Upton
Michael Payne - <b>Apologies</b>	

## **SUBSTITUTE MEMBERS**

Councillor Pauline Allan (substitute for Councillor Errol Henry)  
Councillor Jim Creamer (substitute for Councillor Michael Payne MP)  
Councillor Eric Kerry (substitute for Councillor Nigel Turner)  
Councillor John Lee (substitute for Councillor Sue Saddington)  
Councillor John Wilmott (substitute for Councillor Helen-Ann Smith)

## **OFFICERS IN ATTENDANCE**

Richard Elston - Chief Executives  
Keith Ford  
Karen Hughman  
Simon Lacey  
Charlie Mason  
Gareth Moss  
Noel McMenemy  
Marjorie Toward

## **1. MINUTES**

The Minutes of the last meeting held on 27 November 2024, having been previously circulated, were confirmed and signed by the Chairman.

## **2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

- Councillor Sam Deakin (other reasons)
- Councillor Errol Henry (other reasons)
- Councillor Andy Meakin (other reasons)
- Councillor Michael Payne MP (other reasons)
- Councillor Sue Saddington (medical illness)
- Councillor Helen-Ann Smith (other reasons)

- Councillor Nigel Turner (medical/illness)

It was noted that this rescheduled meeting clashed with a Planning meeting taking place at Ashfield District Council.

### **3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

Councillor John Lee declared he had an Other Registerable Interest in item 8 – Newark and Sherwood Community Governance Review as his electoral division was directly affected by the proposals.

Having declared Other Registerable Interests, Councillor Lee left the meeting for consideration of Item 8 and did not return.

### **4. UPDATE ON LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN DECISIONS (OCTOBER – NOVEMBER 2024)**

The report set out information about Local Government and Social Care Ombudsman decisions relating to the Council since the previous report to Committee. There was one investigation where fault was found out of a total of 5 investigations in the period October-November 2024. Members were given the opportunity to ask questions of officers and seek assurance about actions put in place regarding the complaints.

During debate, it was explained that there had been a delay in informing the Council that a complainant's son could not attend school, leading to a loss of education. Refresher guidance would be provided to frontline special educational needs staff and their managers about the Council's duties for children who were not attending their school.

In response to a committee member's question, it was agreed that a written response be provided on the total financial remedy paid to Ombudsman complainants from the Children and Families budget in 2024-25.

#### **RESOLVED: 2025/01**

That the findings of the Local Government and Social Care Ombudsman be noted

### **5. COUNTER FRAUD PROGRESS REPORT**

The report provided an update on the counter-fraud activity undertaken to date in 2024-25, This covered work undertaken in relation to the National Fraud Initiative, recent counter-fraud activity and an update on actions taken against the Counter-fraud Action Plan.

During debate, it was explained that using Blue Badge statistics for London Boroughs was not an appropriate benchmark for Blue Badge management in Nottinghamshire. It was also explained that Blue Badge Days of Action were carried out at districts and borough level, and not by the County Council. While Artificial Intelligence (AI) was not used in developing counter-fraud learning, current learning did include guidance on how to spot AI-generated scams.

**RESOLVED 2025/02**

That the report be noted

**6. APPOINTMENT OF INDEPENDENT REMUNERATION PANEL MEMBERS**

**RESOLVED: 2025/03**

That Sir Rodney Brooke CBE DL, Madi Sharma, Stephen Bray and Charles Daybell be reappointed to the Independent Remuneration Panel for Nottinghamshire County Council for the period 2025-29.

**7. ENGLISH DEVOLUTION WHITE PAPER – PROPOSED CHANGES TO STANDARDS AND AUDIT REGIME**

The report provided an update on the contents of the government's English Devolution White Paper in relation to the relevant areas of the Committee's Terms of reference such as the standards and audit regime.

While a range of views were expressed about the potential impact of the proposals during discussion, there was a general consensus that the current regime was not sufficiently robust in respect of sanctions.

**RESOLVED: 2025/04**

That the update be noted.

**8. NEWARK AND SHERWOOD COMMUNITY GOVERNANCE REVIEW**

Having previously declared an interest in this item, Councillor John Lee left the meeting and did not return.

**RESOLVED: 2025/05**

That:

- 1) The Chief Executive be authorised to submit the letter at Appendix A to the report as a courtesy response to the consultation on Newark and Sherwood District Council's draft proposals, reserving the County council's position for any formal response until phase 2 of the consultation;
- 2) Authority be delegated to the Chief Executive to draft and submit the Council's response to the draft proposals, following consultation with members of the Committee. the Committee

**9. WORK PROGRAMME**

**RESOLVED: 2025/06**

That the work programme be approved.

The meeting closed at 11.01am

CHAIRMAN

**05 March 2025**

**Agenda Item: 4**

## **REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN DECISIONS DECEMBER 2024 TO JANUARY 2025**

#### **Purpose of the Report**

1. To inform the Committee about Local Government & Social Care Ombudsman's (LGSCO) decisions relating to the Council since the last report to Committee was completed and therefore any decisions after 28<sup>th</sup> November 2024.

#### **Information**

2. Members have asked to see the outcome of Ombudsman investigations regularly and promptly after the decision notice has been received. This report therefore gives details of all the decisions received since the last report to this Committee.
3. The LGSCO provides a free, independent and impartial service to members of the public. It looks at complaints about Councils and other organisations. It only looks at complaints when they have first been considered by the Council and the complainant remains dissatisfied. The LGSCO cannot question a Council's decision or action solely on the basis that someone does not agree with it. However, if the Ombudsman finds that something has gone wrong, such as poor service, a service failure, delay or bad advice and that a person has suffered as a result, the LGSCO aims to get the Council to put it right by recommending a suitable remedy.
4. The LGSCO publishes its decisions on its website ([www.lgo.org.uk/](http://www.lgo.org.uk/)). The decisions are anonymous, but the website can be searched by Council name or subject area.
5. A total of eight decisions relating to the actions of this Council have been made by the Ombudsman in this period. Appendix A to this report summarises the decisions made in each case for ease of reference and Appendix B provides the full details of each decision.
6. Full investigations were undertaken into two complaints. Appendix A provides a summary of the outcomes of the investigation. Where fault was found, the table shows the reasons for the failures and the recommendations made. If a financial remedy was made the total amount paid or reimbursed is listed separately.

7. There was fault found in two cases. Both cases were in Childrens. The first complaints is from Ms C who complained the Council failed to provide their child, D, with access to a fulltime education during years nine and ten of their education (the academic years 2022/23 and 2023/24). Ms C said as a result D missed a significant portion of their education, feeling unsupported during this time. Ms C wasn't happy with EHCP but the Ombudsman has found no fault with how the Council managed that, engaged with relevant parties and dealt with it within timescales. The Council knew of D's absence from school by December 2022. The Fair Access Protocol Team monitored events between then and July 2024. So, it held an active interest in D's case, except for a few weeks around September 2024 when D attempted a return to school which sadly failed. The Ombudsman state that the Council did not then show enough engagement with D's case. Despite knowing of D's long-term absence from school there was no record it ever asked itself if it should do more to help D gain access to education given its legal duties. During the Spring Term 2024 D could not access the alternative provision identified by their school because it had no capacity. Yet it did not look for any different provider or ask the school to do so. The Ombudsman state that this didn't necessarily cause a lack of provision but cited the distress caused to Ms C and D. It also stated that the complaint response did not address the complainant's concern about lack of support. The Council has agreed to pay £1900 which was offered by the Council previously.

Following this, the complaints team are working with the department to ensure they give necessary information to compile a response, the complaints team are reliant on the knowledge of the legislation for education and social care and what support is being in put in place for families. Complaints Officers agree records of complaint with complainants if there is anything unclear and each point is addressed in a response. This case is being used as a case study for learning and collaborating with departments to ensure we as a Council address each point on the agreed record of complaint

It is evident that families were not always clear that the Local Authority were acknowledging it's responsibilities under Section 19 or about the work that Local Authority teams were undertaking to support their child to access appropriate learning. The Local Authority will ensure that future complaint responses from Childrens department to parents that relate to education access for pupils who qualify under Section 19 will clearly acknowledge the Local Authority's role and will provide a point of contact if parents wish to discuss their individual situation as the situation progresses

8. The second complaint is also in Childrens. Mr X complained the Council failed to properly consider its duty to provide alternative education provision for his child, Z, and failed to put in place school transport. The Council was not at fault in how it considered and later arranged alternative provision. However the Council did provide incorrect information to Mr Z through its complaint response which implied it had not properly considered its education duties to Z. It did follow its duties and was in regular contact however it caused confusion to Mr X with its response as to who was responsible for the provision. The Council has agreed to apologise for the uncertainty this caused to Mr X and issue reminders to its complaints officers to prevent recurrence of the fault in future

## **Other Options Considered**

9. The other option considered was not bringing regular reports to the Committee detailing the decisions made by the Local Government and Social Care Ombudsman. This option was rejected as by not having oversight of this report the Committee would not receive assurances that the learnings from Ombudsman cases were leading to improvements in services.

### **Reasons for Recommendation/s**

10. To enable members to scrutinise complaints dealt with by the Council that went to the Ombudsman and to inform them of the service improvements being made for the benefit of residents as well as colleagues.

### **Statutory and Policy Implications**

11. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Data Protection and Information Governance**

12. The decisions attached are anonymised and will be publicly available on the Ombudsman's website.

### **Financial Implications**

13. The details of the financial payments are set out in Appendix A. £1900 will come from the Children and Families' Department budget.

### **Implications for Service Users**

14. All of the complaints were made to the Ombudsman by service users, who have the right to approach the LGSCO once they have been through the Council's own complaint process.

## **RECOMMENDATION/S**

- 1) That members note the findings of the Local Government and Social Care Ombudsman and welcome the lessons learned and actions taken in response to the findings

**Marjorie Toward**

**Monitoring Officer and Service Director – Customers, Governance and Employees**

**For any enquiries about this report please contact:**

Richard Elston Team Manager – Complaints and Information Team

**Constitutional Comments (HD (Standing))**

15. Governance & Ethics Committee is the appropriate body to consider the content of this report. If the Committee resolves that any actions are required, it must be satisfied that such actions are within the Committee's terms of reference.

### **Financial Comments**

16. The financial implications are set out in paragraph 13 of the report.

17. The details of the financial payments are set out in Appendix A.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- N/A

### **Electoral Division(s) and Member(s) Affected**

- All

## APPENDIX A

### DECISIONS NOT TO INVESTIGATE FURTHER

DATE	LGO REF	PROCEDURE	COMPLAINT SUMMARY	REASON FOR DECISION
04.12.24	24012688	Corporate	Mrs X complains about the Council's role in safeguarding proceedings involving her adult daughter. She says the Council's actions have caused significant damage and distress to her daughter and the rest of the family. Mrs X wants a public inquiry into the handling of her daughter's case.	The Ombudsman did not investigate because these matters are the subject of court proceedings and we therefore have no jurisdiction to investigate.
06.12.24	24006215	Corporate	Miss X, complains that in May 2023 her daughter (Y) was touched inappropriately by an older child at a holiday club. Miss X believes the Council was responsible for this, as the perpetrator was a looked-after child and the Council was responsible for placing him in the club.	The Ombudsman did not investigate because it was outside the timescales considered reasonable to investigate.
09.01.25	24012098	Corporate	Ms X complained the Council holds information about her it should not. She says the Council has wrongly shared the information and it continues to negatively impact her life.	The Ombudsman did not investigate this complaint about data the Council holds about her because The Information Commissioner's Office is better placed to consider her complaint.
12.12.24	24010339	Corporate	Mrs A and Mrs B complain on behalf of their cousin, Mrs D. They say the Council and NHS Foundation Trust (the Trust) wrongly decided Mrs D should return home on discharge from hospital.	The Ombudsman did not investigate because they cannot achieve the outcomes they seek which was to backdate the 12-week property disregard (which they later agreed) to the date of discharge. They would also like the Council and Trust to reimburse the costs Mrs D paid to the care home
14.01.25	24012403	Corporate	Mr B says the Council has failed to properly investigate a safeguarding concern and not	The Ombudsman did not investigate this complaint about adult safeguarding because

			taken account of relevant information and evidence before deciding. Mr B is disappointed and feels there is a slur on his character	there is not enough injustice to the complainant to justify involvement
13.01.25	24011659	Adults	Mr X complained that the Council has not conducted an adequate care assessment for Mr Y, his father. Mr X also believes his father is eligible for Council funding but says the Council has not carried out a financial assessment.	The Ombudsman did not investigate this complaint because the Council has completed an assessment and explained its decision. It is unlikely we would find fault

### THERE WERE NO FULL INVESTIGATIONS WHERE NO FAULT FOUND

### FULL INVESTIGATIONS WHERE FAULT FOUND

DATE	LGO REF	PROCEDURE	COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY	STATUS OF AGREED ACTION
29.01.25	24004036	Corporate	Ms C complained the Council failed to provide their child, D, with access to a fulltime education during years nine and ten of their education (the academic years 2022/23 and 2023/24). Ms C said as a result D missed	Fault found as the Council did not show enough engagement with D's case. The case records did not show: <ul style="list-style-type: none"> <li>• there was ever a recognisable integration plan or re-integration plan for D to</li> </ul>	The Council agreed to apologise, provide a written apology to Ms C accepting the findings of this investigation <ul style="list-style-type: none"> <li>• offer again a symbolic payment of £1900 to Ms C, which was offered previously</li> </ul>	£1900	Will be completed within 20 working days

			a significant portion of their education, feeling unsupported during this time	<p>return to education</p> <ul style="list-style-type: none"> <li>• any consideration of D's case at a Vulnerable Children Education Commissioning Panel.</li> <li>• no alternative provider was sought nor was the school asked when they knew D wasn't accessing provision in Spring 2024 Fault found with the Council's record keeping.</li> </ul>			
15.01.24	24000894	Corporate	Mr X complained the Council failed to properly consider its duty to provide alternative education provision for his child, Z, and failed to put in place school transport	The Council was not at fault in how it considered and later arranged alternative provision. However the Council did provide incorrect information to Mr Z through its complaint response which implied it had not properly considered its	The Council has agreed to apologise for the uncertainty this caused to Mr X and issue reminders to its complaints officers to prevent recurrence of the fault in future	£0	Apology letter completed and the reminders being communicated through meetings and emails this month

				education duties to Z			
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## **The Ombudsman's final decision**

Summary: Ms C complained the Council failed to provide their child with access to a full-time education over two academic years. We upheld the complaint finding the Council did not show enough consistent attention to the case despite knowing of the child's absence. As a result, it caused unnecessary distress for Ms C, as she did not know if their child could have had a greater access to education. The Council has accepted these findings and agreed actions to remedy this injustice. However, we note these does not differ significantly from proposals the Council previously made to Ms C, following its own investigation of the complaint.

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## **The complaint**

1. Ms C complained the Council failed to provide their child, D, with access to a full-time education during years nine and ten of their education (the academic years 2022/23 and 2023/24).
2. Ms C said as a result D missed a significant portion of their education, feeling unsupported during this time. Ms C says she found it stressful trying to get support from the Council, which negatively impacted on her.

## **The Ombudsman's role and powers**

3. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word fault to refer to these. We consider whether there was fault in the way an organisation made its decision. If there was no fault in how the organisation made its decision, we cannot question the outcome. (Local Government Act 1974, section 34(3), as amended)
4. The Ombudsman's view, based on caselaw, is that 'service failure' is an objective, factual question about what happened. A finding of service failure does not imply blame, intent or bad faith on the part of the council involved. There may be circumstances where we conclude service failure has occurred and caused an injustice to the complainant despite the best efforts of the council. This still amounts to fault. (see R (on the application of ER) v CLA (LGO) [2014] EWCA civ 1407)
5. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused significant injustice, or that could cause injustice to others in

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the future we may suggest a remedy. (Local Government Act 1974, sections 26(1) and 26A(1), as amended)

6. We cannot investigate late complaints unless we decide there are good reasons. Late complaints are when someone takes more than 12 months to complain to us about something a council has done. (Local Government Act 1974, sections 26B and 34D, as amended)
7. The law says we cannot normally investigate a complaint when someone has a right of appeal, reference or review to a tribunal about the same matter. However, we may decide to investigate if we consider it would be unreasonable to expect the person to use this right. (Local Government Act 1974, section 26(6)(a), as amended)
8. The First-tier Tribunal (Special Educational Needs and Disability) considers appeals against council decisions regarding special educational needs. We refer to it as the SEND Tribunal in this decision statement.
9. If we are satisfied with an organisation's actions or proposed actions, we can complete our investigation and issue a decision statement. (Local Government Act 1974, section 30(1B) and 34H(i), as amended)
10. Under our information sharing agreement, we will share this decision with the Office for Standards in Education, Children's Services and Skills (Ofsted).

## **How I considered this complaint**

11. During my investigation I considered:
  - Ms C's written complaint to the Ombudsman and any supporting information she provided;
  - correspondence exchanged between Ms C and the Council about the matters covered by the complaint, which pre-dated our investigation;
  - information provided by the Council in reply to enquiries I made;
  - relevant law and Government guidance referred to in the text below;
  - relevant guidance published by this office, referred to in the text below.
12. I also gave Ms C and the Council opportunity to comment on a draft version of this decision statement and / or provide further evidence they considered relevant to its content. I took account of any response they made before finalising the decision statement.

## **What I found**

### **Relevant law and guidance around special educational needs**

13. A child or young person with special educational needs may have an Education, Health and Care (EHC) Plan. This will set out the child's needs and arrangements made to meet them, in different sections. We cannot direct changes to the sections about a child's needs, education, or the name of the educational placement. Only a SEND Tribunal or the council can do this.
14. The Government publishes statutory guidance - 'Special educational needs and disability code of practice: 0 to 25 years' ('the Code'). This explains how councils should carry out need assessments and produce EHC Plans. The Code flows from the content of the Children and Families Act 2014 and the SEN Regulations 2014. Of relevance to this complaint, it says:

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- the process of assessing needs and developing EHC Plans “must be carried out in a timely manner”. Steps must be completed as soon as practicable;
  - if the council agrees to undertake an EHC needs assessment, it must decide whether to issue an EHC Plan within 16 weeks;
  - if the council goes on to issue an EHC Plan, it should take no more than 20 weeks to issue the final EHC Plan from the day it receives an assessment request (unless certain specific circumstances apply).
15. A parent has a right of appeal to the SEND Tribunal if unhappy with some parts of an EHC Plan. This includes how the Plan describes a child or young person’s special educational needs and the provision specified.

**Relevant law around Section 19 of the Education Act and alternative provision**

16. Councils must arrange suitable education at school or elsewhere for pupils out of school because of exclusion, illness or for other reasons, if they would not receive suitable education without such arrangements. (Education Act 1996, section 19). We refer to this as section 19 or alternative education provision.
17. This applies to all children of compulsory school age living in the local council area, whether or not they are enrolled at a school. (Statutory guidance ‘Alternative Provision’ January 2013)
18. The provision generally should be full-time unless it is not in the child’s best interests for reasons of the child’s physical or mental health. (Education Act 1996, section 3A and 3AA)
19. The courts have considered the circumstances where the section 19 duty applies. A council will have a duty to provide alternative education under section 19 if there is no suitable education available to the child which is “reasonably practicable” for the child to access. The “acid test” is whether educational provision the council has offered is “available and accessible to the child”. (R (on the application of DS) v Wolverhampton City Council 2017)

**Relevant Council policy**

20. The Council has a policy for what should happen if a child is not in school. It says that a parent, school or another council officer can refer a case to its Fair Access Protocol team. That team can provide advice and guidance, consider the child’s case through a weekly meeting and appoint an officer to manage the case.
21. Where children have missed more than 20 days of education the Council can refer their case to its Vulnerable Children Education Commissioning Panel. It says it uses the panel when “current interventions by officers are not resolving the situation” and the Council “may have [a] duty” to provide the child’s education. The Panel can offer further advice to services, schools and families as well as offer ‘challenge’ to actions taken so far. It can also agree funding of “interim provision” for a child. Team Managers have responsibility for referring cases to the Panel. The Council also has a procedure to escalate cases further, to a Child Missing Education Board. A manager can do this where they consider a child has “had no education for an unreasonable period of time”.
22. The Council also has a policy covering the “delivery or commissioning of learning for children and young people through education other than at school 2024-2028”. While that post-dates some of the events covered by this complaint, I have assumed its contents relevant to the investigation.

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23. The policy says the Council considers pupils should usually be enrolled at a school, and this should be a mainstream school wherever possible. It says that schools have access to support services offered by the Council where pupils do not attend. Schools can also commission (i.e. arrange and pay for) tailored education for individual children; for example, from alternative education providers. But, in “exceptional circumstances” the Council can directly commission education for children not in school.
24. The policy explains those circumstances include:
- where a child cannot access school for 15 days or more because of physical or mental illness;
  - where a school needs time to make alternative arrangements for a pupil;
  - where a child has an EHC Plan, but for “a specific period of time” a school cannot meet their needs, or they have no school place.
25. The policy also says for those pupils who have an EHC Plan, while schools can commission alternative provision, it expects this to be an “interim provision”. It says the school must involve its SEN service in discussions and the Council expects schools to “provide details of a plan to support the pupil”.
26. Among the specialist support services schools can request from the Council (see paragraph 23), is access to its Communication and Interaction Team. The Council says this provides support to pupils with communication and interaction needs, including autism. Its aim is to understand the reasons for a child’s absence from school and offer advice and support for their needs. It can help planning for reintegration for school.

## **Chronology of key events**

### **Events during Year 9 of D’s education**

27. D is a child with special educational needs who experiences high levels of anxiety. Before the events covered by this complaint D had experienced disruption to their education and became known to CAMHS (Children and Adolescent Mental Health Services) from 2020.
28. From September 2022 onward D could not attend their mainstream school because of their needs.
29. In December 2022 D became known to the Council’s Communication and Interaction team, who provided an officer to help support D and liaise with their school.
30. The Council has provided limited records of its involvement during the 2022/23 academic year. It has provided a minute of a meeting where it discussed D’s case in April 2023 and recorded they were “really struggling to attend” school.
31. In comments, the Council has said from March 2023 it identified D as a “pupil missing education”. It Fair Access Protocol Team monitored D’s case throughout the rest of the school year and its Communication and Interaction Team provided advice and support to Ms C, D and the school. During the summer term 2023, D’s school arranged for them to receive some teaching from a home tutor. However, D could not engage with the tutor.

### **Events during year 10 of D’s education**

32. At the beginning of the school year (September 2023), D said they wanted to try to return to school. However, because of their needs D continued to struggle with attendance.

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33. In October 2023 the Council received a request to undertake an education, health and care needs assessment for D. It agreed to this in November 2023 and began consultation with professionals supporting D.
34. As part of that consultation the Council obtained advice from its Communication and Interaction Team and CAMHS. Both said that D's needs made it difficult for them to engage with education. The Communication and Interaction Team suggested D needed to build a relationship with a tutor or keyworker, at first for around two to three hours a week. CAMHS said interventions to support D should focus on their emotional health and "reduce the social and educational expectation associated with mainstream school".
35. In January 2024 the Council decided to issue D with an EHC Plan. It consulted Ms C on a draft version of the Plan and then issued a final version in February. This continued to name their mainstream school. But it also said that to return to the school D needed support from a trusted adult and required "a significant level of transition support".
36. In March 2024 Ms C made a complaint to the Council. While recognising D now had an EHC Plan, Ms C said they remained without access to a full-time education. And Ms C expressed her dissatisfaction that D had missed so much education since the beginning of year nine.
37. The Council replied to the complaint the following month. Its response implied the Council accepted a need to amend D's EHC Plan. This is because it said D should receive EOTAS provision (education other than at school) instead. So, for now D's school would arrange for them to receive alternative provision for three hours a week, which might increase once D's attendance settled. It did not comment on any service provided by the Council before it issued D with an EHC Plan.
38. Ms C replied to the Council later in April 2024, explaining why she considered the reply inadequate. Ms C set out her view the Council should provide education to D under Section 19 of the Education Act and had failed to do so since they were in year nine.
39. In its further reply the Council said it had a legal responsibility to ensure D received the education set out in their EHC Plan. It recognised Ms C's view that three hours a week was not enough. But it said the pace of D's integration with education took account of Ms C's views, D's school, CAMHS and the Council's Communication and Interaction service. At the same time the Council also acknowledged the school had planned to increase access to the alternative provision to two days a week. But it said it could not do this because of the alternative provider's lack of capacity.
40. The Council said in recognition of the limited access to education D had from December 2023, that it would offer a symbolic payment to Ms C of £1900. It calculated this at:
- £300 a month for D having no education provision between December 2023 and March 2024; and
  - £200 a month for the period April to May 2024, when D received some part-time provision.
41. While Ms C pursued her complaint she had regular contact with the SEN service, around D's alternative provision. I noted that when there was initial discussion about the alternative provision arranged by the school this envisaged D attending for up to two days a week beginning from February 2024. But, due to the limited

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capacity of the provider, D could not start until the summer term. At first D engaged well with the provision and Ms C asked the Council about increasing the hours to two days as first discussed. But D's school suggested the provider and / or professionals supporting D believed a slower integration appropriate.

42. D attended for several weeks before a key worker at the alternative provider left. After that D could not engage as well with the service, and when Ms C contacted the provider about D's absence it did not respond. She asked about a different alternative provider which at first suggested it could support D during the summer term. However, it later told the Council it could not support D before the start of the 2024/25 academic year.
43. As well as making a complaint, Ms C also made an appeal against the content of D's EHC Plan. This covered how the Plan described D's SEN, the provision identified to meet their needs and that it named the mainstream school. The Council later conceded this last point, when it agreed to name EOTAS provision instead.

## **My findings**

### **The Ombudsman's jurisdiction**

44. The term jurisdiction refers to our legal powers to investigate a complaint. As I explained above, the law sometimes restricts our ability to investigate late complaints (see paragraph 6). This was relevant, because some of the events Ms C complained about took place more than 12 months before her complaint to this office, received in June 2024.
45. However, I decided the passage of time should not limit our investigation. At the beginning of the events covered by this complaint, Ms C wanted a service from D's school, the Council or both working in unison. Ms C only made a complaint at the point she felt she had given both parties enough time to provide effective support and they had not done so. This was March 2024, when despite D receiving an EHC Plan, she remained out of education.
46. I did not consider I could realistically fix a date at which Ms C should have complained earlier. Consequently, it would not be fair to Ms C to decline to investigate from the time the Council first learnt of C's absences, which was no later than December 2022.
47. The second issue potentially impacting our investigation was Ms C's appeal against the content of D's EHC Plan, made in February 2024. We cannot investigate if a parent has made an appeal about the content of an EHC Plan to a SEND Tribunal, and they have (or have had) the ability to raise the matter complained about as part of that appeal.
48. I considered this restriction prevented me considering the detailed content of D's EHC Plan. However, it did not prevent me investigating matters outside the scope of any appeal. In this case, while the EHC Plan named a school setting for D, clearly there was no expectation in February 2024 they return to the school immediately. The records show the Council both knew this and agreed it was not possible for D to attend school then. Instead, it supported D attending an alternative provision before re-integrating later at school. At first, for just three hours a week.
49. So, I considered it was within the scope of our powers to investigate the provision D received up to July 2024. At that point the Council abandoned any proposal D re-integrate to their mainstream school. Instead, it named an "EOTAS" provision on their Plan. I considered after that change took place, any dispute about the

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nature of the EOTAS provision would be outside our jurisdiction to investigate. Because the Plan should specify the EOTAS provision, making any dispute about it (such as the location or number of hours), suitable for appeal to the SEND Tribunal.

### **Was the Council at fault?**

50. As part of my investigation, I considered the process followed by the Council when it undertook an education, health and care needs assessment of D. I found no fault in this, as the Council completed the steps prescribed by law and statutory guidance in the expected timescales. I recognised Ms C did not agree with all the content of the Plan, but she could (and did) exercise her right of appeal. So, it was not for me to comment on those points of disagreement.
51. My investigation therefore focused on the Council's Section 19 duty. As I noted above there was no dispute the Council knew of D's absence from school by December 2022. In its own words its Fair Access Protocol Team monitored events between then and July 2024. So, it held an active interest in D's case, except for a few weeks around September 2024 when D attempted a return to school which sadly failed.
52. I summarise that monitoring as comprising the following:
  - that it noted its Communication and Interaction Team made efforts to understand D's needs. That Team gave some advice and information to D, Ms C and the school. It also contributed to D's education, health and care needs assessment;
  - that it noted the school provided D with access to a tutoring service around the summer term 2023, with which they could not engage;
  - that it noted the school provided D with some alternative provision which they attended for several weeks, for a maximum of three hours a week, during the summer term 2024.
53. While I saw no reason to criticise any of these efforts, I did not consider they showed enough engagement with D's case. Because the case records did not show:
  - there was ever a recognisable integration plan or re-integration plan for D to return to education drawn up by those professionals working with them, including their school, CAMHS and relevant Council services;
  - any consideration of D's case at a Vulnerable Children Education Commissioning Panel. This was despite the evidence that interventions by officers did not resolve D's absence from school over many months;
  - any systematic consideration by the Council of its Section 19 duties. Despite knowing of D's long-term absence from school there was no record it ever asked itself if it should do more to help D gain access to education given its legal duties. I note specifically that it knew during the Spring Term 2024 that D could not access the alternative provision identified by their school because it had no capacity. Yet it did not look for any different provider or ask the school to do so.
54. The failure of the Council to show that it considered these matters, meant I found fault with its record keeping. But more than that, I also considered it showed a fundamental lack of attention and regard to D's needs and how it performed its legal duty.

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55. I also considered its complaint handling flawed. In her complaints Ms D made clear her view the Council had not supported D sufficiently since the start of Year nine of their education. However, the Council's replies did not address this point. That was a fault.

### **Did the fault cause Ms C and D an injustice?**

56. The Council could and should have done more to review D's education provision between December 2022 and July 2024. However, I noted the evidence showing D struggled to engage with education on offer between those dates. They could not engage with home tutoring. While the alternative provision set up in Summer 2024 broke down. I also noted the evidence of professionals around the Spring Term 2024. Their view then, was that D could not engage in full-time education, nor anything close to that.
57. So, I did not consider the Council's fault resulted in a quantifiable loss of education provision for D. Instead, I found the Council's fault resulted in considerable distress for Ms C and D. This resulted from the uncertainty they had in not knowing what would have happened if the Council had taken a more active role in D's case.
58. In addition, I considered the Council's poor complaint handling caused Ms C some further avoidable frustration and distress.
59. But I noted that following its own investigation of Ms C's complaint, the Council had offered a symbolic payment to Ms C. It offered this because C had received limited or no education over a six-month period. Its calculation of the amount it offered was similar to that used in our published guidance on remedies for lost education provision ([Guidance on remedies - Local Government and Social Care Ombudsman](#)). I noted this was despite the Council not clearly explaining why it considered it was at fault.
60. It flows from my own findings on this matter that I considered this approach was wrong. But I did not consider the symbolic payment offered to Ms C inappropriate given the distress caused, which was prolonged and had more than one cause.

### **Agreed action**

61. The Council has accepted these findings. To remedy Ms C's injustice it has agreed that within 20 working days of this decision it will:
- provide a written apology to Ms C accepting the findings of this investigation (the Council should consider the advice we provide on making an apology set out in section 3.2 of our guidance on remedies);
  - offer again a symbolic payment of £1900 to Ms C, if she did not accept this previously.
62. The Council will provide us with evidence when it has complied with the above actions.

### **Final decision**

63. For reasons set out above I upheld this complaint finding fault by the Council caused injustice to Ms C and D. The Council accepted these findings and agreed action that I considered would remedy that injustice. Consequently, I completed my investigation satisfied with its response.

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**Investigator's decision on behalf of the Ombudsman**



## **The Ombudsman's final decision**

Summary: Mr X complained the Council failed to properly consider its duty to provide alternative education provision for his child, Z, and failed to put in place school transport. The Council was not at fault in how it considered and later arranged alternative provision. However the Council did provide incorrect information to Mr Z through its complaint response which implied it had not properly considered its education duties to Z. The Council has agreed to apologise for the uncertainty this caused to Mr X and issue reminders to its complaints officers to prevent recurrence of the fault in future.

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## **The complaint**

1. Mr X complained the Council:
  - a) Failed to consider whether it owed Z a section 19 duty when concerns arose over their education placement;
  - b) Failed to ensure the alternative education provided to his child, Z, was suitable; and
  - c) Failed to put in place the necessary transport so Z could get to their education provider.
2. Mr X complained that as a result, Z received fewer hours of education than they should have, Mr X and his partner's earnings were affected by transporting Z to their education providers and the family have been caused avoidable stress and frustration.

## **The Ombudsman's role and powers**

3. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word 'fault' to refer to these. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (Local Government Act 1974, section 34(3), as amended)
4. If there has been fault which has caused an injustice, we may suggest a remedy. (Local Government Act 1974, sections 26(1) and 26A(1), as amended)
5. We cannot investigate most complaints about what happens in schools. (Local Government Act 1974, Schedule 5, paragraph 5(2), as amended)

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6. If we are satisfied with an organisation's actions or proposed actions, we can complete our investigation and issue a decision statement. (Local Government Act 1974, section 30(1B) and 34H(i), as amended)
  7. Under our information sharing agreement, we will share this decision with the Office for Standards in Education, Children's Services and Skills (Ofsted).

## **What I have and have not investigated**

8. My investigation covers the period from 13 November 2023 to 10 May 2024.
9. Mr X complained that Z did not receive sufficient education between November 2023 and July 2024. However, after 10 May 2024, Z had a final EHC Plan which carried an appeal right to the SEND Tribunal.
10. I have not investigated events beyond 10 May, because this final EHC Plan carried a right of appeal to the SEND Tribunal if Mr X disagreed with the provision or placement named in the Plan and it was reasonable for him to use it. The restrictions on our powers in these circumstances are set out in more detail in paragraphs 25-27.
11. Mr X and Mrs X have also raised concerns that the school's decision, following advice by the Council, to place Z on a part-time timetable was disability discrimination. Whether disability discrimination has taken place is a matter for the courts, rather than the Ombudsman and I have not investigated it here.

## **How I considered this complaint**

12. I considered the information provided by Mr X and the Council.
13. I considered the relevant law and guidance as set out below.
14. I considered our [Guidance on Remedies](#).
15. I considered all comments made by Mr X and the Council on a draft decision before making a final decision.

## **What I found**

### **Law and guidance**

#### **Alternative provision**

16. Councils must arrange suitable education at school or elsewhere for pupils who are out of school because of exclusion, illness or for other reasons, if they would not receive suitable education without such arrangements. The provision generally should be full-time unless it is not in the child's interests. (Education Act 1996, section 19). We refer to this as section 19 or alternative education provision.
17. As soon as it is clear the child will be away from school for 15 days or more because of their health needs the council should arrange suitable alternative provision.
18. Suitable education means efficient education suitable to a child's age, ability and aptitude and to any special educational needs he may have. (Education Act 1996, section 19(6))
19. We have issued guidance on how we expect councils to fulfil their responsibilities to provide education for [children who do not attend school](#)

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full-time. In our guidance we have highlighted the importance of keeping all cases of part-time education under review with a view to increasing it if a child's capacity to learn increases. (Out of school, out of sight? published July 2022)

20. Where councils arrange for schools or other bodies to carry out their functions on their behalf, the council remains responsible. Therefore councils should retain oversight and control to ensure their duties are properly fulfilled.

### **School transport to alternative provision**

21. Councils must provide transport to alternative provision made pursuant to section 19 of the Education Act 1996, where the relevant criteria are met. However, if the school commissioned the alternative provision, the Council will generally not be under a duty to provide transport to that placement.

### **Education, Health and Care (EHC) Plans**

22. A young person with special educational needs may have an Education, Health and Care (EHC) Plan. This sets out their needs and what arrangements should be made to meet them.

### **EHC Needs Assessments**

23. The "Special educational needs and disability Code of Practice: 0 to 25 years" statutory guidance, which I refer to as the Code, sets out the process for deciding whether to issue an EHC Plan for a child or young person for the first time.
24. Councils decide whether to issue an EHC Plan by carrying out an EHC needs assessment. The whole process from the point when an assessment is requested until the final EHC Plan is issued must take no more than 20 weeks (unless certain specific circumstances apply).

### **Tribunal appeals**

25. The First-tier Tribunal (Special Educational Needs and Disability) considers appeals against council decisions regarding special educational needs. We refer to it as the SEND Tribunal in this decision statement.
26. There is a right of appeal to the SEND Tribunal against the description of a child or young person's special educational needs (SEN) in a final EHC Plan, the special educational provision specified in the Plan, the school or placement named in the Plan, or that no school or other placement is specified in the Plan.
27. The law says the Ombudsman cannot normally investigate a complaint when someone has a right of appeal, reference or review to a tribunal about the same matter. However, we may decide to investigate if we consider it would be unreasonable to expect the person to use this right. (Local Government Act 1974, section 26(6)(a), as amended)

### **What happened**

28. Z has neurodevelopmental conditions and some challenging behaviour. During most of this complaint period Z did not have an EHC Plan.
29. Z's mainstream school, School A, informed the Council in mid-November 2023 that it had placed Z on a fixed-term exclusion due to Z having a violent outburst in school. The school had a meeting with Z's mother, Mrs X, where it said it did not feel it was the right setting for Z.
30. At this meeting, School A suggested Z instead attend an alternative provision at an external placement, Provider B, on a part-time basis. It said Provider B, which was based in another school, specialised in managing behavioural issues. The school said while waiting for that provision to start, Z could still attend School A

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- but only for two hours a day and would be taught one on one, away from other children and would also be provided with work to complete at home.
31. Mrs X raised concerns about this plan, due to the much-reduced hours of education and because she and her partner would struggle to transport Z to School A and Provider B for such brief periods each day. She said it would then be difficult to complete work with Z at home, as they had jobs and other commitments each day.
  32. Mrs X also said the school was acting unlawfully and she felt it was a matter of disability discrimination that Z had been placed on a part-time timetable. Neither Mr or Mrs X have taken legal action on this matter.
  33. The school fed back Mrs X's concerns to the Council and sought its advice about provision for Z. The Council said part-time provision at School A initially would be the best approach as it would give Z time to settle back into education following the exclusion and agreed with the school's recommendation to refer Z to Provider B as well. School A arranged and commissioned the alternative provision at Provider B.
  34. Mr and Mrs X mostly kept Z off school for several weeks while the school put in place the arrangements for Provider B, as they said it would not be appropriate for Z to attend lessons for only two hours a day at School A away from other pupils.
  35. From early December 2023 Z started to attend Provider B every morning, for two hours. Either Mr X or Mrs X transported Z there and back, which impacted their ability to work. The school also arranged home tutoring for the afternoons. However this did not begin immediately as Mrs X asked for the tutor to be SEN trained. In response, the Council agreed to fund a SEN specialist tutor and that tutor could not begin until late December 2023.
  36. Mr X asked the Council to assess Z for an EHC Plan on 4 December 2023. The Council agreed to assess Z on 21 December and received the Educational Psychologist's advice on 24 January 2024.
  37. Z's new educational arrangements were reviewed at meetings in December 2023 and again in early January 2024, mid-January and early March. Mrs X continued to raise concerns about transporting Z to and from Provider B. The Council decided not to fund transport to Provider B because it was not under a legal duty to do so, as the school commissioned the alternative provision. The school said its staff could not transport Z because of concerns around Z's safety and behaviour while in the car. Instead Mrs X was told she could seek reimbursement of mileage.
  38. Mrs X said the SEN specialist tutor was working well with Z at home but taking Z to Provider B for two hours each day had been difficult. She also said Z was lacking social interaction. At the January review meeting, attendees agreed Z should keep the home tutoring but combined with a longer-term alternative provision and for increased hours. The hours of provision increased from January to February.
  39. From mid-February 2024 Z started attending a different alternative provision, at Provider C. This was for three full days each week. The Council funded a taxi for Z to this provision, as this provision was commissioned partly by the Council.
  40. On the other two days each week, Z accessed home tutoring and still attended Provider B on a part-time basis. The amount of home tutoring varied between one afternoon and two afternoons a week depending on tutor availability. From early

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March 2024 some of the tutoring was taking place in a library which Mr X transported Z to and collected them from.

41. The next time a meeting was held to review Z's education arrangements was early March 2024. Mr and Mrs X attended, as did representatives from Provider B, School A and the Council. At this meeting it was noted the transition to Provider C had initially been challenging but Z was making progress. Mr and Mrs X expressed their preference for a specialist school placement for Z going forward.
42. The Council agreed to issue an EHC Plan for Z on 21 February 2024, issued a draft Plan on 22 March 2024 and issued a final EHC Plan on 10 May 2024. The final EHC Plan named a specialist school placement for Z to start at in September 2024 and the alternative provision arrangements remained in place until then.
43. Mr X complained to the Council about the suitability of the alternative provision put in place for Z following their exclusion, as well as the impact that the transport arrangements had on the family.
44. The Council did not uphold Mr X's complaint about the suitability of the alternative provision as it said, "any decision to offer a part time timetable... or access to alternative provision, to a child or young person on the roll of a school without an EHC Plan is a decision made by the school not the (Council)".
45. Regarding the transport, it said that where alternative provision was commissioned by the school and when Z did not have an EHC Plan it had no duty to provide school transport. However as the education placement at Provider C was jointly commissioned by the Council and the school, it funded this from February 2024.
46. Mr X was unhappy with the complaint response and came to the Ombudsman. He said he disagreed with the advice the Council gave to the school around what provision would be suitable for Z after their exclusion. He also said the Council's response failed to properly consider the impact on the family of the transport arrangements, including loss of earnings.

## **My findings**

### **Complaints 1a and 1b – Section 19 provision**

47. The records show that the Council was aware of its duty to ensure Z had access to (section 19) alternative provision, after their exclusion in mid-November 2023.
48. The Council advised the school on what alternative provision it thought would best meet their needs, explained its reasons and carried out regular review meetings to check how the alternative provision was going. The Council and school arranged new provision, or increased hours of provision, following feedback at these review meetings.
49. Due to there being several changes in providers between mid-November and late December 2023, Z experienced gaps in provision where they did not receive as many education hours as they may have been able to manage in this period. Mr and Mrs X have expressed frustration about this. However the Council and school required time to see what provision worked for Z and to commission providers that were in line with Z's needs and the wishes of their parents. The Council considered Z's needs and kept the placements under regular review during this period. The Council was not at fault.
50. From late December 2023 to 10 May 2024 (when my investigation period ends) Z's hours of education increased. While the records show there were still

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challenges, particularly due to Z having multiple different forms of provision at different locations, Mr and Mrs X noted Z was making progress. During this time, all parties agreed the long-term plan for Z would be for them to start at a specialist school. Although Z's parents disagreed with the Council about the suitability of the alternative provision, the Council was not at fault for how it considered its section 19 duties in this period and so we cannot question the outcome.

### **Complaint 1c - Transport to the alternative provision**

51. Between November 2023 and February 2024, Mr and Mrs X were solely responsible for transporting Z to different alternative provision placements, sometimes several in one day. At other times, Z was accessing learning at home which they were expected to supervise and support. They have reported that this impacted their finances, their ability to work and caused them distress and frustration. However this impact on Mr and Mrs X was not a result of fault by the Council.
52. The Council was not under a duty to provide transport to Z's alternative provision placements as these were commissioned by the school. Only where the Council commissioned the placement to meet its section 19 duty – as it did with Provider C – did it have a duty to provide transport. Once Z started at Provider C, the Council provided a taxi for Z to and from the provision. There was no fault in how the Council arranged school transport for Z.
53. The school decided it could not provide transport for Z to the alternative provision placements it commissioned. However the Ombudsman cannot investigate what happens in schools.

### **EHC Needs Assessment**

54. During the period I have investigated, the Council carried out an EHC Needs Assessment for Z. The Council took two weeks longer than the timeframe given in law and this was fault. However this fault did not cause a significant injustice to Mr or Mrs X, or Z.

### **Complaint response**

55. Councils must arrange suitable section 19 education at school or elsewhere if pupils would not receive suitable education without such arrangements. However the Council said in its complaint response that it was the school's decision to provide part-time education, or alternative provision to Z. The Council provided incorrect information about the duties it owed to Z and this was fault.
56. The Council's actions as set out in the case records do not support that the Council believed it was the school's responsibility to consider any section 19 duty owed to Z. The Council demonstrated that it was thinking about this duty and took action in line with it. Instead, this fault in the complaint response caused Mr X uncertainty about whether the Council had properly considered its legal duties to his child and the Council should apologise and issue a reminder to relevant officers.

### **Agreed action**

57. Within one month of the date of the final decision, the Council has agreed to:
  - a) Apologise to Mr X for the uncertainty caused by the incorrect information within its complaint response. We publish [guidance on remedies](#) which sets out our expectations for how organisations should apologise effectively to remedy

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injustice. The Council should consider this guidance in making the apology;  
and

b) Remind all officers who respond to SEND complaints, of the Council's section 19 duties under the Education Act. In particular that it is the Council's responsibility to make decisions about whether alternative provision is required for a child - not the school's - and ensure its complaint responses reflect that.

58. The Council should provide us with evidence it has complied with the above actions.

### **Final decision**

59. I have completed my investigation. I have found fault leading to injustice and recommended an apology and a service improvement.

### **Investigator's decision on behalf of the Ombudsman**



**5 March 2025****Agenda Item:5****REPORT OF THE SERVICE DIRECTOR – FINANCE, INFRASTRUCTURE  
AND IMPROVEMENT****AUDITOR’S ANNUAL REPORT 2023/24 AND PROGRESS UPDATE****Purpose of the Report**

1. To inform Members of the External Auditor’s Annual Report 2023/24 and provide a progress update on the status of both Nottinghamshire County Council and Nottinghamshire Pension Fund’s external audit position.

**Local Authority Audit Sector Summary**

2. The difficulties facing the local authority audit sector are well-documented and the backlog in the publication of audited accounts of local bodies in England has grown to an unacceptable level. This is evidenced by the fact that only 41% of 2023/24 Local Authority draft accounts had been published by the statutory deadline of 31 May 2024. Further, only 21% of 2022/23 Local Authority accounts had been signed off by April 2024 and it was widely expected that the backlog would increase further after Autumn 2024.
3. At the Governance and Ethics Committee meeting held on 27 November 2024 approval was delegated to the Section 151 Officer, in consultation with the Chair of Governance and Ethics Committee, to approve the Statement of Accounts 2023/24 on completion of all external audit work.
4. Despite experiencing delays to the final signing due to issues in the audit system, the accounts, for both Nottinghamshire County Council and Nottinghamshire Pension Fund were signed off by the external auditors on 22 January 2025 and published on the Council’s website shortly after. Our external auditors, in a recent meeting, indicated that the 2024/25 statement of accounts should be signed off before the end of this calendar year.

**Audit Results**

5. The statutory audit of the Statement of Accounts 2023/24 for both the County Council and the Pension Fund has been undertaken by Forvis Mazars LLP. The audits were completed satisfactorily with unqualified opinions on the financial statements.
6. The Auditor’s Annual Report 2023/24 and a Progress Report can be seen as appendices to this report and summarise all of the work completed as part of the 2023/24 annual audit, provide a review of value for money arrangements and gives an update on progress with planning for the 2024/25 external audit.

7. In addition, the Auditor's Annual Report 2023/24 made a number of recommendations as follows:-
- a. 'The Council should publish their Annual Governance Statement (AGS) within, or alongside their financial statements.' This has already been actioned and the AGS 2023/24 can now be found on the Council's public website alongside the audited financial statements.
  - b. 'The Council should consider whether an audit committee should be established, or whether the terms of reference and timetable of meetings can be clarified to confirm under what guise the committee is meeting at different points in the year.' The Council have considered this recommendation and feel that the current terms of reference sufficiently capture the remit of Governance, Ethics and Audit without the need for establishing an additional, separate, Audit Committee. Indeed, having the wider remit collectively gives Members a greater insight of governance, risk and audit issues enabling a greater understanding and interaction to drive subsequent activities within the work plan.
  - c. 'The Council should ensure they are regularly reporting Risk Management updates to the Governance and Ethics Committee.' This recommendation has been implemented in 2024/25.
  - d. The Council should produce quarterly assurance reports as per the quality management framework, or revise the frequency outlined in the framework to bi-annually. This recommendation has been noted and will be addressed.
  - e. 'The Council should include an appendix to the Annual Report detailing the outcome of actions and relevant KPIs. This recommendation has been noted and will be addressed.
8. The report is presented to Members for their information. Mark Surrige (Partner – Forvis Mazars LLP) will be in attendance at the meeting to introduce the report, update Members on further external audit progress made and respond to Members' queries.
9. The statement of accounts is one of the key documents prepared by the Council to demonstrate good governance and value for money. This provides information about the County Council's financial position, performance and cash flows and consequently, shows the results of the stewardship and accountability of elected members and management for the resources entrusted to them, which is of paramount importance in the use of public funds.
10. The results of this year's audit are a continued positive reflection of the Council's performance, particularly in the context of the continuing changes and complexities arising from International Financial Reporting Standards and the challenge of finalising the accounts to tight deadlines.

## **Other Options Considered**

11. The external auditors are required to report their Auditor's Annual Report to the Council.

## **Reason for Recommendation/s**

12. To provide information to Members on the External Auditors' Annual Report and provide an update on audit progress made for both Nottinghamshire County Council and the Nottinghamshire Pension Fund.

## **Statutory and Policy Implications**

13. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

14. That the Committee notes and comments upon the External Auditors' Annual Report 2023/24.

**Nigel Stevenson**

**Service Director – Finance, Infrastructure and Improvement**

**For any enquiries about this report please contact:**

Nigel Stevenson

Service Director (Finance, Infrastructure and Improvement)

## **Constitutional Comments (CM 20/02/2025)**

15. The report falls within the terms of reference of the Governance and Ethics Committee.

## **Background Papers**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None

## **Electoral Division(s) and Member(s) Affected**

All





**Auditor's Annual Report**  
**Nottinghamshire County Council– year ended 31 March 2024**

January 2025

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Our reports are prepared in the context of the 'Statement of Responsibilities of auditors and audited bodies' and the 'Appointing Person Terms of Appointment' issued by Public Sector Audit Appointments Limited.

Reports and letters prepared by appointed auditors and addressed to the Council are prepared for the sole use of the Council and we take no responsibility to any member or officer in their individual capacity or to any third party.

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# 01

## Introduction



# Introduction

## Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for Nottinghamshire County Council ('the Council') for the year ended 31 March 2024. Although this report is addressed to the Council, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



### Opinion on the financial statements

We issued our audit report on 22<sup>nd</sup> January 2025. Our opinion on the financial statements was unqualified.



### Value for Money arrangements

We did not identify any significant weaknesses in the Council's arrangements to secure economy, efficiency and effectiveness in its use of resources. Section 3 provides our commentary on the Council's arrangements.



### Wider reporting responsibilities

At the date of reporting our work on the Council's Whole of Government Accounts return remains incomplete whilst we wait for final instructions from the National Audit Office

# 02

## Audit of the financial statements



## 2. Audit of the financial statements

### The scope of our audit and the results of our opinion

At Appendix A, we have set out the main financial statement risks addressed in our audit – detailed findings were presented to the Governance & Ethics Committee in November 2024, and in the table below, we set out the main audit outcomes for 2023/24.

Audit Area	Description	Outcome: 2023/24
<b>Financial Statements</b>	The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Council and whether they give a true and fair view of the Council's financial position and of its financial performance for the year then ended.	Our audit report was issued on 22 <sup>nd</sup> January 2025 and gave an unqualified opinion on the financial statements for the year ended 31 March 2024.
<b>Qualitative aspects of the Council's accounting practices</b>	We review the Council's accounting policies and disclosures to determine if they comply with the Code of Practice on Local Authority Accounting, appropriately tailored to the Council's circumstances.	<p>We reviewed the Council's accounting policies and disclosures and concluded they complied with the 2023/24 Code of Practice on Local Authority Accounting, appropriately tailored to the Council's circumstances, with 2 exceptions:</p> <ul style="list-style-type: none"> <li>• The Council did not disclose carrying amounts in their disclosure on assumptions made about sources of estimation uncertainty, as required per paragraph 3.4.2.96 of the Code.</li> <li>• The accounts did not initially disclose that they were prepared on a going concern basis.</li> </ul>
<b>Internal Control Recommendations</b>	As part of our audit, we considered the internal controls in place that are relevant to the preparation of the financial statements. We did this to design audit procedures that allow us to express our opinion on the financial statements, but this did not extend to us expressing an opinion on the effectiveness of internal controls.	No significant deficiencies in internal control were identified, but we raised some internal control recommendations
<b>Annual Governance Statement</b>	We review the governance statement for compliance with the guidance issued by CIPFA/LASAAC Code of Practice on Local Authority Accounting.	We did not identify any matters where, in our opinion, the governance statement did not comply with the guidance issued by CIPFA/LASAAC Code of Practice on Local Authority Accounting.
<b>Wider responsibilities</b>	<p>Our powers and responsibilities under the 2014 Act are broad and include the ability to:</p> <ul style="list-style-type: none"> <li>• issue a report in the public interest;</li> <li>• make statutory recommendations that must be considered and responded to publicly;</li> <li>• apply to the court for a declaration that an item of account is contrary to law; and</li> <li>• issue an advisory notice under schedule 8 of the 2014 Act.</li> </ul>	We have not exercised any of these powers as part of our 2023/24 audit. The 2014 Act also gives rights to local electors and other parties, such as the right to ask questions of the auditor and the right to make an objection to an item of account. No such objections have been raised.

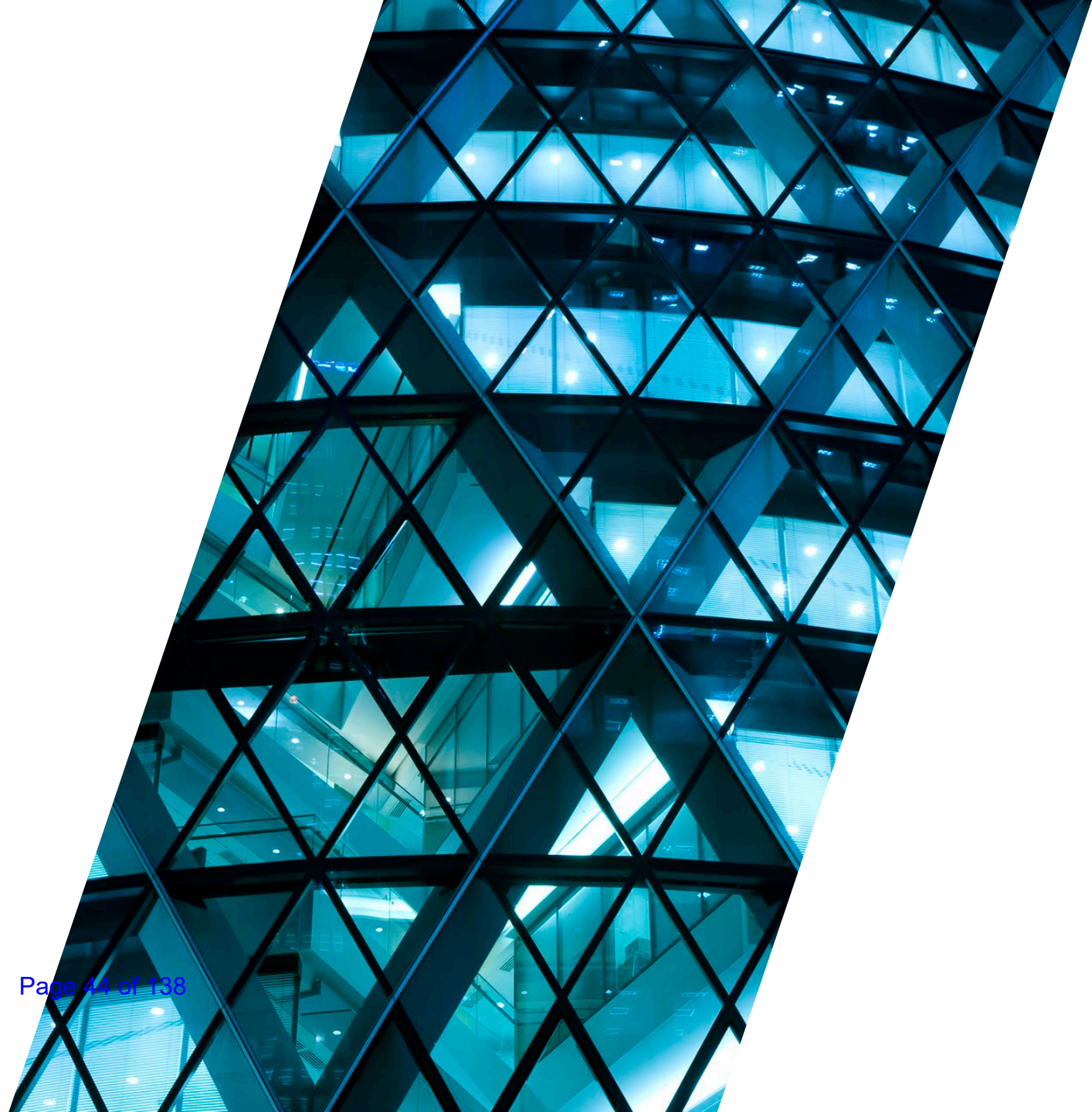
# 03

Our work on Value for Money arrangements



VFM arrangements

Overall Summary



# VFM arrangements – Overall summary

## Approach to Value for Money arrangements work

We are required to consider whether the Council has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:



**Financial sustainability** - How the Council plans and manages its resources to ensure it can continue to deliver its services.



**Governance** - How the Council ensures that it makes informed decisions and properly manages its risks.



**Improving economy, efficiency and effectiveness** - How the Council uses information about its costs and performance to improve the way it manages and delivers its services.

Our work is carried out in three main phases.

### Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Council has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding of arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources, including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with officers

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

### Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We did not identify any risks of significant weaknesses in arrangements.

### Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.




We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Council. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements** - we make these recommendations for improvement where we have identified a significant weakness in the Council's arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.
- **Other recommendations** - we make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant, but which still require action to be taken.

The table on the following page summarises the outcome of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements, or made other recommendations.

# VFM arrangements – Overall summary

## Overall summary by reporting criteria

Reporting criteria	Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
 <b>Financial sustainability</b>	11	No	No	No
 <b>Governance</b>	16	No	No	Yes – see commentary on page 17
 <b>Improving economy, efficiency and effectiveness</b>	19	No	No	Yes – see commentary on page 20

# Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services

Significant weaknesses identified in 2023/24	No
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# VFM arrangements – Financial Sustainability

## Overall commentary on Financial Sustainability

### Overall responsibilities for financial governance

We have reviewed the Council's overall governance framework, including Council and committee reports, the Annual Governance Statement, and Statement of Accounts for 2023/24. These confirm the Council undertook its responsibility to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plan to best meet the needs of the Council's service users.

### 2023/24 Statement of Financial Position

We have audited the 2023/24 financial statements. We have found that the Council adequately summarises the financial position of the Council, including performance against its budget through the narrative report. Our review of the financial statements does not highlight a risk of significant weakness in arrangements for financial sustainability.

For the 2023/24 general fund budget, the Council set a balanced budget which relied on savings totalling £8.667m. We reviewed the outturn position for 2023/24 that went to Cabinet on 25 July 2024. This notes that at the end of the financial year, there was an overall net underspend within the Portfolios of £2.4m. There was also a £29.2m underspend on central items. The Council had budgeted to transfer from reserves in year (£1.853m from corporate reserves and £13.457m from departmental reserves), but following the underspend only £1.739m was transferred from departmental reserves, £16.165m was contributed into corporate reserves.

On capital, there was a £10.4m underspend. This included slippage of £8.3m in the Transport and Environment budget, elements of which have been reprofiled into 2024/25.

### Useable Reserves

The purpose of the Council's general fund reserve is to meet costs arising from any unplanned or emergency events. It also acts as a financial buffer to help mitigate against the financial risks the Council faces and can be used to a limited degree to 'smooth' expenditure on a one-off basis across years. Whereas earmarked reserves are set aside for specific purposes.

We carried out a high-level analysis of the financial statements subject to our audit, including the Movement in Reserves Statement and our work to date has not highlighted any risks of significant weakness in arrangements or indicators of a risk to the Council's financial sustainability:

£m	31-Mar-22	31-Mar-23	31-Mar-24
General Fund Balance	35	37	37
Earmarked Reserves	255	270	282
<b>Total Revenue Reserves</b>	<b>290</b>	<b>306</b>	<b>319</b>
Capital Reserves	8	4	9
<b>Total Usable Reserves</b>	<b>298</b>	<b>310</b>	<b>327</b>

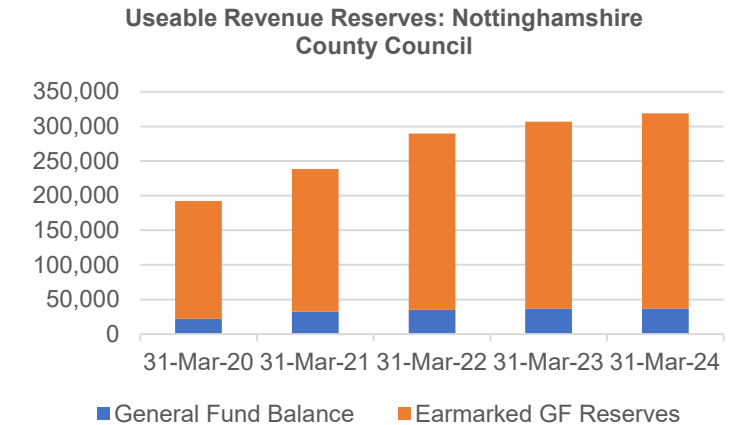
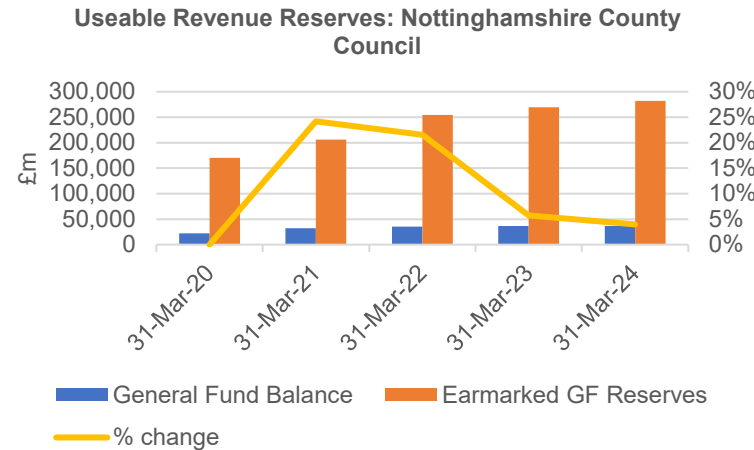
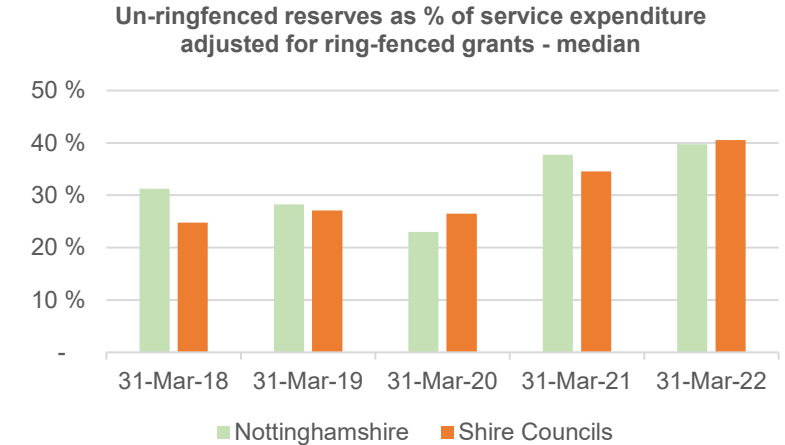
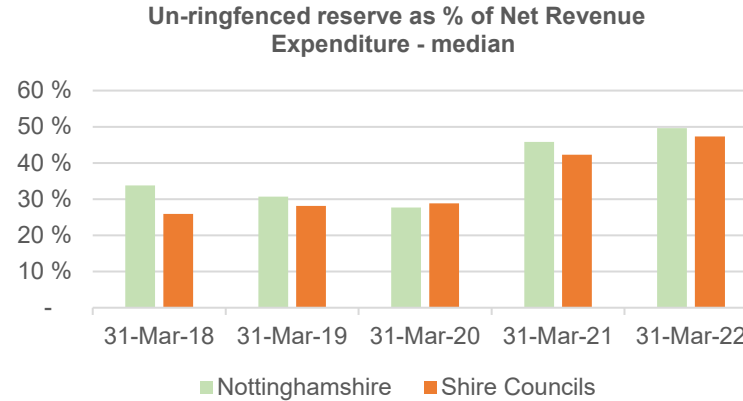
# VFM arrangements – Financial Sustainability

## Financial sustainability and revenue reserves

We have also performed a more detailed review of the Council's revenue reserves:

1. We reviewed data published in May 2023 by the Department for Levelling Up, Housing and Communities on Local authority general fund earmarked and unallocated reserve levels, 2017-18 to 2021-22. The Council's reserves have generally been above the median compared to County Council's since 2018 (top two charts right).
2. Through a review of the financial statements, we have considered the Council's revenue reserves over time where the Council's General Fund Balance at 31 March 2024 has increased by approximately 67% since 2020 (£37m vs £22m), and overall revenue reserves are up (£319m vs £192m), showing an upwards trend (bottom two charts).

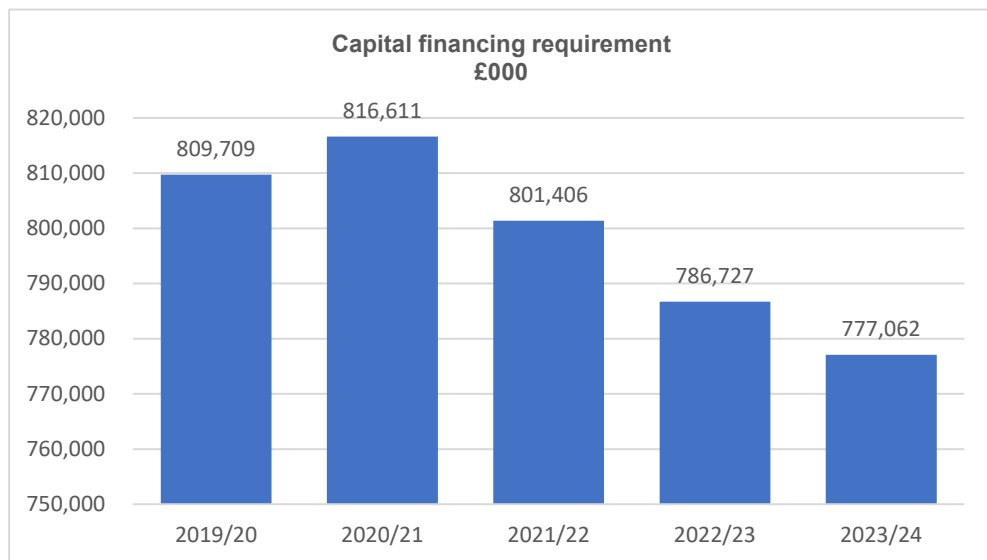
The Council's Reserves position does not give us cause for immediate concern in relation to a risk of significant weakness in arrangements to secure financial sustainability for the year ended 31 March 2024, as reserves have steadily increased. Whilst reserves have increased, we note the Council plans to make use of reserves in their 2024/25 – 2027/28 Medium Term Financial Strategy, and the Council knows they are finite and their use should be a short-term measure only.



# VFM arrangements – Financial Sustainability

## The Council's capital expenditure and financing

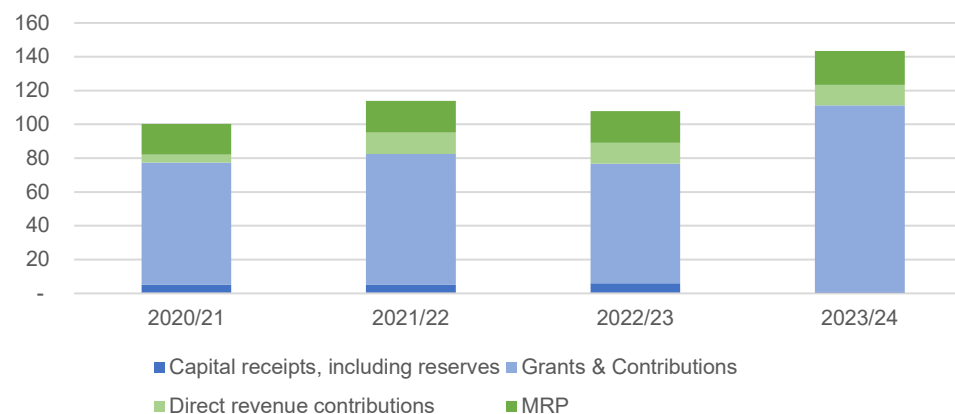
We considered the Council's capital financing requirement as set out in Note 17 of the financial statements, which has reduced gradually from £816.611m in 2020/21 to £777.062m in 2023/24, each decrease representing a reduction in the underlying need to borrow to finance capital expenditure.



We also considered the source of the Council's capital funding and found the majority is financed from grants and contributions, and then revenue, with nil borrowing. We do not believe this gives rise to any risk of significant weakness in arrangements for capital financing.

In 2023/24, the Council spent £134m on capital additions, including £49m of REFCUS (Revenue Expenditure Funded from Capital Under Statute). This was an increase from £93m in 2022/23 (£28m REFCUS). Our testing of these balances did not identify any material issues.

Sources of capital finance  
£m



As part of paying down the capital financing requirement, the Council charged £20m in 2023/24 to the general fund as a "Minimum Revenue Provision", and £19m in 2022/23. The duty to make Minimum Revenue Provision (MRP) is an important component of the Prudential Framework to ensure capital expenditure and borrowing can be repaid. We reviewed the Council's Policy for 2023/24 and its supporting calculations as part of our work on the financial statements audit and have benchmarked the Council's charge against our database of other county councils:

Minimum Revenue Provision as a % of the Capital Financing Requirement	2023/24
County councils: average	3.0%
County councils: bottom quartile	2.7%
Nottinghamshire County Council	2.6%

We are satisfied the Council's capital expenditure and capital financing does not give rise to a risk of significant weakness in arrangements, however, the importance and impact of the MRP is often poorly understood outside of finance teams and can lead to significant issues affecting the financial sustainability of a local authority.

# VFM arrangements – Financial Sustainability

## The Council's financial planning and monitoring arrangements

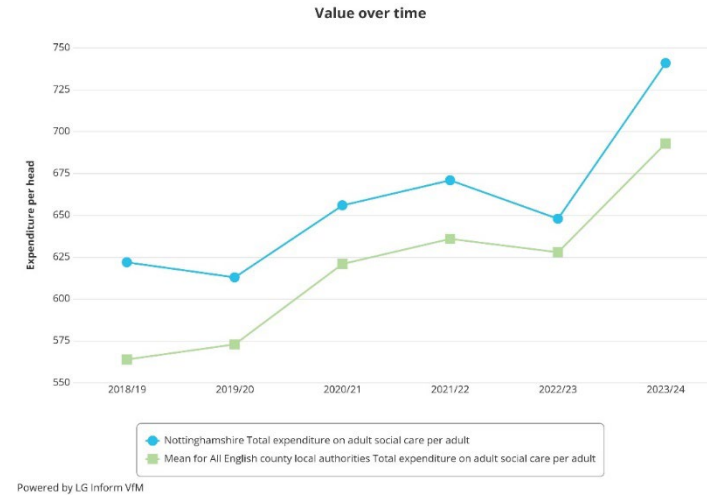
Through our review of Council and committee reports, meetings with management and relevant work performed on the financial statements, we are satisfied that the Council's arrangements for budget monitoring are appropriate, including reporting to Members.

We also used VFM spending profiles produced by LG Inform ([vfm.lginform.local.gov.uk](http://vfm.lginform.local.gov.uk)) to provide context on the Council's spending, which show the Council (blue line) is below average in its spending overall when compared to all County Councils (green line). The trend overall evidences rising costs, particularly in adult social care, although we note a downward trend in the cost of children and young people services (see next page). The Council's spending follows a similar pattern as the average and it does not present a risk of significant weakness in arrangements for the financial year ended 31 March 2024.

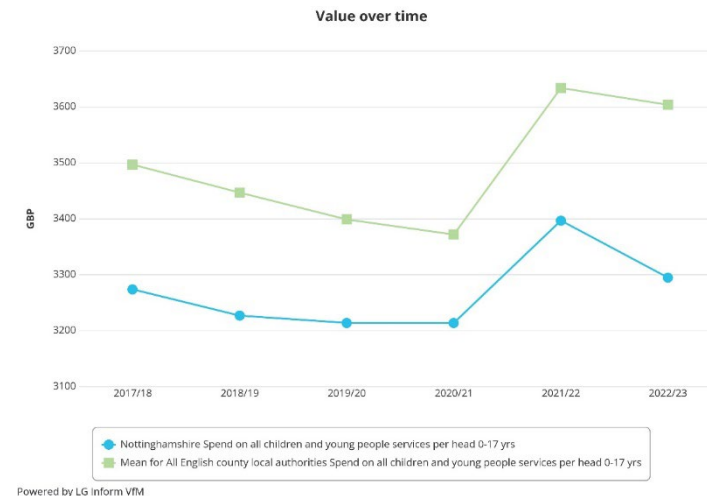
## Total net current expenditure per head (from 2018/19 to 2023/24)



## Total expenditure on adult social care per adult (from 2018/19 to 2023/24)



## Total gross expenditure on all children and young people services per head 0-17 yrs (from 2018/19 to 2023/24)



# Governance

How the body ensures that it makes informed decisions and properly manages its risks

Significant weaknesses identified in 2023/24	No
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# VFM arrangements – Governance

## Overall commentary on Governance

### The Authority's governance structure

Based on our work, we are satisfied that the Council has established governance arrangements in place. These are detailed in the Statement of Accounts and Annual Governance Statement. We have considered both documents against our understanding of the Council as part of our audit.

The Annual Governance Statement is a critical component of the Council's governance arrangements. It is an evidenced self-assessment by the Council on the Council's governance, assurance and internal control frameworks for the financial year. No significant weaknesses in internal control have been identified from our work to date and Internal Audit have not identified or raised any significant concerns. We reviewed the Annual Governance Statements as part of our work on the financial statements with no significant issues arising. We have noted however, that whilst the Annual Governance Statement is publicly available, being published as an agenda item for the Governance & Ethics Committee, it isn't posted with the financial statements.

*Other recommendation: Paragraph 7.8 of CIPFA SOLACE delivering good governance in local government: framework (2016) states that "local authorities are required to include the annual governance statement with their statement of accounts". We recommend that the Council should publish their AGS within, or alongside their financial statements.*

Our review of corporate governance arrangements confirms the Council has an agreed Constitution, setting out how it operates, how decisions are reached and what procedures are followed to ensure that these are transparent and accountable to local people.

### Governance & Ethics Committee

In our view, good governance forms the foundation of resilient and sustainable organisations and enhances stakeholder confidence.

The Council has an established Governance & Ethics Committee that incorporates the functions of an Audit Committee. We have confirmed the Committee meets regularly and reviews its programme of work to maintain focus on key aspects of governance and internal control. The Committee does however, have a wider than average scope, covering governance, as well as activity normally reserved for a standalone audit committee.

An Audit Committee is a critical component of good governance and based on the work we have performed, the Committee is adequately serviced and attended by officers as required and there is evidence of challenge by members of the Committee. MHCLG published a policy paper "[Local authority financial reporting and](#)

[external audit: government response to the independent review" in December 2020](#), which included a recommendation that "The governance arrangements within local authorities be reviewed by local councils with the purpose of... consideration being given to the appointment of at least one independent member, suitably qualified, to the Audit Committee."

*Other recommendation: The Council should consider whether an audit committee should be established, or whether the terms of reference and timetable of meetings could be clarified to confirm under what guise the committee is meeting at different points in the calendar year.*

The Local Government Association's [Ten questions for audit committees](#), "The role of the audit committee is normally to seek assurance that the council's financial reporting, internal controls, governance, and risk management are effective and can be relied upon by councillors and citizens..."

The audit committee is most effective when it is unencumbered by other tasks, such as scrutiny, 'general purposes' or standards...

The audit committee is also independent and, as the matters it deals with are normally apolitical, it should rise above politics. The Chair of Audit needs to ensure that the committee is not used to make political points."

# VFM arrangements – Governance

## Overall commentary on Governance

### Internal Audit

We have reviewed Internal Audit's reports to the Governance & Ethics Committee and attended Governance & Ethics Committee to observe the performance of Internal Audit. We have read the Chief Internal Auditor's report for 2023/24, which gave reasonable assurance on governance, risk management, and control, and we are satisfied the report does not highlight any unidentified significant weaknesses in arrangements. We also confirmed that the Chief Internal Auditor's Opinion has been adequately reflected in the Annual Governance Statement. No issues arose from this review to indicate there is a significant weakness in the Council's arrangements for governance.

### Risk management

The Council's existing risk management strategy was approved in March 2018 following development by Risk Safety and Emergency Management Board and approval from the Corporate Leadership Team (CLT). This was due to be refreshed in March 2022 following the adoption of the 10 year Nottinghamshire Plan, however this was delayed until the approach, which was revised following a review by Zurich, had been finalised. To determine the effectiveness of how the Council was managing risk, an external review was carried out in September 2021 by Zurich Resilience Solutions (Zurich). This review identified significant scope for improvement was needed and an action plan was developed.

The Council have subsequently worked with Zurich over the last few years to implement the action plan to address the improvements. They have worked alongside Corporate Leadership Team (CLT) and Departmental Senior Leadership Teams (SLT), to strengthen risk management arrangements across the Council. They have now successfully recruited permanent resources in the form of a Corporate Risk Manager and Risk & Insurance Assistant to continue addressing the action plan and strengthen the arrangements.

Revised Departmental and Corporate Risk Registers have now been developed, and the Council had intended for a new framework to be published in early 2024. As at December 2024, a revised Risk Management Framework has been agreed with the Corporate Leadership Team and Organisational Change Board (OCB) and the Council have undertaken dry running with the OCB Corporate Risk Register and reporting, ahead of providing an update to Governance & Ethics Committee in November 2024.

We have reviewed the revised risk framework and this details the frequency of risk reporting, including that corporate risks will be reported to the Governance & Ethics Committee on a bi-annual basis going forwards. Our review of the existing risk management strategy showed that the Corporate Risk Register should be reported to Corporate Leadership Team and Governance & Ethics Committee, but didn't state the frequency, and from our review of Governance & Ethics minutes throughout 2023/24 we found no Corporate Risk Register or risk management update had been presented. We note there were governance updates which showed "agreeing and implementing a revised approach to risk management" on their action plan, but there were no specific risk management reports during the year. The 29<sup>th</sup> November 2023 Governance update stated "the

risk management framework is being revised to reflect the agreed changes. A Risk Management Update report will be presented to the Governance & Ethics Committee shortly to highlight progress against the risk management approach action plan" but this was not presented until November 2024.

*Other recommendation: We recommend the Council should ensure they are regularly reporting Risk Management updates to the Governance & Ethics Committee, including review of the Corporate Risk Register. Whilst this appears to be implemented in 2024/25, we found that no Risk Management updates were reported during 2023/24.*

### Arrangements for budget setting and budgetary control

The Council has an established set of arrangements in place for budget setting and control. The process is set out and approved through the Constitution, which encompasses the budget setting rules and financial procedures. We have reviewed the Council's budget setting and medium-term financial planning, and our review is supported by discussions with officers during the year. The Council has an established set of arrangements in place for budget setting and control.

We have read committee reports covering budget setting for 2023/24, including the Medium-Term Financial Strategy (MTFS). There is no indication that the Council's MTFS and budget setting process is not aligned to supporting plans.

We read the report to Council in February 2024 where a balanced budget was set. We are satisfied that the reports contain an adequate amount of detail regarding assumptions, including pay and inflation, and that these assumptions are not unreasonable.

We also considered the funding of the MTFS, in particular the use of balances and the level of savings required. The Council has currently identified savings and efficiencies of £16.3m by 2027/28, leaving a funding shortfall of £36m across 2026/27 and 2027/28.

The Council's reports adequately explain the cost pressures facing the Council, including inflation and rising costs, as well as increased demand for social care services. The extent of the challenge is, in our view, sufficiently clear in the report to Members, and the Council have identified sufficient savings for 2024/25 and 2025/26, and the report is clear about the need to identify further savings through to 2027/28.

Public services have been struggling financially for some time, and understandably, many local authorities have been focusing on short-term measures to plug the finances. The 2024/25 MTFS proposed directly utilising £35.3m over the MTFS period.

The Council recognises the use of reserves is not sustainable, and we are satisfied from our review of the Council's reserves, that they have sufficient reserves available to support this as a short-term measure, having increased their level of reserves in recent years.

# Improving Economy, Efficiency and Effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services

Significant weaknesses identified in 2023/24

No



# VFM arrangements – Improving Economy, Efficiency and Effectiveness

## Overall commentary on Improving Economy, Efficiency and Effectiveness

### Corporate Plan and Performance Monitoring

The Council has a performance and quality management framework, which sets out the following channels of performance management:

- The Nottinghamshire Plan – provides the policy direction of the Council over a 10-year period, with all strategies, priorities, policy and transformational activity stemming from it.
- Medium Term Financial Strategy (MTFS) – sets out the council's financial position over a four-year period, giving a forecast of the Council's budget position.
- Annual Delivery Plan – setting out the actions and measures for a given financial year to further progress towards achieving the ambitions outlined in The Nottinghamshire Plan. These actions take account of current operating environments and often indicate where and how improvement is being sought.
- Service Plans – service planning is undertaken on an annual basis, usually at Group Manager level. The Plans are concise in format and accompanied by the relevant service architecture.
- Employees' Performance and Development Reviews (EDPR) – to ensure everyone is clear about what aspects of a service they are responsible for and how their performance will be clarified and measured.

It also sets out the reporting requirements which include:

- Quantitative analysis through Departmental/service or thematic dashboards, available through the BI Hub
- More qualitative analysis through good practice standards, assurance frameworks, and lessons learnt
- Vital Signs – a monthly dashboard presented to the Organisational Change Board, which provides one view of the Council's key indicators of performance and risk
- Quarterly Assurance Report – provides in year assurance of progress and delivery against the Annual Delivery Plan, informing which actions are on and off target, and why.
- Annual Report – Q4/year-end Assurance Report takes the form of an Annual Report, demonstrating the Council's achievements against that year's Annual Delivery Plan, and highlighting the impact and outcome of the actions at the end of the reporting period.

We have read the Council's corporate strategy, "The Nottinghamshire Plan 2021-2031" sets out the Council's priorities and objectives for the ten-year period covered by the plan. The strategy provides a basis for the Council's service and financial planning arrangements. The overall vision is "A healthy, prosperous and greener future for everyone". The strategy has 4 strategic priorities, and the vision is split into nine ambitions. For each of these ambitions, the Council has set out what it plans to do over the next four years and has identified what success means.

The ambitions are supported by strategies and individual plans developed across Departments, which help

articulate this long-term vision but also the key priorities over the next four years. This includes the Annual Delivery Plan, which sets out the actions the Council will take in year to further progress towards meeting their targets.

We reviewed the Annual Delivery Plan for 2023/24 and confirmed that for each ambition the Council had set out what they aim to achieve in the year by detailing actions and measures. This went to the Overview Committee in March 2023, and Cabinet in April 2023. The Council's assurance reports are published to update on actions as of the end of Q2 (September) as a mid-year update, and Q4 (March) as a year-end annual report. The Q2 Assurance Report went to Cabinet in December 2023. This sets out how many of the actions are on track to be delivered.

*Other recommendation: We noted that the performance and quality management framework states annual delivery plan assurance is reported quarterly, however we found there is only one mid-year assurance report, at Q2, and the year-end Annual Report. We recommend the Council produces a quarterly assurance reports as per the framework, or revises the frequency outlined in the framework to bi-annually.*

We reviewed the 2023/24 Annual Report which details "highlights of the year" for each ambition. This went to cabinet in July 2024. It details highlights and achievements but doesn't conclude how many of the actions were delivered. Whilst there are agreed actions set out at the start of the year in the Annual Delivery Plan, and the mid-year progress report detailed how many were on track at that point, there is no conclusion in the Annual Report on whether each action was delivered or not. In addition, whilst the Q2 assurance report stated in the narrative for each ambition how many of the actions were on track, it didn't show how the Council is performing against what it set out in the plan as "measures of success". These measures give specific targets for how the Council will know what "good" means. But neither the mid-year or year-end reports assess the Council's position against these measures.

*Other recommendation: The Council could improve the reporting of its progress towards its annual plan, by including a summary of the actions in the year-end report, concluding on whether each action was delivered. It could also improve its progress reporting by including detail of the specific KPI's or "measures of success" that are defined in the Annual Delivery Plan, and reporting progress against each of these measures.*

*The performance and quality management frameworks states that the Annual Report "demonstrates the Councils achievements against that year's Annual Delivery Plan and highlights the impact and outcome of the actions at the end of the reporting period" but our review found the outcomes of the actions weren't specifically detailed. We recommend the Council includes an appendix detailing the outcome of the actions and relevant KPI's.*

# VFM arrangements – Improving Economy, Efficiency and Effectiveness

## Overall commentary on Improving Economy, Efficiency and Effectiveness continued

On an annual basis, the Council's overall performance is summarised in the Narrative Report as part of the Statement of Accounts. This outlines the Council's progress against its ambitions, highlighting key actions that have been made in response to their progress. This provides the public with an overall assessment of the Council activities for the financial year.

The Council's budget endeavours to ensure the provision of the appropriate resources required to deliver the Council's Plan, and the types of action necessary to enable them to be affordable, to allow balanced budgets to be delivered. The preparation and annual revisions to the MTFS include a thorough analysis of service and demographic pressures, which in turn are analysed for trends across years and geographic areas, often using census derived information.

Through the Council's Business Information Unit and Strategic Improvement Units they assess trends and use benchmarking tools to identify outliers of service provision and areas for improvement. In addition to this, Service and Performance Improvement are regular topics at Corporate Leadership Team, Service Leadership Teams as well as the Performance Assurance Group (Chaired by the Service Director, Public Sector Reform) and the Organisational Change Board (Chaired by the CEO). Separately, specific areas of concern are discussed and analysed by ad hoc Member Working Groups.

Overall, we believe there is sufficient evidence to demonstrate adequate arrangements for scrutiny and oversight of service and financial performance at the Council.

### Regulators

Our review of minutes was supported by a review for any reports issued by Ofsted. The latest Ofsted inspection of NCC's children's services took place in May 2024 and rated the overall effectiveness as "Good". This included a rating of "outstanding" on "the impact of leaders on social work practice with children and families", and "good" across the other judgements.

The last inspection had been in October 2019 and was also rated overall "Good", but this consisted of "requires improvement" on the "experiences and progress of children who need help and protection", and "Good" on all other judgements. This therefore shows improvement on the two judgements that have changed grades from "requires improvement" to "good"; and from "good" to "outstanding".

However, there had also been an area SEND inspection of Nottinghamshire Local Area Partnership in 2023 which concluded that "There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND) which the local area partnership must address urgently."

In response to the inspection's findings, the Nottinghamshire local area partnership has developed a SEND Improvement Plan (Priority Action Plan). This focussed on the 2 priority actions identified in the inspection report. The SEND partnership improvement board was set up to oversee SEND improvement activity in Nottinghamshire. The board now holds meetings every six weeks. There has been regular scrutiny of the partnership's delivery of the priority action plan and activities in the last 12 months – which has also involved the Department for Education (DfE) and NHS England, Ofsted and CQC. Feedback from the Department for Education from January 2024 stated that *"it is the view of the Department for Education and NHS England that you are making progress in line with the PAP you agreed with Ofsted/CQC and in enhancing your partnership's leadership and governance of SEND. Considering the progress demonstrated and the ongoing commitment of your partnership, the department is assured that no additional intervention is required at this time."* As part of routine assurance and oversight processes, the DfE and NHSE undertook a six monthly Stocktake with the Partnership on 07 June 2024, which involved a strategic review of progress and assessment of the partnership's governance arrangements

We are satisfied from our review of the minutes of the SEND partnership improvement board that there is a positive direction of travel and significant progress has been made towards the action plan.

### Partnerships and Commissioning

Major outsourced contracts exist for Highways, Fleet Management, Architects, Building Maintenance, Libraries & Archives, into companies owned or part-owned by the Council, or Charity Community Benefits Societies. Contract management arrangements in place to manage performance and the Section 151 Officer meets with the relevant Finance Directors at least twice a year to assess continual financial viability.

Our work on the financial statements has not identified any significant concerns regarding commissioning or procurement.

# 04

## Other reporting responsibilities



# Other reporting responsibilities

## Matters we report by exception

The Local Audit and Accountability Act 2014 provides auditors with specific powers where matters come to our attention that, in their judgement, require specific reporting action to be taken. Auditors have the power to:

- issue a report in the public interest;
- make statutory recommendations that must be considered and responded to publicly;
- apply to the court for a declaration that an item of account is contrary to the law; and
- issue an advisory notice.

We have not exercised any of these statutory reporting powers. The 2014 Act also gives rights to local electors and other parties, such as the right to ask questions of the auditor and the right to make an objection to an item of account. We did not receive any such objections or questions.

## Reporting to the NAO in respect of Whole of Government Accounts consolidation data

The NAO, as group auditor, requires us to complete the WGA Assurance Statement in respect of its consolidation data. We have not been able to complete this work yet, as we are waiting to receive final group instructions from the NAO.

# 05

## Audit fees and other services



# Audit fees and other services

## Fees for our work as the Council's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Governance & Ethics Committee in July 2024. Having completed our work for the 2023/24 financial year, we can confirm that our fees are as follows:

Area of work	2022/23 (Grant Thornton)	2023/24	2024/25
Planned fee in respect of our work under the Code of Audit Practice	£84,374	£264,489	289,705
First year additional costs:			
• Infrastructure assets	£2,500	£5,000	N/A - one-off
• PFI	-	£8,500	N/A - one-off
Additional fees:			
Additional fees in respect of additional work from the introduction of new auditing standards (ISA 315)	£5,000	£15,000	Included in scale fee
Other additional costs (per predecessor auditor's reports)	£32,500	-	-
Additional fees in respect of the use of IT specialists	-	£15,000	-
Additional fees in respect of PPE valuations, including the use of valuations experts, and additional work on treatment of Materials Recovery Facility	£5,000	£16,500	-
Quality/ preparation issues, including:			
• Additional time spent on IT audit due to delays in receiving evidence	£4,700	£13,000	-
• Additional time spent on payroll reconciliation due to no reconciliation being initially provided			
<b>Total fee variations</b>	<b>£49,700</b>	<b>£73,000</b>	<b>-</b>
<b>Total fees</b>	<b>£134,074</b>	<b>£337,489</b>	<b>£289,705</b>

# Audit fees and other services

## Fees for other work

Area of work	2023/24 fees
Teachers Pensions assurance	£9,000
Local Transport Plan Grant assurance	£10,000
<b>Total fees</b>	<b>£19,000</b>

# 06

## Audit of Nottinghamshire Pension Fund



# Audit of Nottinghamshire Pension Fund

## Summary of key information

As the auditor for Nottinghamshire Pension Fund ('the Pension Fund'), our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). This section of the AAR summarises how we have discharged these responsibilities and the findings from our work we have undertaken as the Pension Fund auditor for the year ended 31 March 2024.



### Opinion on the Pension Fund financial statements

We issued our audit report on 22<sup>nd</sup> January 2025. Our opinion on the financial statements was unqualified.



### Consistency report

We concluded that the Pension Fund financial statements within the Pension Fund's Annual Report are consistent with the Pension Fund financial statements within the Statement of Accounts of Nottinghamshire County Council.



### Wider responsibilities

We have not exercised any of these powers as part of our 2023/24 audit of Nottinghamshire Pension Fund.



### Significant difficulties during the audit

Completing a first-year audit is more difficult and complex than subsequent audits due to the lack of knowledge we have on the Pension Fund. We have worked well with the Pension Fund to build a good working relationship, and this has helped minimise the difficulties we have experienced. We are pleased to report we have had the full co-operation of management, and this has helped us to obtain evidence including external confirmations, where third-parties were unresponsive.



### Risks, misstatements and internal control recommendations

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix B. In this appendix we also outline the uncorrected misstatements we identified and any internal control recommendations we made.

## Fees for our work as the Pension Fund's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Governance & Ethics Committee in July 2024. Having completed our work for the 2023/24 financial year, we can confirm that our proposed fees which are subject to agreement with Public Sector Audit Appointments are as follows:

Area of work	2023/24 fees
Planned fee in respect of our work under the Code of Audit Practice	£94,120
Additional fees in respect of IAS19 letters to other auditors under PSAA arrangements	£13,601
Additional fees in respect of adopting a lower materiality level in year 1	£3,982
Additional fees in respect of auditing standard ISA315	£7,840
Additional fees in respect of audit adjustments	£1,600
<b>Total fees</b>	<b>£121,143</b>

## Fees for other work

We confirm that we have not undertaken any non-audit services for the Pension Fund in the year.

# Appendices

Appendix A: Further information on our audit of the Council's financial statements

Appendix B: Further information on our audit of the Pension Fund financial statements

# Appendix A: Further information on our audit of the Council's financial statements

## Significant risks and audit findings

As part of our audit of the Council, we identified significant risks to our opinion on the financial statements during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p><b>Management override of controls</b></p> <p>Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.</p>	<p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none"> <li>• accounting estimates impacting amounts included in the financial statements;</li> <li>• consideration of identified significant transactions outside the normal course of business; and</li> <li>• journal entries recorded in the general ledger and other adjustments made in preparation of the financial statements</li> </ul> <p>Our work is complete in this area, with no issues to bring to the attention of members</p>
<p><b>Valuation of the LGPS defined benefit pension</b></p> <p>The Council is an employer in the Local Government Pension Scheme, administered on a local level by the Nottinghamshire Pension Fund.</p> <p>The defined benefit assets and liabilities are significant items in the Council's balance sheet and the Council engages an actuary to perform an annual valuation in accordance with the requirements of IAS 19 Employee Benefits. Due to the high degree of estimation uncertainty associated with this valuation, we have identified a significant risk in this area</p>	<p>We addressed this risk by:</p> <ul style="list-style-type: none"> <li>• Critically assessing the competency, objectivity and independence of the Nottinghamshire Pension Fund's Actuary;</li> <li>• Liaising with the auditors of the Nottinghamshire Pension Fund to gain assurance over the design and implementation of the controls in place at the Pension Fund. This included the processes and controls in place to ensure data provided to the Actuary by the Pension Fund for the purposes of the IAS19 valuation is complete and accurate;</li> <li>• Reviewing the appropriateness of the pension asset and liability valuation methodologies applied by the Pension Fund Actuary, and the key assumptions included within the valuation. This included comparing them to expected ranges, utilising information by PwC and consulting actuary engaged by the National Audit Office; and</li> <li>• Agreeing the data in the IAS 19 valuation report provided by the Fund Actuary for accounting purposes to the pension accounting entries disclosures in the Council's financial statements.</li> </ul> <p>Our work is complete in this area, with no issues to bring to the attention of members</p>

# Appendix A: Further information on our audit of the Council's financial statements

## Significant risks and audit findings continued

As part of our audit of the Council, we identified significant risks to our opinion on the financial statements during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p><b>Valuation of land, buildings and investment properties</b></p> <p>Land and buildings within Property, Plant and Equipment (PPE) and Investment Properties are significant items on the Council's balance sheet.</p> <p>The valuation of land, buildings and investment properties is complex and involves a number of management assumptions and judgements. Due to the high degree of estimation uncertainty involved, we have identified a significant risk in this area.</p>	<p>We addressed this risk by:</p> <ul style="list-style-type: none"> <li>• Critically assessing the Council's valuer's scope of work, qualifications, objectivity and independence to carry out the required programme of revaluations;</li> <li>• Considering whether the overall revaluation methodologies used by the Council's valuers are in line with industry practice, the CIPFA Code of Practice and the Council's accounting policies;</li> <li>• Assessing whether valuation movements are in line with market expectations by using third party information to provide information on regional valuation trends;</li> <li>• Testing a sample of assets valued during 2023/24, drawing support from our own expert, to source records and challenging key judgements made;</li> <li>• Critically assessing the approach that the Council adopts to ensure that assets not subject to revaluation in 2023/24 are materially correct, including considering the robustness of that approach in light of the valuation information reported by the Council's valuers.</li> </ul> <p>Our work is complete in this area, with no issues to bring to the attention of members</p>
<p><b>Risk of fraud in expenditure recognition</b></p> <p>The risk of fraud in expenditure recognition is a significant risk on all audits due to the potential to inappropriately shift the timing and basis of expenditure recognition as well as the potential to record fictitious expenditure or fail to record actual expenditure.</p> <p>Having considered the expenditure streams at the Council, we deem the risk to relate specifically to non-pay expenditure and ensuring it has been recorded in the correct financial period, with the risk being cut-off around the year-end.</p>	<p>We addressed this risk by:</p> <ul style="list-style-type: none"> <li>• testing of expenditure recorded in the ledger in the pre-and post- year end period to ensure it has been coded to the correct financial year; and</li> <li>• testing payments in the pre- and post-year end period to ensure they have been recognised in the right year.</li> </ul> <p>Our work is complete in this area, with no issues to bring to the attention of members</p>

# Appendix B: Further information on our audit of the Pension Fund’s financial statements

## Significant risks and audit findings

As part of our audit of the Pension Fund, we identified significant risks to our opinion on the financial statements during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p><b>Management override of controls</b></p> <p>Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.</p>	<p>We addressed the management override of controls risk through performing audit work over:</p> <ul style="list-style-type: none"> <li>• Material accounting estimates;</li> <li>• Journal entries which meet our risk criteria; and</li> <li>• Significant transactions outside the normal course of business or otherwise unusual.</li> </ul> <p>There are no issues to report.</p>
<p><b>Valuation of investments within level 3 of the fair value hierarchy</b></p> <p>At 31 March 2024, the Pension Fund held investments within level 3 of the fair value hierarchy of £552m (including Directly held properties). Inherently these assets are harder to value, as they do not have publicly available quoted prices from a traded market, and as such they require professional judgement or assumptions to be made valuing them at year end.</p> <p>As the pricing of these investment assets is subject to judgements, they may be susceptible to pricing variances for 2023/24 due to the assumptions underlying the valuation. We therefore consider that there is an increased risk of material misstatement.</p>	<p>Our audit procedures included:</p> <ul style="list-style-type: none"> <li>• Obtaining an understanding of the skills, experience and qualifications of any external valuers used by the Pension Fund;</li> <li>• Obtaining an understanding of the basis of valuation applied in the year, and reviewing the valuation methodologies;</li> <li>• Agreeing a sample of valuations to supporting documentation including investment manager valuation statements and cash flow for any adjustments made to the investment manager valuation;</li> <li>• Reviewing management’s reconciliation of fund manager reports to the custodian’s report;</li> <li>• Agreeing a sample of valuations to audited accounts or other independent supporting documentation, and considering the impact of any modified audit reports on those audited accounts.</li> </ul> <p>We reported, and the Pension Fund corrected, mis-statements in the classification of investments assets between levels 1, 2 and 3 in the fair value hierarchy. These mis-statements did not affect the valuation of the investments. In addition, we reported the valuation of Pooled Investment Vehicles &amp; Property Pooled Vehicles were understated by £2.9m.</p>

## Internal control conclusions

We raised one internal control recommendation which was accepted by the Pension Fund management. [Page 68 of 138](#)

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# Audit Progress Report

## Nottinghamshire County Council

# Contents

- 01** Overview of 2023/24 engagement
- 02** 2024/25 Audit Progress
- 03** National Publications
  
- Appendix** 2023/24 Auditor’s Annual Report



# 01

Overview of 2023/24 engagement



# Overview of engagement

We are appointed to perform the external audit of Nottinghamshire County Council (the Council) for the year ending 31 March 2024. The scope of our engagement is set out in the Statement of Responsibilities of Auditors and Audited Bodies, issued by Public Sector Audit Appointments Ltd (PSAA) available from the PSAA website: <https://www.psa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/>. Our responsibilities are principally derived from the Local Audit and Accountability Act 2014 (the 2014 Act) and the Code of Audit Practice issued by the National Audit Office (NAO), and we summarise the position to date as follows:

Area	Responsibilities	Status: Nottinghamshire County Council	Status: Nottinghamshire Pension Fund
<b>Audit opinion</b>	We are responsible for forming and expressing an opinion on whether the financial statements are prepared, in all material respects, in accordance with the Code of Practice on Local Authority Accounting. Our audit does not relieve management or the Audit Committee, as Those Charged With Governance, of their responsibilities.	<p>Our audit findings were presented in our Audit Completion Report on 27<sup>th</sup> November 2024. We reported that there were 2 immaterial unadjusted misstatements, and no adjusted misstatements above our trivial threshold. No significant deficiencies in internal control were identified, but we raised some internal control recommendations.</p> <p>We issued our audit report on 22<sup>nd</sup> January 2025, ahead of the backstop date. Our opinion on the financial statements was unqualified. We issued a follow-up letter to our Audit Completion Report (ACR) on this date, which confirmed the outstanding matters per the ACR had been completed, with 4 control weaknesses relating to IT general controls identified.</p>	<p>Our audit findings were presented in our Audit Completion Report on 27<sup>th</sup> November 2024. We reported that no misstatements, unadjusted or adjusted, above our trivial threshold, had been identified. No significant deficiencies in internal control were identified, but we raised one internal control recommendation.</p> <p>We issued our audit report on 22<sup>nd</sup> January 2025. Our opinion on the financial statements was unqualified. We issued a follow-up letter to our Audit Completion Report (ACR) on this date, which confirmed the outstanding matters per the ACR had been completed, with one immaterial unadjusted misstatement identified.</p> <p>We also concluded that the Pension Fund financial statements within the Pension Fund's Annual Report are consistent with the Pension Fund financial statements within the Statement of Accounts of Nottinghamshire County Council.</p>
<b>Value for money</b>	We are responsible for forming a view on the arrangements that the Council has in place to secure economy, efficiency and effectiveness in its use of resources.	We did not identify any significant weaknesses in the Council's arrangements to secure economy, efficiency and effectiveness in its use of resources. We issued our commentary on the Council's arrangements in our Auditor's Annual Report (AAR) on 22 <sup>nd</sup> January 2025. We have included our AAR as an appendix to this report.	Not applicable.
<b>Wider reporting and electors' rights</b>	<p>We report to the National Audit Office (NAO) on the consistency of the Council's financial statements with its Whole of Government Accounts (WGA) submission.</p> <p>The 2014 Act requires us to give an elector, or any representative of the elector, the opportunity to question us about the accounts of the Council and consider objections made to the accounts. We also have a broad range of reporting responsibilities and powers that are unique to the audit of local authorities in the United Kingdom.</p>	<p>We have not yet received group instructions from the National Audit Office in respect of our work on the Council's WGA submission. Our work on the Council's Whole of Government Accounts return will remain incomplete until we receive final instructions.</p> <p>We have not received any correspondence or objections from local electors, and we have not used any of our wider powers.</p>	<p>WGA is not applicable for the pension fund.</p> <p>We have not received any correspondence or objections from local electors, and we have not used any of our wider powers.</p>

# 02

2024/25 Audit Progress



# Audit Progress update

## 2024/25 planning

We have begun our planning procedures for 2024/25, as part of this process we have:

- Considered the current Local Government sector issues and the requirements of the 2024/25 Code of Practice on Local Authority Accounting
- Held a 2023/24 audit de-brief session with the finance team, to reflect on what went well, and what could make the 2024/25 audit more efficient
- Scheduled 2024/25 audit dates

Our audit planning report, called our Audit Strategy Memorandum ('ASM'), aims to set out our plan for the audit of the Council. We will present our Audit Strategy Memorandum to the Governance & Ethics Committee once we have completed planning and risk assessment procedures.

We do not at this stage anticipate any major changes to the scope, risk profile or approach to our audit and there are no significant matters that we need to bring to the Committee's attention ahead of our formal 2024/25 Audit Strategy Memorandum.

# 03

## National Publications



# National publications

This section of our progress report details national publications and technical updates released which may be of interest to committee members and to wider members of the Council’s management team. If you require any additional information, please contact any member of your engagement team.

We have, in the table that follow, provided a brief insight into the purpose/key points of the publications with indicative relevance and/or suggested action using the following RAG rating:

● Action required ● Action suggested ● For information only

	Publication/update	Key points	Action
<b>National Audit Office ('NAO')</b>			
1	NAO insight: Government’s approach to technology suppliers: addressing the challenges	This report examines government’s overall approach to digital and technology suppliers. It sets out lessons for the centre of government and departments to learn from government’s approach to digital procurement.	●
2	NAO insight: Financial management in government: monitoring and forecasting	This guide outlines how finance leaders across government can monitor budgets and their performance and ensure forecasting is effective.	●
3	Maintaining public service facilities	This report examines whether the government plans and manages property maintenance in a way that ensures value for money.	●
4	Managing conflicts of interest: value for money	This report looks at the governance, systems and processes that public bodies have used to manage conflicts of interest.	●
<b>Forvis Mazars</b>			
5	Annual Local Government Risk Report 2025/26	As local authorities continue to grapple with risks exacerbated by financial challenges, the pressure facing the public sector as a whole is becoming more pronounced. The role of internal audit in holding organisations accountable and challenging risk management practices is more crucial than ever as local authorities strive to navigate new risks, including those tied to data, AI, and ongoing recruitment retention crises.	●

# National publications

## NAO

### 1. NAO insight: Government's approach to technology suppliers: addressing the challenges

The effective use of technology suppliers is essential to the success of government's ambitions to improve and digitally transform its services and operations. But repeated delays and cost overruns in digital delivery undermine government's ability to achieve its policy objectives.

Expenditure on digital procurement is significant: at least £14 billion is spent annually. Digital spend in government ranges from the design and implementation of new policy initiatives such as Universal Credit, to maintaining and replacing critical services like the Police National Computer, and the purchase and renewal of commodity items, for example, laptops.

With such an extensive digital estate to develop and maintain, every major operational system, from borders to tax to welfare, depends on the successful performance of its suppliers

This report examines government's overall approach to digital and technology suppliers. It sets out lessons for the centre of government and departments to learn from government's approach to digital procurement.

It focuses on major procurement of technology to support business change, including the digital transformation of government and planning for technology of the future. We refer to these major policy and business change procurements as 'digital programmes' and 'digital procurement' throughout this report. We exclude the more straightforward technology services and commodity items purchased for operational needs. The report examines:

- the scale of the challenge of undertaking digital procurement in a way that supports the modernisation of the public sector to make it more efficient and effective, and government's response to that challenge
- how the centre of government can adopt a more strategic approach to how it works with digital and technology suppliers
- how departments can better understand and manage the complexities of digital procurement, including making full use of their digital expertise

Link: <https://www.nao.org.uk/insights/governments-approach-to-technology-suppliers-addressing-the-challenges/>

### 2. NAO insight: Financial management in government: monitoring and forecasting

This guide is for senior finance leaders in government departments and other public bodies. It sets out insights and good practice on monitoring and forecasting for better financial management in government. It is the fourth in a five-part series of guides, which follow the financial management lifecycle.

Good financial management is critical in the public sector. For public services to be efficient and productive, the effective management of public finances is essential.

This guide outlines how finance leaders across government can monitor budgets and their performance and ensure forecasting is effective.

It focuses on three principles:

- Promote a culture of accountability – leadership emphasises the importance of budget holders being accountable for monitoring financial performance and ensuring forecasts are accurate and realistic.
- Develop the right skills and capabilities – finance professionals possess the skills and capabilities to monitor effectively and forecast with precision and leverage these to elevate the quality of the organisation's decision-making.
- Make the best use of data and information – high-quality data and information is used to enable better monitoring and more accurate forecasting, helping decision-makers respond to events quickly and effectively.

Link: <https://www.nao.org.uk/insights/financial-management-in-government-monitoring-and-forecasting/> Page 79 of 138

# National publications

## NAO

### 3. Maintaining public service facilities

The government has extensive property holdings, which it uses to deliver services to the public and support its operations. Government property ranges from hospitals to jobcentres, schools, courts, prisons, museums, research facilities, offices and warehouses.

Property maintenance is important so that public sector buildings remain safe, functional and comfortable for public sector employees and the public. Poor property condition can negatively affect the delivery of services to the public, the public sector's productivity and staff retention, and the value of government property.

This report examines whether the government plans and manages property maintenance in a way that ensures value for money.

It covers:

- the importance of property maintenance, how the government manages its property, and the size and composition of the government's maintenance backlog
- the timeliness, completeness and consistency of the government's data on property condition and the backlog
- how the government funds property maintenance and how government organisations use the funding available
- property professionals' capacity and capability

Link: <https://www.nao.org.uk/reports/maintaining-public-service-facilities/>

### 4. Managing conflicts of interest: value for money

Conflicts of interest arise when an individual's ability to apply judgement or act in a role is, or could be perceived to be, impaired or influenced by a secondary or competing interest.

Failure to recognise or mitigate conflicts can damage the reputation of, and undermine confidence in, government operations. It is therefore important that all public bodies have appropriate systems and processes in place to manage conflicts effectively.

Cabinet Office sets the central government guidance on managing conflicts of interest. Departmental bodies (ministerial departments, non-ministerial departments and executive agencies) must have policies that comply with this guidance. Non-departmental public bodies are encouraged to have their own policies.

This report looks at the governance, systems and processes that public bodies have used to manage conflicts of interest. It aims to answer the following questions:

- Is central government guidance effective in supporting public bodies to manage conflicts of interest?
- Do public bodies have effective and proportionate governance, systems and controls over the management of conflicts of interest?
- Have public bodies done enough to set a culture where conflicts are managed properly?

Link: <https://www.nao.org.uk/reports/managing-conflicts-of-interest/>

# National publications

## Forvis Mazars

### 5. Annual Local Government Risk Report 2025/26

Issues and risks facing local authorities in the coming year continue to reflect the challenges seen across the Public Sector more widely. Financial challenges deepen the risks that are highlighted in this report, and the role internal audit plays in challenging organisations on controlling these risks should not be underestimated.

In preparing our most recent risk report, the messages from across the public sector are clear:

- Financial stability remains an issue and local authorities have been struggling to fund and deliver quality service for years
- Local authorities demonstrate inconsistent risk management activities
- The role of data and AI is increasing, and this eposes local authorities to new and different risks

Link: <https://www.forvismazars.com/uk/en/industries/public-social-sector/our-public-and-social-sector-reports/annual-local-government-risk-report-for-2025-26>

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**5 March 2025**

**Agenda Item: 6**

## **REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE & IMPROVEMENT**

### **INTERNAL AUDIT CHARTER REFRESH**

#### **Purpose of the Report**

1. To review and approve an updated version of the Internal Audit Charter in line with Global Internal Audit Standards (GIAS).

#### **Information**

2. The charter is a formal document defining the Internal Audit Section's purpose, authority and responsibility. It establishes the Section's position within the Council, including the nature of the Chief Internal Auditor's functional reporting relationship with the Governance & Ethics Committee. It authorises access to records, personnel and physical properties relevant to the performance of audit engagements, and it defines the scope of Internal Audit's activities. The approval of the charter rests with the Governance & Ethics Committee.
3. The charter is reviewed periodically to ensure it remains relevant and up to date. It was last updated in January 2024. This revision to the charter has been refreshed to capture the changes required through the:-
  - GIAS - (new standards for implementation 1/4/2025)
  - Internal Audit Standards Advisory Board (IASAB) – UK Public Sector – Application Note
  - CIPFA – Code of Practice for the Governance of Internal Audit in UK Local Government.
4. The revised charter is attached at Appendix 1. It may also provide further assistance to the members of the Governance & Ethics Committee in understanding the role of Internal Audit in the Council.

#### **Other Options Considered**

5. The establishment and maintenance of a formal internal audit charter is a requirement of the GIAS, IASAB - UK Public Sector – Application Note and CIPFA – Code of Conduct.

## **Reason/s for Recommendation/s**

6. To ensure that this Council's Internal Audit Charter remains up-to-date, compliant with professional standards and relevant to the developing needs of the authority from its internal audit service.

## **Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

8. The activities of the Internal Audit service are a key element in the governance framework within the Council. The formal Internal Audit Charter is a key document in ensuring the Council receives an effective service from the resources it deploys on this area of activity.

## **RECOMMENDATION/S**

- 1) That the revised Internal Audit Charter be approved.

**Nigel Stevenson**

**Service Director for Finance, Infrastructure & Improvement**

**For any enquiries about this report please contact:**

**Simon Lacey, Chief Internal Auditor**

### **Constitutional Comments (SR – 23/01/2025)**

9. Pursuant to the Nottinghamshire County Council Constitution this committee has the delegated authority to receive this report and make a decision contained within it.

### **Financial Comments (SES 15/01/2025)**

10. There are no specific financial implications arising directly from this report.

## **Background Papers and Published Documents**

11. Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

**Electoral Division(s) and Member(s) Affected**

- All





# Nottinghamshire County Council

## Internal Audit Charter

### 1. **INTRODUCTION**

- 1.1 This Charter defines Internal Audit's role within the County Council. The Charter complies with the Accounts and Audit Regulations 2015, Global Internal Audit Standards (GIAS), Internal Audit Standards Advisory Board (IASAB) – Application Notes, CIPFA – Code of Practice for the Governance of Internal Audit in UK Local Government and the County Council's Financial Regulations. This Charter has been approved by Nottinghamshire County Council's Governance and Ethics Committee, acting as the 'Board' under the requirements of the Global Internal Audit Standards.

### 2 **INTERNAL AUDIT MANDATE**

- 2.1 The Internal Audit mandate is established through the Accounts and Audit Regulations 2015 and applied through the Nottinghamshire County Council governance arrangements via the Governance and Ethics Committee. Internal Audit services are provided in line with the GIAS as interpreted through the Application Note and the CIPFA Code of Practice.

### 3 **THE FUNDAMENTALS**

- 3.1 The Internal Audit Team strives for compliance with the five Domains capturing the GIAS which in turn contain the following 15 core principles for the professional practice of internal auditing:

- Demonstrates Integrity
- Maintain Objectivity
- Demonstrates Competency
- Exercise Due Professional Care
- Maintain Confidentiality
- Authorised by the Board
- Positioned Independently
- Overseen by the Board
- Plan Strategically
- Manage Resources
- Communicate Effectively
- Enhance Quality
- Plan Engagements Effectively
- Conduct Engagement Work

- Communicate Engagement Results and Monitor Action Plans

#### 4 **PURPOSE, AUTHORITY AND RESPONSIBILITY**

- 4.1 Internal auditing strengthens the organisations ability to create, protect, and sustain value by providing the Board and management with independent, risk-based, and objective assurance, advice, insight and foresight.

Internal auditing enhances the organisations:

- Successful achievement of its objectives.
- Governance, risk management and control processes.
- Decision-making and oversight.
- Reputation and credibility with its stakeholders.
- Ability to serve the public interest.

Internal auditing is most effective when:

- It is performed by competent professionals in conformance with the Global Internal Audit Standards which are set in the public interest.
- The internal audit function is independently positioned with direct accountability to the Board.
- Internal auditors are free from undue influence and committed to making objective assessments.

- 4.2 It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.

In particular it:

- (a) carries out a risk-based review and evaluation of the entire control environment of the Council
- (b) provides management and Members with advice and assurance to assist them in the effective discharge of their responsibilities
- (c) plans audit work having regard to the Authority's corporate plans.

- 4.3 Internal Audit derives its mandate from the Accounts and Audit Regulations 2015, from the Nottinghamshire County Council's Constitution and from this Charter. The Financial Regulations, which are part of the Constitution, set out that:

- The Section 151 officer carries responsibility for ensuring an effective internal audit service is in place
- Internal audit reviews and reports on the Council's control environment and its arrangements for securing value-for-money, and it makes recommendations requiring a formal response
- Internal Audit staff have the right of access to such records, assets, premises and personnel, and are entitled to receive such information and explanation, as they think necessary for the proper fulfilment of their duties
- Internal Audit has a defined role in the Council's Fraud Response Plan

- Internal Audit reports its findings to Members of the Council, and it co-ordinates its activities with external audit.

4.4 The following key roles and responsibilities are established at Nottinghamshire County Council to ensure the requirements of the GIAS and this Audit Charter are complied with:

- The role of the 'board' is fulfilled by the Governance and Ethics Committee
- The role of senior management is fulfilled by the Corporate Leadership Team, comprising the Chief Executive and Executive Directors of the Authority
- The role of the chief audit executive is fulfilled by the Chief Internal Auditor. The Chief Internal Auditor reports directly to the Section 151 Officer, but also has unrestricted access to senior management and members, particularly the Leader of the Council, the Chair of the Governance and Ethics Committee, the Chief Executive, Executive Directors and Service Directors. The Chief Internal Auditor reports in their own name.

The Internal Audit Charter is formed and proposed by the Chief Internal Auditor in consultation with the aforementioned groups which incorporates an understanding of the responsibilities and expectations regarding the organisational support of the Internal Audit function in order to fulfil its mandate. The proposed Charter is discussed with the Board and senior management to confirm it accurately reflects understanding and expectations before approval by the Governance & Ethics Committee.

4.5 In addition to Internal Audit, the Chief Internal Auditor is responsible the delivery of services by the Risk Management and Insurance Teams. To maintain segregation from operations, the Chief Internal Auditor has put in place arrangements for avoiding conflicts of interest. These are focused on obtaining independent, external assurance that internal controls are effective in respect of the Council's arrangements for risk management and insurance.

4.6 Periodic reviews of these areas are carried out by external providers of internal audit, the findings of which are reported independently of the Chief Internal Auditor to the Section 151 Officer and members of the Governance and Ethics Committee. The appointment and coordination of external providers of assurance services are completed in line with GIAS - Standard 9.5.

4.7 The resourcing of Internal Audit is under continuous review by the Section 151 Officer and the Chief Internal Auditor. The resource requirements are brought into sharp focus during discussions and agreement on the Internal Audit Strategy and Termly Plans. Further details are set out in Section 8.

4.8 In addition, the Team undertakes internal consultancy work, carries out some suspected irregularity investigations and provides an audit service, on a contract basis, to specific external clients. The nature and extent of work for external clients is kept under review to ensure a) it does not impinge on the audit work carried out for the Council, and b) there is no conflict of interest or impairment of independence arising from this work.

4.9 In carrying out consultancy work, the Internal Audit role is to assist management in the achievement of the Authority's objectives. The work involved may cover facilitation, process design, training, advisory services and

investigatory work. For most assignments, specific terms of reference will be drawn up to define the scope and limits of the work involved.

## **5 INDEPENDENCE AND OBJECTIVITY**

- 5.1 The Internal Audit Team is organised so that it is independent of the activities that it audits. Because of this, the Team can provide impartial and unbiased professional opinions and recommendations. Internal Audit is free to plan, undertake and report on its work, as the Chief Internal Auditor deems appropriate.
- 5.2 The status of the Chief Internal Auditor is sufficient to allow the effective discussion of audit strategies, plans, results and improvement plans with senior management in the organisation.
- 5.3 Internal Audit is accountable to the Section 151 Officer and the Authority's Governance and Ethics Committee, both being involved in determining its priorities. It reviews the resources available to it on a regular basis to ensure that it has sufficient resources to fulfil its responsibilities, reporting the results of the review to the Governance and Ethics Committee, as part of its termly planning process.
- 5.4 The Chief Internal Auditor provides termly updates to the Authority's Corporate Leadership Team, membership of which includes the three statutory officers: the Chief Executive, the Section 151 Officer and the Monitoring Officer. Key issues concerning the governance of the Authority are discussed and the Annual Governance Statement is kept under ongoing review.
- 5.5 The Chief Internal Auditor is required to confirm annually the organisational independence of the internal audit activity. The Chief Internal Auditor has the right to direct and unrestricted access to senior management and the Board.
- 5.6 Individual internal auditors are also required to have an impartial, unbiased attitude and avoid any conflict of interest. To meet this requirement, each auditor is required to declare any interests they have that could have an impact on their audit work, and to confirm they have read the Authority's Code of Conduct for employees. The Chief Internal Auditor will not assign work to an auditor where a conflict of interest may arise. If independence or objectivity is impaired, either in fact or appearance, the details of the impairment must be disclosed to the relevant parties.
- 5.7 Internal Auditors also have due regard to the Seven Principles of Public Life (the Nolan Principles) – Selflessness; Integrity, Objectivity; Accountability; Openness; Honesty; and Leadership when performing their duties. Internal Auditor also comply with their membership of professional bodies and routine training is provided to enhance the application of such ethical practices.

## **6 PROFICIENCY AND DUE PROFESSIONAL CARE**

- 6.1 Internal Audit operates in accordance with the GIAS, IASAB – Application Note and CIPFA – Code of Practice. Compliance with the Standards is reviewed annually by the Interim Chief Internal Auditor along with the Internal Audit Strategy.

- 6.2 A thorough recruitment process, in accordance with the Authority's procedures, applies to the appointment of Internal Audit staff to ensure the Team has the appropriate, professional skills and experience to fulfil its objectives. The Chief Internal Auditor is appointed by the Section 151 Officer and must have a full CCAB qualification and have significant post qualification experience, preferably gained in an internal audit role. Similarly, the Audit Team Manager should be a qualified accountant with at least three years' financial and managerial experience. The qualifications and skills required for all posts are detailed in job descriptions and person specifications maintained by the Chief Internal Auditor. These appointments are made in line with the IASAB – Application Note and CIPFA – Code of Practice.
- 6.3 Internal Auditors have an annual review of their performance and development needs. They are provided with the appropriate training to fulfil their responsibilities and to maintain their professional development and competence.
- 6.4 The performance of the Chief Internal Auditor is constantly reviewed by the Governance & Ethics Committee, Corporate Leadership Team and reflected within the Head of Internal Audit Annual Report. The Section 151 Officer formally reviews the performance of the Chief Internal Auditor in accordance with Nottinghamshire County Council development programme and professional competence.

## **7 QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME**

- 7.1 The Chief Internal Auditor reviews the work of the Team on an annual basis to provide assurance that it conforms to the relevant standards and requirements of the Internal Audit Charter. The Team Manager provides a 'real-time review' and 'final' review of each engagement that is undertaken by the Internal Audit Team to ensure consistent compliance to the requirement of the Charter.
- 7.2 The Internal Audit Team takes the following actions to provide a professional service:
- Adopts a flexible, risk driven approach
  - Works in partnership with managers and staff to develop and maintain adequate and reliable systems of corporate governance, risk management and internal control
  - Continually seeks to improve the effectiveness and efficiency of its services in consultation with managers from across the Authority
  - Maintains an effective Audit Manual and regularly reviews its procedures to ensure they remain appropriate
  - Monitors and reports on specific performance indicators and targets.
- 7.3 The IASAB – Application Note and CIPFA – Code of Practice require that an external assessment of Internal Audit be conducted at least once every five years by a qualified, independent assessor from outside the organisation. The Chief Internal Auditor will raise this periodically with the Governance and Ethics Committee to determine the form of external assessment, the required qualifications and independence of the assessor and the frequency of the assessment.

- 7.4 Arising from the internal review, external assessments and the annual review of Internal Auditors' performance and development, the Chief Internal Auditor will, in discussion with senior management and the Governance and Ethics Committee, develop a Quality Assurance & Improvement Programme and report this as part of the Internal Audit Annual Report.
- 7.5 Where non-conformance to the GIAS, IASAB – Application Note and CIPFA – Code of Practice impacts on the overall scope or operation of the internal audit activity, the Interim Chief Internal Auditor must disclose the non-conformance to senior management and the Governance and Ethics Committee.

## **8 MANAGEMENT OF INTERNAL AUDIT ACTIVITY**

- 8.1 Internal audit work is planned at all levels of operation in order to establish priorities, achieve objectives and ensure the efficient and effective use of audit resources in meeting the Internal Audit Charter.
- 8.2 The Chief Internal Auditor produces an Internal Audit Strategy, and this provides the framework within which three termly plans are delivered in each financial year. Each termly plan covers a period of four months and is developed in consultation with the Statutory Officers, Executive Directors, Corporate Leadership Team and Members of the Governance and Ethics Committee. The Strategy details how the assurance for the opinion on the overall adequacy and effectiveness of the organisation's corporate governance, risk management and control environment will be demonstrated.
- 8.3 The Internal Audit plans are subject to revision and approval by the Section 151 Officer for reporting to the Governance and Ethics Committee. These plans include an element of flexibility to allow Internal Audit to be responsive to changes in conditions and to requests for consultancy and advice. They also take account of the Authority's risk management process with the aim of identifying and evaluating any residual risks, not covered by appropriate control mechanisms, which need to be included in the Internal Audit Plan. The planning process also involves assessing, through ongoing liaison with management and External Audit, any new developments or significant changes in the Authority's responsibilities which are captured in the 'Intelligence Hub'.
- 8.4 Scopes are prepared for each Internal Audit engagement and are normally discussed with relevant line managers before the work is started. Internal Audit will schedule regular update meetings with the client while the audit is being undertaken, to ensure emerging findings and possible recommendations are raised, verified and discussed while the audit is live. At the close of the fieldwork, a feedback meeting will be arranged to discuss the findings of the review. During this closing meeting, draft management responses to recommendations will be elicited wherever possible, for inclusion in the formal, draft report when issued. Internal Audit will usually give reasonable notice to the relevant manager of the start of an audit and will minimise any disruption to the smooth running of the area under review. However, Internal Audit reserves the right to make unannounced visits where the Chief Internal Auditor considers it necessary.
- 8.5 The Team adopts a structured approach to all its work, including the use of a risk-based, systematic approach, where appropriate, for opinion audits.

## **9 GOVERNANCE AND ETHICS COMMITTEE RESPONSIBILITIES**

- 9.1 In accordance with the Council's Constitution, Internal Audit has a responsibility to report to the Authority's Governance and Ethics Committee. The Committee is chaired by a member of the majority party and consists of 11 members. The Committee meets on a six-weekly basis and has clear terms of reference. It reviews both Internal and External Audit work throughout the Authority and contributes to the organisation's overall process for ensuring the Authority has good governance in place.
- 9.2 The Committee reviews and comments upon:
- Internal Audit Charter
  - Internal Audit's Annual Report (including the annual opinion on the Authority's control environment)
  - Internal Audit's strategy, termly plans and progress reports (including key findings and recommendations)
  - Annual Assurance Mapping Exercise
  - Annual Counter Fraud Report
  - External Audit's Annual Audit Letter and Annual Plan
  - Reports on the implementation of Internal Audit recommendations
  - Reports on relevant public sector publications concerning general audit developments
  - Any significant audit issues that may arise within the Authority.
- 9.3 The Chief Internal Auditor attends every meeting and presents Internal Audit reports to the Committee.

## **10 ADVISORY AND CONSULTANCY SERVICES**

- 10.1 Internal Audit offers an advisory and consultancy service to provide support and assistance to the Council in the development of its systems and procedures. Internal auditors are well positioned to offer this type of input, due to their detailed knowledge of the Council's activities, and due to their expertise in assessing value for money and options for applying business process re-engineering techniques.
- 10.2 The nature and scope of consultancy engagements are agreed with the client and are intended to add value and improve the Council's governance, risk management and control processes. Consultancy input may take the form of counsel, advice, facilitation and training. This type of input is beneficial to both clients and internal auditors alike; clients receive timely advice whilst systems and processes are being designed, and internal auditors have the opportunity to influence the developing control framework in the Council.

## **11 SUSPECTED IRREGULARITY INVESTIGATIONS**

- 11.1 In accordance with the Authority's Constitution and Financial Regulations, Internal Auditors may carry out investigations into suspected financial irregularities. All managers in the Authority have an obligation to maintain an effective internal control system within their areas of work, and this includes a responsibility for the prevention and detection of fraud, corruption and other irregularities, as well as managing the risks of fraud or corruption.

- 11.2 When conducting audit engagements, Internal Auditors are alert to circumstances, such as control weaknesses, that could allow fraud. If any evidence of fraud or other irregularity is discovered, the relevant line manager is informed.
- 11.3 Managers are required to inform Internal Audit immediately if a fraud or other irregularity is suspected. In such cases, they should ensure that:
- Any supporting information or other evidence is secured
  - Confidentiality is maintained so as not to prejudice any subsequent investigation.
- 11.4 Internal Audit, following consultation with Statutory Officers, will consider each suspected fraud or irregularity and determine whether to investigate it itself or to resolve it by another means, for example, referral to Action Fraud and the Police, as appropriate. Internal Audit's role in tackling suspected cases of fraud or irregularity is set out in the Council's Fraud Response Plan.
- 11.5 The Chief Internal Auditor may carry out other special investigations at the request of the Section 151 Officer or other senior managers.




## 12 **INTERNAL AUDIT REPORTING**

- 12.1 Internal Audit reports its findings to appropriate managers, who have a responsibility to respond promptly to the reports' recommendations. Recommendations are priority ranked, as follows:

Priority Level	Description
Priority 1	Fundamental for effective governance, risk management and internal control, must implement recommendations to improve existing arrangements
Priority 2	Desirable for effective governance, risk management and internal control, should implement recommendations to improve existing arrangements

'Advisory recommendations may also be raised in feedback meetings with managers at the close of fieldwork.

- 12.2 Reports on assurance work contain an audit opinion on the area reviewed. One of the following three audit opinions of the level of assurance is provided:

-  LIMITED ASSURANCE                      Risk levels are high
-  REASONABLE ASSURANCE                      Risk levels are acceptable
-  SUBSTANTIAL ASSURANCE                      Risk levels are low

The spread of Internal Audit opinions each year is one factor used to inform the Head of Internal Audit's Annual Report and the Authority's Annual Governance Statement.

- 12.3 Management responses to Internal Audit's draft reports are sought in accordance with the protocol set out in Table 1 below:

Table 1: Protocol for chasing responses to Internal Audit's Draft Reports	
Week 0	Issue draft report, typically to Group Manager and Service Director, requesting a response within 2 weeks
Week 3 – no response	Reminder issued by Head of Internal Audit to Group Manager, Service Director and Executive Director. Request a response in 2 weeks.
Week 5 – no response	Issue a reminder and copy to: Chair of the Governance & Ethics Committee, Chief Executive and Executive Director. Request a response in 1 week
Week 6 – no response	Issue final report with no response and schedule the report on the next meeting of the Governance and Ethics Committee, with the relevant manager(s) being requested to attend to provide an update to the Committee on proposed actions to address the report's recommendations
N. B	<p>At any point in the above procedure, the timeline may be re-set to deal with particular circumstances such as:</p> <ul style="list-style-type: none"> <li>to further discuss the audit findings and recommendations wherever concerns with them remain</li> <li>to allow for extended response times during periods of extreme workloads or the non-availability of key staff</li> <li>revised timescales for responses should be formally agreed</li> </ul>

12.4 Management responses to draft reports are incorporated into a final version for circulation, as standard, to the following:

Members

- All Members of the Governance and Ethics Committee
- Cabinet Member and Deputy for Finance
- Cabinet Member and Deputy for the relevant Portfolio
- Leader and Opposition Leaders

Officers

- Relevant Executive Director(s), Service Director(s) and Group Manager(s)
- Section 151 Officer and Monitoring Officer
- Group Manager Finance and relevant Senior Finance Business Partners
- External Audit

Members can raise queries on reports as appropriate by contacting the Chief Internal Auditor or Internal Audit Team Manager directly on issues which concern them. This direct access by Members to Internal Audit applies in any situation where Members wish to raise issues of concern with Internal Audit.

12.5 All Internal Audit recommendations are followed up to confirm the agreed management actions are taken. Two levels of assurance are applied to confirm implementation, as detailed below:

Priority rating of recommendation	Management assurance	Internal Audit assurance
Priority 1	Assurance is sought from management that	Compliance testing scheduled to confirm all agreed actions relating

	all agreed actions have been taken	to Priority 1 recommendations are carried out consistently.
Priority 2		Compliance testing is scheduled for selected Priority 2 actions

12.6 Six-monthly progress on the implementation of agreed management actions is reported to senior management and to the Governance and Ethics Committee. The Governance and Ethics Committee determines whether it wishes to receive an update from senior managers at its next meeting to provide further assurance regarding actions to improve the internal controls in a specific area of activity.

### 13 **COORDINATION OF AUDIT ASSURANCE**

13.1 The Chief Internal Auditor co-ordinates Internal Audit Plans and activities with other internal and external providers of assurance, including the External Auditors, to ensure the most efficient use of the total resources devoted to audit work. Regular liaison meetings take place during the year as appropriate.

13.2 In line with the GIAS the Chief Internal Auditor has undertaken an assessment of Internal and External providers of assurance services and assessed where appropriate reliance can be placed on their work. Where assurance has been placed on the work of other assurance providers the basis for that reliance is documented.

13.3 Internal Auditors foster constructive relationships with Members, the managers and others involved in the areas being audited, and also with other review and specialist agencies that it may encounter as part of its work.

13.4 Liaison with managers takes place at key stages of the audit process, namely: planning; undertaking; reporting; and responding to audits. The guiding principle adopted throughout is one of assistance in the achievement of the Authority's objectives and plans.

**REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE &  
IMPROVEMENT**

**INTERNAL AUDIT TERM 2 (2024-25) PROGRESS AND TERM 1 (2025-26) PLAN**

**Purpose of the Report**

1. To inform Members of the work carried out by Internal Audit in Term 2 of 2024-25.
2. To consult with Members on the Internal Audit Plan for Term 1 of 2025-26.

**Information**

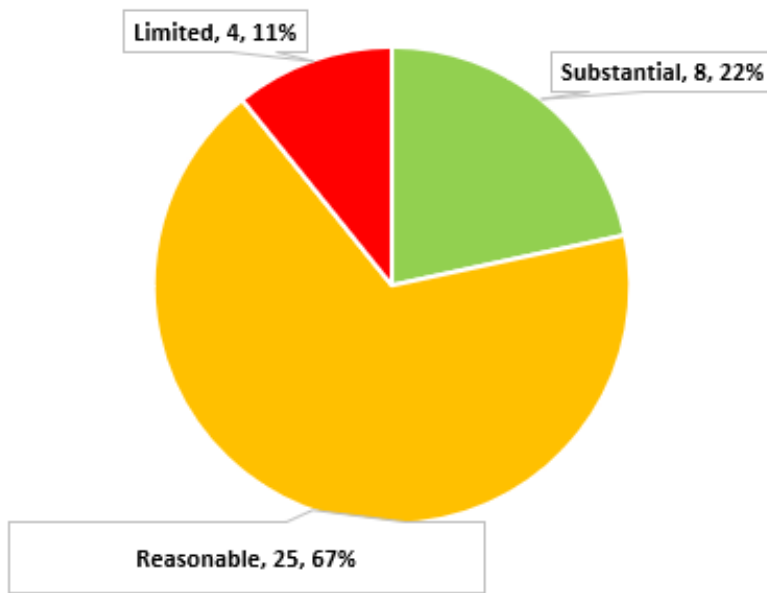
**Internal Audit's work in Term 2 – 2024-25 – August to November 2024**

3. Internal Audit continued to deliver its service through a flexible and agile approach. A range of work was completed across the Council, covering the following key types of Internal Audit input:
  - Assurance audits - for which an audit opinion is issued
  - Advice and consultancy – often relating to key developments, initiatives and changes to the internal control framework
  - Counter-fraud – primarily focussed on pro-active work to raise awareness of emerging fraud issues.

***Audit assurance***

4. The opinion-based assurance work is a key contributor to the Head of Internal Audit's year-end opinion on the adequacy of the Council's arrangements for governance, risk management and control. This was last reported to the Committee in June 2024. **Chart 1** shows the cumulative distribution of opinions issued to the end of Term 2. This chart includes schools audits undertaken by the Children & Families Finance Team.

**Chart 1- Opinions to end of Term 2 2024-25**



5. The above opinions are just one of the sources of assurance that internal audit provides. The other main sources of assurance that we provide are:
- Our action tracking provides assurance that the findings of our audits, which as shown above led mostly to Reasonable Assurance opinions, are being addressed. A report on this was last presented to the November 2024 committee.
  - Our assurance mapping, which includes sources of internal and external assurance, is carried out annually and was last reported to the June 2024 committee.
  - We have developed a series of continuous assurance indicators, monitored on a monthly basis, and reported to the Council’s statutory officers. The year-end position was summarised in the Internal Audit Annual Report to the June 2024 committee, and its headline was that 28 of the 31 areas (90%) provided positive assurance.
6. In terms of the work completed on the County Council’s services and systems, **Chart 2** analyses the opinions issued in Term 2 by service area and level of assurance.

**Chart 2 - Opinions for Term 2 2024-25**

	OPINION (ASSURANCE LEVEL)		
	SUBSTANTIAL	REASONABLE	LIMITED
Council-Wide	Continuous Assurance Off-Payroll Working (IR35)	Action Tracking Accounts Receivable (Invoicing and Debtors) Governance Update	
Chief Exec’s			
Adults		Short Breaks Service - Shift Payments and Purchase Cards	
Childrens			
Place			
School Audits	0 Visits	8 Visits	2 Visits*

\* The main reason for Limited Assurance on school audits in the above table is the breakdown of internal controls in relation to separation of duties and authorisation, over overtime, payroll, payments and purchase orders, etc. However small the number of office staff at a school, there is always a solution to this, even if it means checks by the headteacher and/or a Finance Governor. This problem arises at schools regardless of the number of office staff, and can be due to high turnover, lack of knowledge, or lack of organisation. The School Finance Team provides training, on request, to schools' office staff undertaking such functions.

7. The significant pieces of assurance work during Term 2 were the following:

- Action Tracking – our 6-monthly report on the implementation of audit recommendations, which went to the November 2024 committee.
- Governance Update which went to the November 2024 committee.
- Continuous Assurance – a monthly report to the Council's statutory officers on the application of internal control in key Council processes.
- The above audits on Off-Payroll Working (IR35), Accounts Receivable (Invoicing and Debtors), and Short Breaks Service - Shift Payments and Purchase Cards.

#### ***Advisory input***

8. Internal Audit continued to provide advisory input to developments across the Council. In term 2 advice included to the Children's department for recording travel and purchase card transactions by Youth, Parent and Family Workers; and to the Registration Service on handling a wedding gift.
9. Internal Audit's advisory input ensures that timely advice is delivered and can influence subsequent actions. It helps to maintain our focus on control issues and provides intelligence for subsequent planned assurance activity.

#### ***Counter-Fraud***

10. Internal Audit pursued its pro-active programme, disseminating fraud awareness materials to alert departments and staff of fraud risks and scams that emerged. The following summarises the key areas of activity:
- Publicity for the International Fraud Week
  - National Fraud Initiative (NFI) – coordination and review of matches with departments.
  - National and Local Fraud Alerts – screening and distributing to relevant sections, of alerts publicised by national fraud agencies.
  - Three fraud cases which we are tracking.
11. In addition, Internal Audit advises in fraud investigation activities involving live cases. Further information is provided in the Annual Fraud Report presented to each July committee, and the progress report to each January committee (postponed to February in 2025).

### ***Certification***

12. Internal Audit provides a certification function for a variety of grants received and distributed by the Council, and financial accounts in which the Council has an interest. During Term 2 the following were audited:
- Bus Subsidy (Revenue) Grant (as required by the Department for Transport)
  - Beeston Youth & Community Centre

### ***Internal Audit Performance***

13. **Appendix 1** provides an update on the Section's performance in Term 2 against its key indicators. It includes the following charts to depict progress against the Term 2 Plan, expressed in terms of the following:
- Inputs – the number of audit days delivered against the plan. Each segment in the chart represents one month -  $\frac{1}{4}$  of the Termly Plan.
  - Outputs – the number of jobs completed against the plan. Each segment in the chart represents one month -  $\frac{1}{4}$  of the Termly Plan.
  - Productivity indicator – the target score is 1.
14. A good level of performance has been achieved and members' attention is drawn particularly to the following:
- Staffing resources – a new Senior Auditor was appointed in March 2024 and has fully contributed to the term 2 work, as reflected in the performance charts in appendix 1. A vacancy remains for an Internal Audit Apprentice. During Term 2 we had to re-procure both our internal audit software provider, and our specialist ICT audit provider. Now that this has been completed we can turn our attention to the recruitment process for an Internal Audit Apprentice. The training provider that we previously used for new apprentices discontinued the Internal Audit Apprentice course from November 2024, and so we are looking at the alternative options, which will also involve a re-procurement exercise.
  - Assurance and Advisory activities – the completion of internal audit activity reflects the impact of staffing changes and is reflected in the agile approach adopted. The team continues to flex plans and provide advisory activities to support the immediate risks facing the Council. This can have an impact on delivery of the planned assurance reviews, but these are kept under review for ongoing priority in subsequent plans.
  - Action tracking implementation rates, for actions arising from audits, exceeded the target of 75% in our latest report which went to the November 2024 committee. There was an implementation rate of 90% for 2022/23 actions and 81% for 2023/24 actions. The next update on this is scheduled for the July 2025 committee.

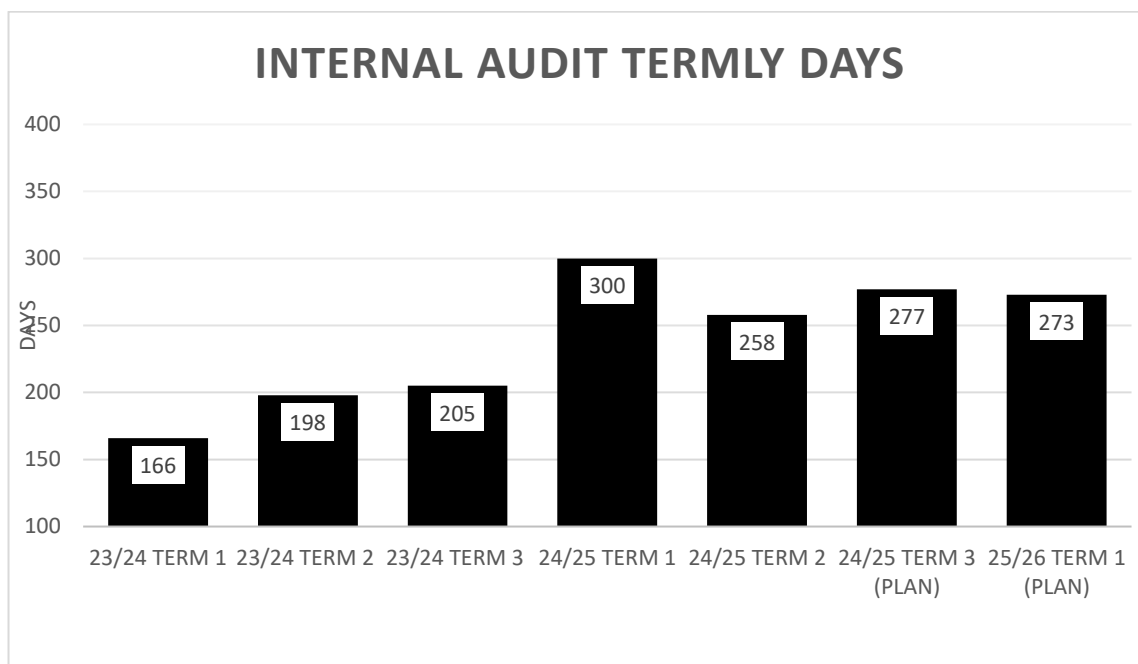
## Proposed Internal Audit Plan for Term 1 - 2025-26

15. Internal Audit termly plans continue to be determined on a risk basis, as required by the Public Sector Internal Audit Standards, and using the methodology previously reported to Members.
16. As mentioned in the previous termly report to members of the Governance & Ethics Committee, the current Public Sector Internal Audit Standards are being amended through the adoption of Global Internal Audit Standards. The Public Sector Internal Audit Standards will be replaced by 'Global Internal Audit Standards in the UK Public Sector' Application Note. The changes will be implemented from 1<sup>st</sup> April 2025. The Internal Audit team have undertaken a gap analysis and are implementing an action plan to introduce the changes required to ensure continued compliance with the appropriate Standards used in the development of the risk-based methodology for planning purposes. The Internal Audit team has developed the Internal Audit Charter, which is on the agenda of the same committee meeting as this report, in order to scope the future direction of the Internal Audit Service in compliance with the new Standards.
17. In addition to undertaking an assessment of audit risks, the termly plan also needs to consider the assurance it provides that the Council's Core Processes remain robust. The termly plan includes coverage of core processes on a cyclical basis to ensure that this assurance can be provided to support the Chief Internal Auditor's Annual Report. A reminder of the Core Processes was provided in the November 2023 progress report.
18. The Term 1 plan represents the Section's assessment of the key areas that need to be audited in order to satisfy the Authority's statutory responsibility to undertake an adequate and effective internal audit of its system of internal control. The Section's aim is to complete enough work to express an overall, annual opinion on the adequacy and effectiveness of the Authority's internal control arrangements.
19. Termly planning continues to be developed in an agile way allowing the precise scope and objectives for each audit assignment to be agreed at the time the audit is to commence. Detailed discussions prior to an audit commencing should identify other sources of assurance already available for the area in question, thereby clarifying the risks on which Internal Audit's focus should most impactfully be applied. At this planning stage, therefore, proposed topics for audit are expressed in terms of the broad rationale for their inclusion.
20. Similarly, the termly plan contains a forward plan of areas to be considered for inclusion in subsequent terms, which again will be subject to more precise scoping at the time the audit is to commence.
21. **Appendix 2** sets out details of the draft coverage by Internal Audit for Term 1, and it is summarised in the following table.
- 22.

<b>Assurance from Audit Coverage</b>	<b>Days</b>	<b>Outputs</b>
Second Line Assurance work	45	5
Opinion Assurance	112	5
Advice / Consultancy Assurance, and Client Management	66	1
Counter Fraud Assurance	20	4

Certification Assurance	30	3
<b>Total</b>	<b>273</b>	<b>18</b>
External Client (Notts Fire & Rescue Service)	27	
<b>Grand Total</b>	<b>300</b>	

23. The chart below shows the trend in the number of actual days available in recent terms, excluding the external client. The last two bars reflect planned days, as these terms had not ended at the time of this report. The increase from term 1 of 2024/25 reflects the recruitment of the new Senior Auditor in March 2024.



24. The next Internal Audit update to Committee will cover details of the outcome of Internal Audit's work in Term 3 of 2024-25 (December 2024 to March 2025).

### Other Options Considered

25. The Internal Audit Team is working to the Public Sector Internal Audit Standards. This report meets the requirement of the Standards to produce a risk-based plan and to report the outcomes of Internal Audit's work. No other option was considered.

### Reason/s for Recommendation/s

26. To set out the report of the Chief Internal Auditor to propose the planned coverage of Internal Audit's work in Term 1 of 2025-26, providing Members with the opportunity to make suggestions for its content.

## **Statutory and Policy Implications**

27. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required. Individual audits completed and in the proposed Termly Plan may potentially have a positive impact on many of the above considerations.

## **Financial Implications**

28. The Local Government Act 1972 requires, in Section 151 that the Authority appoint an officer who is responsible for the proper administration of the Council's financial affairs. The Service Director for Finance, Infrastructure & Improvement is the designated Section 151 officer within Nottinghamshire County Council. Section 5 of the Accounts and Audit Regulations 2015 requires Local Authorities to undertake an adequate and effective internal audit to evaluate the effectiveness of its risk management, control and governance processes. The County Council has delegated the responsibility to maintain an internal audit function for the Authority to the Service Director for Finance, Infrastructure & Improvement and Section 151 Officer.

## **RECOMMENDATION**

- 1) That the Committee notes the outcome of the Internal Audit work carried out in Term 2 of 2024-25, and the planned coverage of Internal Audit's work in Term 1 of 2025-26 to be progressed to help deliver assurance to the Committee in priority areas.

**Nigel Stevenson**

**Service Director for Finance, Infrastructure & Improvement and Section 151 Officer**

**For any enquiries about this report please contact:**

Simon Lacey

Group Manager - Internal Audit & Risk Management

## **Constitutional Comments (GR 10/02/2025)**

29. Pursuant to the Nottinghamshire County Council constitution this committee has the delegated authority to receive this report.

## **Financial Comments (SES 04/02/2025)**

30. There are no specific financial implications arising directly from this report.

## **Background Papers and Published Documents**

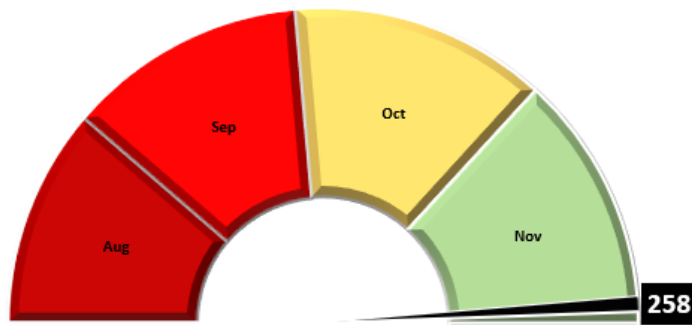
Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

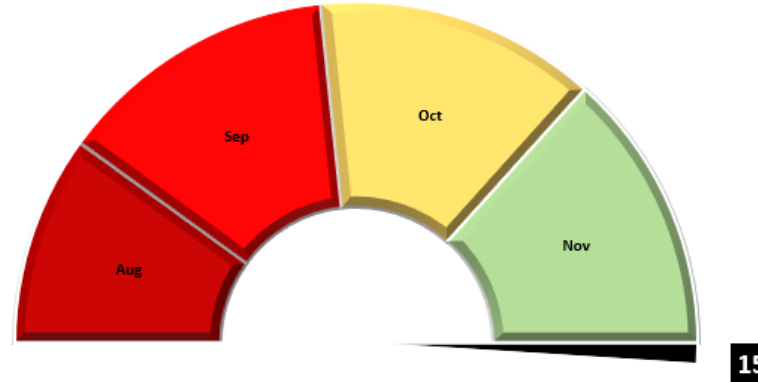
**Electoral Division(s) and Member(s) Affected**

- All

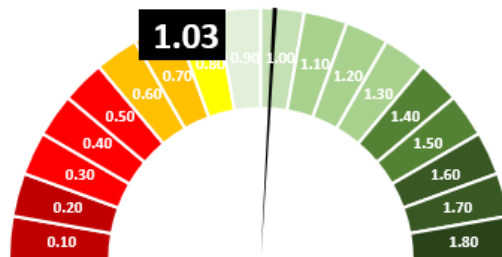
# Progress against the Term 2 Plan 2024-25



**Term 2 Days target - 265**  
**Position as at end of Nov 2024**



**Term 2 Jobs target - 15**  
**Position as end of Nov 2024**



**Term 2 Productivity at end of Nov 2024**  
**Target = 1.0**

## Key Performance Indicators

Performance Measure/Criteria	Target	Outcome in Term 2
<b>1. Risk-aware Council</b>		
Completion of Termly Plan – Days	90%	✓ 97%
- Jobs	90%	✓ 100%
Productivity	1.0	✓ 1.03
Regular progress reports to: <ul style="list-style-type: none"> <li>- Departmental Leadership Teams</li> <li>- Corporate Leadership Team</li> <li>- Governance &amp; Ethics Committee</li> </ul>	1 per term 1 per term 1 per term	✓ Completed ✓ Completed ✓ Completed
Publication of periodic fraud/control awareness updates	2 per annum	✓ Counter Fraud Annual Report, July 2024; and Progress Report, Jan 2025
<b>2. Influential Audit Section</b>		
Recommendations agreed	95%	✓ 96%
One recommendation was not accepted, in our audit of Debtors. Introducing a check digit in the customer number, to prevent invoicing the wrong customer, was not possible in the current BMS system. We accepted that mitigating controls already exist.		
<b>3. Improved internal control &amp; VFM</b>		
Percentage of Priority 1 & 2 recommendations implemented.  (Position as at latest action tracking exercise reported in Nov 2024)	75%	✓ 90% of 2022/23 actions ✓ 81% of 2023/24 actions
<b>4. Quality measures</b>		
Compliance with the Public Sector Internal Audit Standards (PSIAS)	Compliance achieved	✓ An External Quality Assurance review is required every 5 years. Last undertaken in March 2023. An annual self-assessment was done for the Chief Internal Auditor's Annual Report to the June 2024 committee. Both of

Performance Measure/Criteria	Target	Outcome in Term 2
		these reviews confirmed compliance.
Positive customer feedback through Client Satisfaction Survey (CSS) scores	Feedback good or excellent (where a score of 4 is excellent and a score of 3 is good)	✓ 3.6



Area of Assurance Coverage	Priority Level (if risk assessed)	Job count	Other 3rd Line Assurance	Assurance from audit coverage and planned days					Potential scope or area of assurance coverage
				2nd Line Assurance Role	Opinion Assurance	Advice/ Consultancy Assurance	Counter-Fraud Assurance	Certification Assurance	
<b>Audit Risk Assessment - Assurance Requirements for the Term</b>				<b>Rationale for Assurance Requirement</b>					
<b>Governance Framework</b>									
Continuous Audit Assurance	H	1		20					<b>Core process based:</b> continued reporting to Statutory Officers of routine assurance that core processes are operating as intended, or to identify areas for management/audit attention.
Action Tracking	H	1			25				<b>Follow-up work:</b> six monthly review of the implementation of management actions agreed from previous audits
Assurance Mapping	H	1		10					<b>Core Process based:</b> reporting of the annual assurance mapping exercise, capturing assurances from across the Council, to inform the Annual Governance Statement.
Governance Update	H	1		5					<b>Core Process based:</b> this was planned for the previous term, to be ready for the April committee. That meeting has been cancelled because of elections, and is delayed to this term. It is to provide an update on progress against the Annual Governance Statement action plan for 2024/25.
Annual Governance Statement	H	1		5					<b>Core Process based:</b> Reporting of the Annual Governance Statement for 2024/25, based on evidence gathered
Governance & Ethics Committee Annual Report	H	1		5					<b>Core Process based:</b> To contribute to the report to the County Council on the work of the Governance & Ethics Committee in 2024/25 and the intended areas of focus for the next year.
Head of Internal Audit Annual Report	H	1			5				<b>Core Process based:</b> The Head of Internal Audit's annual report for 2024/25 including an overall opinion on the Council's arrangements for Governance, Risk Management and Control.
<b>Counter-Fraud</b>									
Pro-active Counter Fraud - Continuation of pro-active counter fraud activity and Counter Fraud Annual Report	H	1					10		<b>Counter fraud:</b> Pro-active counter fraud activity in accordance with the fraud action plan, including the annual fraud report.
Pro-active Counter Fraud – Review of Matches 2024-25	H	1					4		<b>Counter fraud:</b> Review and report on the completion, by the key contacts within departments, of data matches from the Cabinet Office's National Fraud Initiative (NFI).
Counter Fraud Alerts - network dissemination & update of fraud training with move to new NCC staff training software.	H	1					5		<b>Counter fraud:</b> Review and dissemination of fraud alerts from national counter-fraud agencies.
Counter Fraud case reviews	H	1					1		<b>Counter fraud:</b> Regular liaison to address concerns including misuse and financial abuse involving service users
<b>Certification</b>									
Trading Standards Grants	H	1						20	<b>Certification:</b> Required by the National Trading Standards Board, to certify use of grants for the Regional Investigation Team and operations. Number of grants to audit varies depending on the amount of expenditure, but last year there were 5 grants to audit.
Multiply Grant	H	1						5	<b>Certification:</b> Required by the Department for Education, to certify use of grant to improve numeracy skills of adults.
Arts Council Grant - Libraries Improvement Fund	H	1						5	<b>Certification:</b> Required by the Arts Council, to certify use of grant to upgrade library buildings and technology.
<b>Assurance</b>									
Procurement Regulations 2025 - implementation	H	1			10				<b>Core process based:</b> Completion of a review of arrangements to prepare for the new Procurement Regulations which have been delayed but are expected to be introduced in Feb 2025.
Budgetary Control	H	1			15				<b>Core process based:</b> Completion of a review of budgetary control and forecasting which, following discussion and agreement with CLT, is focusing on Adult Social Care.
Payroll	H	1			12				<b>Core process based:</b> Completion of a review of corporate Payroll controls including issues identified on our Continuous Assurance monitoring i.e. overtime payments, allowances, and the removal of leavers.
Procurement Regulations 2025 - contract management	H	0			15				<b>Core process based:</b> Commencement of a review of compliance with the new Procurement Regulations which have been delayed but are expected to be introduced in Feb 2025.
Adult Care Financial Services (ACFS) - debt recovery	H	0			15				<b>Intelligence based:</b> Following on from our recent review of debt recovery across the Council, commencement of a more focused and in-depth review of ACFS, the department which accounts for most debt, including the creation and recovery of debts.
Section 106 agreements - sufficiency of contributions	H	0			15				<b>Intelligence based:</b> Commencement of a review of the sufficiency of developer contributions obtained under s106 agreements, to enable the proposed infrastructure to be provided
BMS/SAP Replacement Programme - advice	H	0				5			<b>Advice:</b> Contribution to the BMS Replacement Programme Working Group
Governance Arrangements - advice	H	1				15			<b>Advice:</b> The governance arrangements, under the Cabinet and Scrutiny model, were introduced in May 2022, and are under continuous review. Our input is now to provide support to this review.
Sub-totals				45	112	20	20	30	
<b>Planning, reporting, client management</b>									
Governance & Ethics Committee		0				16			<b>Core Activity:</b> Preparation of reports in accordance with the Governance and Ethics Committee annual work plan and attendance at meetings.
Client management		0				20			<b>Core Activity:</b> Planning and termly progress reports to Corporate Leadership Team.
Advice		0				10			<b>Core Activity:</b> Advice to client on financial and other controls, on request.
Sub-totals				0	0	46	0	0	
<b>Grand Totals</b>		<b>18</b>		<b>45</b>	<b>112</b>	<b>66</b>	<b>20</b>	<b>30</b>	
				273					

Area of Assurance Coverage	Priority Level (if risk assessed)	Job count	Other 3rd Line Assurance	Assurance from audit coverage and planned days					Potential scope or area of assurance coverage
				2nd Line Assurance Role	Opinion Assurance	Advice/ Consultancy Assurance	Counter-Fraud Assurance	Certification Assurance	
<b>Forward Plan for assurance in subsequent Terms</b>									
Information Governance	H								<b>Core Process based:</b> A review of the arrangements for managing information governance risks, including Data Protection
Pensions Administration	H								<b>Core Process based:</b> Internal audit reviews the Pension Fund using two alternating audit programmes: Pensions Administration and Pensions Investment
Asset Management - Building & Office Rationalisation	H								<b>Core Process based:</b> A review of the Building and Office Rationalisation Programme, in response to hybrid and smarter working - including the management of assets and the realisation of capital receipts.
Asset Management: Vehicles	H								<b>Core Process based:</b> As suggested at CLT when finalising our Term 3 Plan, in our intelligence hub a distinction has now been made between the assets of vehicles, property and highways. The latter two were included in our review of Arms Length Bodies which is still subject to our action tracking
Emergency Planning	H								<b>Core Process based:</b> As suggested at CLT when finalising our Term 3 Plan, this subject has now been added to our intelligence hub alongside, but separate from, Business Continuity Planning.
Workforce planning & employee recruitment	H								<b>Core Process based:</b> A review of progress on the Workforce Review which began in August 2022.
Ethical Culture	H								<b>Professional requirement:</b> it was a requirement of the Public Sector Internal Audit Standards to evaluate the organisation's ethical framework. These Standards, and this requirement, are replaced and removed from 1 April 2025, but we still consider the audit to be relevant. Our previous review reported in 2019. This next review will examine how the ethical framework is understood and applied, including with reference to the council's Nottinghamshire Way approach.
Departmental Strategies: Waste Management	H								<b>Professional requirement:</b> Internal Audit Standard 9.4 requires the Internal Audit Plan to be based on the organization's strategies, objectives, and risks. Several strategies are mentioned in the Nottinghamshire Plan and this audit will focus on the achievement of one of these, possibly the Waste Local Plan.
Departmental Strategies: Treasury Management & Investment	H								<b>Professional requirement:</b> To satisfy Internal Audit Standard 9.4 (see above). This review covers common ground to, and its timing will be co-ordinated with, the Pensions Investments audit.
Departmental Strategies: Commissioning	H								<b>Professional requirement:</b> To satisfy Internal Audit Standard 9.4 (see above). This review was last done in 2020.
Use of Agency Staffing	H								<b>Intelligence based:</b> A review of the use of agency staffing contracts across the Council and especially in high use areas.
BACS - transactional assurance work	H								<b>Intelligence based:</b> Work recommended by the BACS inspector, likely to be required in Autumn 2025, to provide assurance over BACS payments.

**REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND  
EMPLOYEES**

**COUNCILLOR INDUCTION AND DEVELOPMENT PROGRAMME, 2025 TO  
2029**

**Purpose of the Report**

1. This report asks the Committee to approve the indicative Councillor Induction and Development Plan (**Appendix A**) for implementation, following the election on 1 May 2025.

**Information**

2. At its meeting on 16 October 2024, the Governance and Ethics Committee agreed to establish a working group to look at Member training and development. The Councillor Induction and Development Programme Working Group was tasked with this work; its terms of reference included the following aspects of Member training:
  - To develop an initial internal programme of training and development fundamentals.
  - To roll out a comprehensive Member induction programme of mandatory training for implementation after the May 2025 County Council elections.
  - To offer a range of training and development tools and techniques as part of this comprehensive programme.
  - To establish a rolling programme of events, workshops, guidance, toolkits, online, interactive and face-to-face training and development opportunities to meet Members' needs within available budgets
3. When the working group met on 27 November 2024, it considered an initial draft of the Councillor Induction and Development Programme. It was proposed that, where possible, training sessions would be developed and provided in-house. **Table 1** sets out the feedback provided by the working group and how this influenced the draft plan.

Table 1

**a Governance Arrangements**

The working group acknowledged that since the last election in 2021, the Council had moved from a Committee System to a Leader and Cabinet model of governance. The working group recommended that a session on governance arrangements should be included in the programme, along with a separate session on scrutiny arrangements.

- b Mental Health Capacity Act training**  
The working group felt that it would be helpful for Councillors to receive training on how they could better engage with residents who faced challenges with their mental health. A session on the Mental Health Capacity Act was therefore included in the programme.
- c Blue Badges**  
Members of the working group requested that the Introduction to Customer Services training session was expanded to include information on Blue Badge applications and renewals. This will be built into the content of this session.
- d Handling the media and media interviews**  
Members of the working group suggested that these sessions should be mandatory for all Councillors and not limited just to Cabinet Members and Committee Chairs/Vice-chairs. Rather than removing one-to-one training sessions for Cabinet Members and Committee Chairs/Vice-chairs, it was agreed that three separate sessions would be held to provide all Councillors with fundamental skills for interacting with the media.
- e Refresher training**  
For complex and regulatory matters, the working group requested that refresher training should be included in the plan. This has been reflected within the plan, recognising the balance between ensuring Councillors have the skills and knowledge they need to enable them to carry out their roles and avoiding unnecessary repetition.
- f Mixed delivery methods**  
Members agreed that a mix of mediums should be used. They also recognised the impact that training had on Members' time, particularly in the immediate aftermath of the election. This was taken into account when identifying proposed training methods. Some sessions will be delivered as virtual or hybrid meetings while others will take place in-person. Other sessions will be available through an online platform so that Members can complete them at a time that suits them. Knowledge Boosters include workbooks produced by the Local Government Association, which provides another learning format that Members can access at any time.
- g Monitoring of training**  
There was strong feeling amongst Members that training needed to be monitored to ensure that mandatory training was completed. This was noted and can be achieved through the 'My Learning' portal. Councillors would have an opportunity to register that they intended to attend a training session. Officers running these training sessions would then be able to confirm which Councillors had attended, and this training would appear on their training record.
- h Pension Fund Committee and Local Pensions Board**  
The working group agreed that an understanding of the regulatory and procedural arrangements for the Nottinghamshire Pension Fund Committee and the Local Pensions Board should be a priority for new Members. It was felt that training should be mandatory for all Members of the Pension Fund Committee and Local Pensions Board and for substitutes. In view of proposed reforms in respect of Local Government Pension Schemes, the working party agreed that it would be beneficial for all new Councillors to attend this training.

- i Councillor Divisional Fund (CDF) Training  
A request was made for a mandatory session for new Councillors on how Councillor Divisional Funds could be spent and the process for submitting CDF requests. Returning Councillors would also be welcome to attend this session.
  - j The Role of Groups  
There was recognition that the political groups play a role in Member development. This will be co-ordinated directly by each group. Groups would take responsibility for ensuring that Members attended training sessions which were identified as mandatory.
4. The updated draft induction programme was presented to the working group meeting on 14 January 2025. The comments raised are addressed in **Table 2**.

Table 2

- a East Midlands Combined County Authority (EMCCA) and Local Government Reorganisation  
The working group felt that local government reorganisation and EMCCA were difficult concepts for existing Councillors to understand and that all Councillors, especially new Councillors, would benefit from a training session on these topics.
  - b Committee-specific training for substitutes and other Members  
Members of the working group were keen that any committee-specific training should be made available to substitute members as well as the wider Council membership. Where it was mandatory for a Councillor to have completed training before sitting on a Committee, the training would also be mandatory for substitute Members. As capacity permitted, this training would also be open for all Members of the Council to attend.
  - c Social Media  
The working group reported that it could be difficult at times for Members to engage with residents online. It was requested that a training session be held to explore the value of social media and how it could be best utilised by Councillors, including managing criticism and engaging with residents. This was added to the programme.
  - d Personal Safety  
The working group requested a training session on personal security. This session would cover Members' safety when attending events, canvassing and surgeries. It would also cover how Members could safely visit the community after incidents such as flooding and the risks associated with this. A session on personal safety was included in the programme.
  - e Information Security / Information Governance  
It was reported that an Information Security / Information Governance E-learning module had been developed by the Data Protection Team. This training had been rolled out successfully through E-learning in 2021, and it was agreed that this would remain as an E-learning session in the 2025-29 programme.
5. The draft programme was then shared with officers to refine the detail. Further suggestions were made, which were reported to the Members' Communication and Engagement Working Group on Wednesday 5 February 2025.

6. At this meeting, the working group recommended the draft programme to the Governance and Ethics Committee for approval. Councillors articulated their support for the draft programme and indicated that they were comfortable with the sessions that were proposed and the indicative phasing. At this meeting, Members were advised that a matrix would also be developed to assist Councillors in mapping out their training journey. The matrix would set out various Councillor roles and the required training for each, including whether it is mandatory, recommended or optional.
7. The draft programme, which is attached at **Appendix A** to this report, sets out indicative dates; upon approval from the Committee to implement the draft programme, dates will be programmed and content developed.

### **Other Options Considered**

8. The Council could choose to outsource all training; however, this option would carry significant cost, particularly noting that, for most sessions, appropriate expertise and knowledge is available in-house.
9. Rather than adopt a comprehensive induction and training programme, the Council could choose simply to run *ad hoc* training. This option would make it more difficult for Members to plan and would introduce a risk of insufficiently equipping Councillors with the skills they need to carry out their roles. Certainly an element of flexibility within any approach to training will be required to reflect emerging knowledge needs of Councillors working within a changing local and national environment. Adopting a comprehensive plan, however, provides a framework into which additional sessions and resources can be incorporated to flexibly and effectively structure Members' learning and development.

### **Reasons for Recommendations**

10. The election scheduled for 1 May 2025 will bring a new cohort of Councillors, a proportion of whom will be new to the Council. Adopting a training programme will provide a flexible framework to equip all elected Members to effectively carry out their roles as community leaders and participants in Council decision-making.
11. The Councillor Induction and Development Programme 2025 to 2029 is a living document and will need to reflect the changing landscape locally and nationally. It may therefore be necessary to add further training modules, to ensure Members have the requisite skills and knowledge to support them in their roles.
12. Learning and development for Councillors is vital in order to deliver strong governance in Nottinghamshire. A comprehensive understanding their public sector equality duty will ensure that Councillors demonstrate sound judgement when making decisions or introducing new policies.

### **Statutory and Policy Implications**

13. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty,

safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

That the Governance and Ethics Committee:

- 1) Approves the indicative Councillor Induction and Development Programme 2025 to 2029 for implementation
- 2) Approves the designation of training sessions as optional, recommended or mandatory, as set out in the Councillor Induction and Development Programme 2025 to 2029.
- 3) Delegates authority to the Monitoring Officer to make subsequent alterations to the plan if considered necessary to ensure the delivery of good governance.

**Marjorie Toward, Service Director  
Customers, Governance and Employees**

**For any enquiries about this report please contact:**

Dom Monahan, Advanced Democratic Services Officer  
Tel: 0115 977 4772  
E-mail: dom.monahan@nottscc.gov.uk

### **Constitutional Comments (EKH 24/02/2025)**

14. The recommendations within the report fall within the remit of Governance and Ethics Committee

### **Financial Comments (PAA29 24/02/2025)**

15. Any costs incurred in the delivery of the Councillor Induction and Development Plan will be met from the Members training budget which for 2025/26, as in 2024/25, will be £8,000.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Governance and Ethics Committee, 16 October 2024 – [Committee Report](#)
- Governance and Ethics Committee, 16 October 2024 – [Minutes](#)

### **Electoral Division(s) and Member(s) Affected**

- All



# COUNCILLOR INDUCTION AND DEVELOPMENT PROGRAMME 2025- 2029

	Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
Week 1 5 - 9 May 2025	First steps (Document signing and issue of equipment) Tuesday 6 May to Wednesday 7 May 2025	✓				Democratic Services ICT Monitoring Officer	Members sign the Declaration of Acceptance of Office, begin their paperwork, have photographs taken and are issued with a temporary access badge.  Councillors are also issued with their IT equipment. Support is available to help Members familiarise themselves with

	Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
							their devices and any specific support required.
	Welcome and Introduction to Council: (Virtual Meeting) Thursday 8 May 2025, 11am to 12 noon	✓				Chief Executive Members of the Corporate Leadership Team	Chief Executive, Adrian Smith introduces the County Council.
	Governance at Nottinghamshire County Council (Hybrid meeting) Friday 9 May 2025, 11am to 12 noon		✓			Monitoring Officer Democratic Services Senior Solicitor	Council Structure, decision making and procedure rules.
	Councillor roles and responsibilities (Hybrid meeting) Friday 9 May 2025, 1pm to 3pm	✓				Monitoring Officer Democratic Services Customer Services	The session covers <ul style="list-style-type: none"> <li>• Councillor and Officer roles</li> <li>• Relationships with officers</li> <li>• Membership of outside bodies</li> <li>• Members Code of Conduct, and protocols on use of resources, CDF etc</li> <li>• Queries and Complaints</li> <li>• Constituency issues and how Customer Services can help.</li> </ul>
<b>Week 2 12-16 May 2025</b>	Service Departments Briefings (Virtual meeting) <ul style="list-style-type: none"> <li>• Children &amp; Families Monday 12 May 2025, 10am to 11am</li> <li>• Adult Social Care and Health Monday 12 May 2025, 11am to 12 noon</li> <li>• Public Health</li> </ul>		✓			Corporate Directors, Service Director and other nominated officers	The Council's Corporate Directors give an induction on behalf of their departments. The Corporate Directors will explain how the departments work and how they can assist you in serving your community.

Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
<p>Monday 12 May 2025, 12.30pm to 1.30pm</p> <ul style="list-style-type: none"> <li>Chief Executive's</li> </ul> <p>Wednesday 14 May 2025, 10am to 11am</p> <ul style="list-style-type: none"> <li>Place</li> </ul> <p>Wednesday 14 May 2025, 1pm to 2.30pm</p>						
<p>Senior Staffing Committee</p> <p>Tuesday 13 May 2025, 2:30pm to 4pm</p>	<p>Mandatory for all Senior Staffing Committee Members.</p> <p>Recommended for all new councillors.</p>				<p>Democratic Services Human Resources</p>	<p>The session covers the regulatory and procedural arrangements for members who sit on the Senior Staffing Committee.</p>
<p>Social media and personal safety (Hybrid meeting)</p> <p>Thursday 15 May 2025, 10am to 11.30am</p>		✓			<p>Monitoring Officer Democratic Services Communications Health and Safety</p>	<p>A session on social media and personal safety. Tips on posting, responding, conduct, defamation, etc.</p> <p>The workshop shares best practice and explores the value of social media and how it can be best utilised by Councillors, including managing criticism and engaging with residents.</p>
<p>Introduction to Customer Services – (Including blue badge applications and renewals) (Virtual Group)</p> <p>Thursday 15 May 2025, 12 noon to 1.30pm</p>		✓			<p>Customer Services</p>	<p>This session explores how the Customer Services Team can help Members deal with their constituents' enquiries.</p>

Topic (with dates where confirmed)		Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
Week 3 19 – 23 May 2025	Oak House building induction Monday 19 May 2025, 10am to 11am	Mandatory for all Councillors.				Facilities	Health and safety orientation of Oak House and overview of facilities.
	Ethical Standards and Code of Conduct Fundamentals: (Hybrid meeting) Monday 19 May 2025, 11am to 12.30pm	✓				Monitoring Officer Senior Solicitor	This session will ensure Councillors are aware of how the County Council’s Code of Conduct applies, and how to ensure your decisions are of the highest standard.
	Civic roles and Chairing Council meetings (1-2-1) Monday 19 May 2025, 1pm to 2.30pm	Mandatory for the Chairman and Vice-Chairman of the Council				Monitoring Officer Democratic Services Chief Executive	This session provides the Chairman and Vice-Chairman with support and advice regarding civic responsibilities and the Chairing of Council meetings. The session also covers the Civic Support available, annual events and protocols/etiquette.
	Scrutiny at Nottinghamshire County Council Tuesday 20 May 2025, 11m to 12.30pm		✓			Democratic Services Directors	This session provides an overview of the Council’s scrutiny arrangements and how scrutiny can be a “critical friend” to the Executive.
	Effective Committee skills – Considering and questioning reports Tuesday 20 May 2025, 1pm to 2.30pm		✓			Democratic Services	This session introduces the world of committee meetings, including general standards of behaviour and microphone etiquette. Also included are procedure rules for meetings and the conventions of debate.

	Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
	The Role of the Civic Head North Kesteven District Council Tuesday 20 May 2025, 10am to 3pm	This session will benefit Members who anticipate election to the office of Chairman or Vice-chairman of the Council.				East Midlands Councils	This interactive session will explore the qualities and Skills needed to be an effective Chairman and how to measure the success of your term of office.
	Handling the media and media interviews (Hybrid meetings) <ul style="list-style-type: none"> <li>• Session 1 Wednesday 21 May 2025, 10am to 10:45am</li> <li>• Session 2 Wednesday 21 May 2025, 11am to 11:45am</li> <li>• Session 3 Wednesday 21 May 2025, 1pm to 1:45pm</li> </ul>	✓				Communications	These sessions provide advice on how to interact with the media and how to conduct interviews.
	<b>Half Term - 26 May – 30 May</b> <i>While no formal sessions are provided, Members have access to knowledge boosters and online training modules set out in the later stages of this programme.</i>						
	Chairing at Nottinghamshire County Council Monday 2 June, 1pm to 2.30pm	Mandatory for new committee chairs and vice-chairs, and recommended for all Chairs				Monitoring Officer Democratic Services	This will cover the areas of responsibility for Chairs and Vice-chairs, key service areas and officer leads, current key projects, officer delegations and preferred reporting arrangements, arrangements for briefings and arrangements for pre-agenda meetings.

	Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
	Portfolio briefings (1-2-1) Dates and times to be confirmed with Cabinet Members	Mandatory	for new Cabinet Members			Corporate Directors, Service Director and other nominated officers	
	Handling the Media and Media Interviews (1-2-1) Dates and times to be confirmed with Cabinet Members, Chairs and Vice-chairs	Mandatory	for new Cabinet Members and Committee Chairs and Vice-chairs			Communications	1-2-1 training sessions for councillors who are likely to be interviewed by the media in relation to their role as a Cabinet Member or a Committee Chair/Vice-chair.
	Planning and Rights of Way Committee Tuesday 3 June 2025, Time TBC	Mandatory	for all Planning and Rights of Way Committee Members and substitutes			External - POS Enterprises Ltd	The session covers the regulatory and procedural arrangements for members who sit on the Planning and Rights of Way Committee
	Section 106 Planning Obligations Wednesday 4 June 2025, 11am to 12.30pm	Mandatory	for all Planning and Rights of Way Committee Members and substitutes			Group Manager, Planning	This session will cover how planning obligations are agreed and enforced.
	Pension Fund Committee and Pensions Board Wednesday 4 June 2025, 1pm to 3pm	Mandatory	for all Pension Fund Committee Members and Substitutes. Mandatory for all Pension Board Members and Substitutes.  Recommended for all new councillors. <i>Committee Members and substitutes will also be required to</i>			Service Director, Finance, Infrastructure & Improvement Head of Pension Fund Investments	The session will cover the regulatory and procedural arrangements for members who sit on the Pension Fund Committee and the Pensions Board.

Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
	<i>undertake periodic updates and refresher training</i>					
Highways (Virtual meeting) Thursday 5 June 2025, 10am to 11am			✓		Group Manager, Highways	Members are frequently contacted about Highways. This session provides a spotlight on the work of the Highways Team and Via, East Midlands.
Nottinghamshire Police and Crime Panel (Hybrid meeting) Thursday 5 June 2025, 11.30am to 1pm	Mandatory for all Nottinghamshire Police and Crime Panel Members  Recommended for all new councillors.				Democratic Services Police and Crime Commissioner Officers	The session covers the regulatory and procedural arrangements for members who sit on the Nottinghamshire Police and Crime Panel.
Overview Committee (Hybrid meeting) Thursday 5 June 2025, 1.30pm to 3pm	Mandatory for all Overview Committee Members  Recommended for all new councillors.				Democratic Services	The session covers the regulatory and procedural arrangements for members who sit on the Overview Committee.
Government Policy Reforms Devonshire Place – Leicester Thursday 5 June 2025, 10am to 4pm				✓	East Midlands Councils	Councillors and officers can meet to hear an update on the latest government policy reforms regarding the devolution framework, national planning policy and housing and to consider the impact for councils and communities
Corporate Parenting Panel (Hybrid meeting) Monday 9 June 2025, 10am to 11.30am	Mandatory for all Corporate Parenting Panel Members  Recommended for all new councillors.				Democratic Services Children and Families services	The session covers the regulatory and procedural arrangements for members who sit on the Corporate Parenting Panel.

	Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
	Health and Wellbeing Board (Hybrid meeting) Wednesday 11 June 2025, 10am to 11am	Mandatory	for all Health and Wellbeing Board Members			Democratic Services Public Health	The session covers the regulatory and procedural arrangements for members who sit on the Health and Wellbeing Board.
	Health Scrutiny Committee (Hybrid meeting) Wednesday 11 June 2025, 11.30am to 12.30pm	Mandatory	for all Health Scrutiny Committee Members			Democratic Services Public Health	The session covers the regulatory and procedural arrangements for members who sit on the Health Scrutiny Committee.
	Governance and Ethics Committee (Hybrid meeting) Wednesday 11 June 2025, 1.30pm to 3pm	Mandatory	for all Governance and Ethics Committee Members			Monitoring Officer Democratic Services Service Director, Finance, Infrastructure & Improvement	The session includes the role of the Committee in the scrutiny of the Council's Statement of Accounts and the role of external and internal audit.
	Select Committees (Hybrid meetings) <ul style="list-style-type: none"> <li>Adult Social Care and Public Health Select Committee Wednesday 18 June 2025, 10am to 11.30am</li> <li>Children and Families Select Committee Wednesday 18 June 2025, 12noon to 1.30pm</li> <li>Place Select Committee Wednesday 18 June 2025, 2pm to 3.30pm</li> </ul>	These sessions are mandatory	for members of each select committee			Democratic Services Adult Social Care Public Health Children and Families Place & Communities	The sessions cover the work programmes for each select committee for the 2025-26 municipal year.
	Chairing Skills for Members (Virtual meeting)	Recommended	for all Chairs and Vice-chairs			East Midlands Councils	This development session will provide participants with tips

Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
Wednesday 18 June 2025, 6pm to 8.30pm						and techniques associated with being a skilled chair of a virtual, physical or hybrid meeting.
CDF Training Monday 23 June 2025, 11am to 12:30pm		✓			Democratic Services Business Change and Training	A session on how Councillor Divisional Funds can be spent and the process for submitting CDF requests.
Information Security / Information Governance (E-learning)	✓				Data Protection Officer	A 30- to 40-minute online training module to be accessed through the learning portal.
Safety and Security for Members (Hybrid meeting) Tuesday 24 June 2025, 10am to 12 noon	✓				Health and Safety Team Manager	Further information on how to keep safe in your work as a County Councillor with John Nilan, Team Manager, Health and Safety. Emergency Planning will also cover Members visiting the community after flooding incidents and risks associated.
ICT – Programme-focussed sessions Ad hoc				✓	ICT	
Suicide awareness training (Virtual meeting) Monday 30 June 2025, morning (4 hours)				✓	External - Harmless	A lecture-based training session on suicide awareness.
EMCCA and Local Government Reorganisation (Virtual meeting) Monday 30 June 2025, 1pm to 2.30pm	✓				Corporate Directors, Service Director and other nominated officers	This session provides an update on Local Government Reorganisation and its impact on the Council.

Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
						Information on the relationship between the Council and EMCCA will also be provided.
Public Sector Equality Duties (Virtual meeting) Wednesday 2 July 2025, 10am to 12.30pm	✓				Corporate Equality Officer Monitoring Officer	Understanding the Council's Public Sector Equality Duty. This will cover how Councillors must comply with the duty before they make decisions or introduce new policies.
Modern Slavery (Virtual meeting) Wednesday 2 July 2025, 1pm to 2.30pm			✓		Communities Team	A session on the work the Council is doing to prevent modern slavery and human trafficking.
<b>Month 3-6 7 July – 26 September 2025</b>						
Mental Health Capacity Act (Virtual meeting) Monday 7 July 2025, 10am to 11am			✓		Public Health	This session focusses on the Mental Health Capacity Act and how this affects casework.
Lone Worker App (Virtual meeting) Monday 7 July 2025, 11am to 12 noon				✓	ICT	Members will receive training on using the lone working app.
Social Media Training (If required) (Virtual meeting)				✓	Monitoring Officer Democratic services Communications	A session for Councillors that could not attend the initial training session.
Code of Conduct (If required) (Virtual meeting)				✓	Monitoring Officer Democratic services	A session for Councillors that could not attend the initial training session.
Local Government Finance and Audit (Virtual meeting) Wednesday 9 July 2025, 2025, 9.30am to 11am	Mandatory for new Members but recommended for all				Service Director, Finance, Infrastructure & Improvement	This session will cover Local Government financing, setting the Council's budget, Financial Regulations and Procurement Rules, the role of Audit and

	Topic (with dates where confirmed)	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
							timelines for key financial and audit decisions throughout the year.

# MEMBER ON-GOING DEVELOPMENT PROGRAMME

(OCTOBER ONWARDS)

	Topic	Mand (All)	Mand (New)	Rec	Opt	Deliverer	Overview
<b>6 October onwards</b>	Local Government Association Fundamentals (Pension)	Mandatory for all members of the Pension Fund Committee					Local Government Association Fundamentals (Pension)
<b>Local Government Association Training for Lead Members:</b>	LGA Leadership Essentials for Finance	Mandatory for the relevant portfolio holder				LGA	The course discusses longer term strategies for sustainability as well as balancing the budget on an annual basis and how to work with officers to ensure that the Council is making the most of its opportunities.
	LGA Leadership Essentials for Children's Services	Mandatory for the relevant portfolio holder along with the Chair and Vice-chair of the relevant select committee.				LGA	Lead Members for Children's Services are responsible for providing leadership to Children's Services in their area and hold a statutory role. This session aims to support Lead Members with the key challenges they face in the changing policy landscape.
	LGA Leadership Essentials for Adult Social Care	Mandatory for the relevant portfolio holder along with the Chair and Vice-chair of the relevant select committee.				LGA	This session supports Lead Members with the key challenges the face in adult social care in the changing policy landscape.
	LGA Effective Opposition programme	Optional for Opposition Group Leader(s)				LGA	This weekend focuses on a range of topics and skills and techniques, including building good working relationships with key officers, engaging with external stakeholders, working with the local media and getting the most out of social media.
<b>CFGS Scrutiny training</b>	Centre for Governance and Scrutiny – Training session on scrutiny skills	Recommended for all members				CFGS	

Free training	Various free training aimed at Councillors provided by the Local Government Association, East Midlands Councils, CFGS etc.				✓		
Fee-based training (subject to budgetary limits per annum)	LGIU, LGA, East Midlands Councils and other fee-based training				✓		
My Learning portal	Training modules available through the <a href="#">My Learning Portal</a>				✓		
Mentoring	Mentoring for new Councillors provided by Groups				✓		

## Knowledge Boosters

Knowledge boosters are available via the My Learning portal. They include factsheets and workbooks that a Councillor might find helpful if they would like more information on a subject. These are not mandatory and can be completed at a Councillor's convenience should they wish to boost their knowledge on any topic.

### Local Government Association Councillor workbooks

- [Being an effective ward councillor](#)
- [Chairing skills](#)
- [Community leadership](#)
- [Councillor/officer relations](#)
- [Creating a 'fit for the future organisation'](#)
- [Engaging young people](#)
- [Facilitation and conflict resolution](#)

- [Handling casework](#)
- [Handling complaints for service improvement](#)
- [Local government finance](#)
- [Planning](#)
- [Neighbourhood & community engagement](#)
- [Neighbourhood planning - ward councillors](#)
- [New councillors](#)
- [Scrutiny](#)
- [Scrutiny of finance](#)
- [Supporting residents with complex issues](#)
- [Working with town and parish councils](#)

**5 March 2025**

**Agenda Item:9**

## **REPORT OF THE SERVICE DIRECTOR – CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **GEDLING COMMUNITY GOVERNANCE REVIEW**

#### **Purpose of the Report**

1. This report informs Councillors about the process that is being followed by Gedling Borough Council, which is undertaking a Community Governance Review.
2. At its meeting on 27 November 2024, the Committee agreed that the Council would reserve its position on submitting a formal response until the next phase of consultation by sending a courtesy letter to Gedling Borough Council.
3. Due to the timings for publication of Gedling Borough Council's draft proposal, the Committee is now asked to delegate authority to the Chief Executive to produce and submit the Council's subsequent formal response, following consultation with Members of this Committee.

#### **Information**

4. In line with the timetable reported to Committee in November 2024, during the first stage of the Community Governance review, Gedling Borough Council consulted relevant community groups, public bodies (including the County Council) and elected representatives.
5. The feedback from this was used to determine a set of final draft recommendations, which were only recently published and which are now subject to a further period of consultation.
6. This is a link to the relevant pages on the Gedling Borough Council website

[www.gedling.gov.uk/haveyoursay/stalbanscommunitygovernancereview/](http://www.gedling.gov.uk/haveyoursay/stalbanscommunitygovernancereview/)

7. Due to the timing of the publication of the draft proposals on 21 February 2025, and with reference to this Committee's planned meeting cycle and the County Council's pre-election period, it is proposed that authority be delegated to the Chief Executive to submit the Council's response to those proposals, following consultation with Members of Governance and Ethics Committee.

8. The County Councillors for Arnold North have been contacted to seek their comments on this Community Governance Review. Any views provided will also be considered as part of the Council's response. Individual County Councillors can also submit their own specific responses.
9. The remaining stages in the review are as follows:

<b>Action</b>	<b>Timescale</b>
Consultation on draft proposals	21 February – 2 May 2025
Deadline for submissions	2 May 2025
Prepare final proposals	2 May – 27 May 2025
Report to Gedling Borough Council meeting	4 June 2025
If required: Organisation of Community Governance Order	After June 2025 council meeting

### **Other Options Considered**

10. The usual process for responding to such reviews is for the Council's Chief Executive to submit a response based on Members' views expressed at a meeting of the Committee. As the draft proposals were published four days before the publication of the agenda for this meeting of the Governance and Ethics Committee, there has not been sufficient time for these proposals to be considered. It is proposed that a response from the Chief Executive, informed by the views of Members of the Committee, would be the most suitable approach on this occasion.

### **Reason/s for Recommendation/s**

11. To best enable the County Council to submit a final response to this consultation.

### **Statutory and Policy Implications**

12. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

13. This report has no financial implications.

### **Implications for Residents**

14. Any wider impacts of the review will be considered by Gedling Borough Council in the development of the final proposals.

## RECOMMENDATION

- 1) That authority be delegated to the Chief Executive to produce and submit the Council's response to the draft proposals, following consultation with Members of the Committee and the relevant local County Councillors.

**Marjorie Toward**  
**Service Director – Customers, Governance and Employees**

**For any enquiries about this report please contact:**

Keith Ford, Team Manager, Democratic Services  
Telephone: 0115 9772590  
Email: keith.ford@nottcc.gov.uk

### **Constitutional Comments (EKH 24/02/2025)**

15. The recommendations fall within the remit of the Governance and Ethics Committee by virtue of its responsibility for all decisions relating to governance not otherwise specifically delegated elsewhere. As the recommendation relates to providing comments upon a community governance review being carried out by Gedling Borough Council, they do not relate to the matters reserved to Full Council to make orders giving effect to recommendations of a community governance review.

### **Financial Comments (PAA29 24/02/2025)**

16. There are no specific financial implications arising directly from the report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [Community Governance Review - St Albans Parish Council - Report to Gedling Borough Council 17 October 2024](#)
- [St Albans Community Governance Review - Gedling Borough Council](#)
- [The Local Government and Public Involvement in Health Act 2007, Chapter 3](#)
- [The Legislative Reform \(Community Governance Reviews\) Order 2015 \(S.I. 2015/998\)](#)
- [Local Government Boundary Commission for England – Guidance on community governance reviews](#)
- [Governance and Ethics Committee – Gedling Community Governance Report 27 November 2024](#)
- [Nottinghamshire County Council response to Phase 1 of Gedling Community Governance Review](#)

### **Electoral Division(s) and Member(s) Affected**

- Arnold North – Councillor Michael Payne MP, Councillor Paulin Allan



**5 March 2025**

**Agenda Item:10**

## **REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **WORK PROGRAMME**

#### **Purpose of the Report**

1. To review the Committee's work programme.

#### **Information**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the Committee's agenda, the scheduling of the Committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Committee meeting. Any member of the Committee is able to suggest items for possible inclusion.
3. The attached work programme includes items which can be anticipated at the present time.

#### **Other Options Considered**

4. The option to not present a work programme to the Committee was rejected as it would not allow forward planning or management of agenda items.

#### **Reason/s for Recommendation/s**

5. To assist the Committee in preparing and managing its work programme.

#### **Statutory and Policy Implications**

6. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION**

- 1) That Committee considers whether any changes are required to the work programme.

**Marjorie Toward**

**Service Director, Customers, Governance and Employees**

**For any enquiries about this report please contact:**

Noel McMenamin - Democratic Services

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E-mail: [noel.mcmenamin@nottsc.gov.uk](mailto:noel.mcmenamin@nottsc.gov.uk)

### **Constitutional Comments (EH)**

7. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

### **Financial Comments (NS)**

8. There are no financial implications arising directly from this report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

### **Electoral Division(s) and Member(s) Affected**

- All

**GOVERNANCE & ETHICS COMMITTEE – WORK PROGRAMME (as at 25 February 2025)**

<b>Report Title</b>	<b>Brief Summary of agenda item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>5 March 2025</b>			
Completion of 2023-24 External audit	To consider an update from Mazars outlining the completion of the 2023-24 External Audit process.	Nigel Stevenson	Glen Bicknell
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council	Marie Rowney	Richard Elston
Internal Audit Charter Refresh		Nigel Stevenson	Simon Lacey
Internal Audit Term 2 Progress 2024-25 and Term 1 Plan 2025-26		Nigel Stevenson	Simon Lacey
Gedling Community Governance Review – Stage 2	To approve the County Council response to the final proposals for the Gedling Community Governance Review	Marje Toward	Dom Monahan
Councillor Induction and Development Programme 2025-29	To consider proposals for Member Training for 2025-29 Member intake	Marje Toward	Keith Ford
<b>23 April 2025 (Meeting cancelled)</b>			
<b>25 June 2025</b>			
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council	Marie Rowney	Richard Elston
Governance and Ethics Committee Annual Report		Nigel Stevenson	Simon Lacey
Annual Governance Statement		Nigel Stevenson	Simon Lacey
Assurance Mapping Annual Report		Nigel Stevenson	Simon Lacey
Head of Internal Audit Annual Report 2024-25		Nigel Stevenson	Simon Lacey
Regulation of Investigatory Powers Act 2000 – Annual Report	To consider the use of investigatory powers.	Marje Toward	Emma Hunter

