London Borough of Enfield

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Annual Governance Statement 2026

Covering the period from April 2025 - March 2026, and to date

Contents

1. Introduction

Regulation 6(1)(a) of the Accounts and Audit Regulations 2015 requires the Council to, at least once a year, conduct a review of the effectiveness of its system of internal control and to include a statement reporting on the review with any published Statement of Accounts. Regulation 6(1)(b) requires that the statement is an 'Annual Governance Statement'. This document is that Annual Governance Statement.

The Regulations stipulate that the Annual Governance Statement must be prepared in accordance with proper practices in relation to accounts i.e. CIPFA's '*Delivering Good Governance in Local Government: Framework (2016)*', updated in May 2025 by the addition of a new Addendum.

The new guidance from CIPFA and Solace on the annual review of governance and internal controls and the preparation of an annual governance statement (AGS) forms an addendum to Delivering Good Governance in Local Government: Framework. It applies to UK local government statements from 2025/26 onwards. The addendum also supports the development of a local code of governance to ensure that authorities have in place all the core arrangements essential to fulfil the principles of good governance. Ensuring there is a robust review, using a range of assurances, is essential to underpin the overall conclusion. The authority should conclude whether their governance is fit for purpose and identify any significant areas of improvement. The AGS should also include a forward look to consider how their governance might need to change to meet the future needs of the authority.

This Annual Governance Statement has been prepared in accordance with that updated guidance. **Appendix 3** sets out how and where we meet the requirements of the new Addendum.

In addition, the Code of Practice for the Governance of Internal Audit, published by CIPFA in April 2025, also requires the Council to explain in the AGS how it complies with that Code. Conformance with both the Code and the Application Note: Global Internal Audit Standards in the UK Public Sector also feature in the new Addendum to the CIPFA Guidance. **Appendix 4** sets out clearly how we have met the requirements of the Code of Practice for the Governance of Internal Audit. This appendix was reported to the former General Purposes Committee in July 2025.

The publication of the Annual Governance Statement ("AGS") with the Statement of Accounts allows the Council to report publicly on the extent to which it complies with its Local Code of Governance. The AGS also allows us to report on significant governance issues that have been identified and any planned changes in or improvement to governance arrangements.

As required, the AGS focusses on outcomes and value for money and relates to the authority's vision for the area. It provides an assessment of the effectiveness of the authority's governance arrangements in supporting the planned outcomes – not simply a description of them. That description is, more appropriately, contained within the Local Code of Governance.

2. Ensuring a Sound System of Governance and Outcome of Review

In line with CIPFA guidance, the Council acknowledges its responsibility for ensuring that there is in place a sound system of governance (incorporating the system of internal control). This is described in our Constitution and our Local Code of Governance which was agreed by the former General Purposes Committee in June 2025 and has been reviewed more recently in light of the recent Addendum to the 2016 CIPFA Framework.

Our view is that the governance arrangements we have in place at Enfield are robust and provide a good level of assurance and that the arrangements continue to be regarded as fit for purpose in accordance with the CIPFA framework.

There is always room for improvement and our improvement plan for this year setting out how we intend to deal with significant governance issues that have been identified is attached at **Appendix 1**.

For completeness, the action plan from last year is also attached at **Appendix 2** showing how issues raised in last year's Annual Governance Statement have been resolved and, if not, what further action is required (if any). Where action is still required from last year, recommendations have been rolled forward into this year's Improvement Plan.

We are committed to ensuring that we continue to have in place strong governance arrangements and are committed to monitoring implementation of agreed actions as part of the next annual review.

This AGS has been signed by our Leader, the Chair of the Audit Committee and our Chief Executive to certify that the review of effectiveness has been carried out in accordance with proper practices and that improvements have been identified and will be actioned.

Signed by Cllr Alessandro Georgiou, Leader of the Council

Signed by Cllr Dino Lemonides, Chair of the Audit Committee

Signed by Perry Scott, Chief Executive

Dated:

3. Methodology

The review was undertaken in accordance with the recommendations on the preparation of the AGS included in the CIPFA Good Governance Framework (including the Addendum) and the guiding principles contained in it.

A review of the Local Code of Governance and an assessment of the effectiveness of key elements of our overall governance framework, including the roles of those responsible for the development and maintenance of the governance environment, was undertaken by the Monitoring Officer from mid-March to early June, reflecting on the operation and effectiveness of the governance arrangements over the last financial year i.e. 2025/26, and to end of May.

The Head of Internal Audit, the Chief Finance Officer and others made a valuable contribution to the review, the preparation of this AGS and to any planned actions or improvements.

Feedback was sought from the former Chair of the Audit Committee and the Chair of the Code of Conduct Committee. The complete list of people consulted as part of the review is set out in Schedule 2.

The review considered the findings and opinion of the Head of Internal Audit as set out in her annual report dated July 2025. The Council commissioned an external assessment of the effectiveness of its internal audit function in 2025, and the findings were a consideration in her annual report.

The Monitoring Officer also considered the findings of internal audits that have been undertaken during the period.

In October 2025, the Council's new external auditors, Grant Thornton, issued their Interim Annual Report for 2024/25 and the findings from that interim report have been taken into account in the preparation of this AGS. This is addressed in more detail in the next section although their detailed findings are not repeated in this report. Of significant note, however, is the issuing by Grant Thornton of a statutory recommendation under Schedule 7 of the Local Audit and Accountability Act 2014 alongside some other key recommendations (non-statutory). The detailed Statutory Recommendation are actively being pursued with good progress being made. Whilst any statutory recommendation is a significant issue for a Council, and are recorded as a significant weakness in this AGS (see below), the Council is supported by a strong overall assurance framework.

The Monitoring Officer considered, as part of the review, the findings from external, independent inspections and assessments that were undertaken in the period. These provide useful insight and we can learn from these reports.

The Assurance Board, chaired by the Chief Executive, provides a useful forum for scrutiny and development of our internal governance arrangements. This review has considered the reports, discussion points and outcomes of the Assurance Board and any findings have been addressed in the relevant section of this AGS.

As regards our elected members, the Monitoring Officer is responsible for investigating complaints against them and so any findings from those investigations have been included in this review. She also reviewed the Register of Member Interests and the register of Declarations of Interest.

The Council is committed to a culture of openness and transparency and so a review of our handling of requests made under the Freedom of Information Act and the Data Protection Act was undertaken. The following pages explain the issues covered by a statutory notice issued by the ICO.

The detection and prevention of fraud is an important activity, and this annual review has considered the outcomes of counter-fraud activity, roles and responsibilities. The review also took account of allegations made under the Council's Whistleblowing and Anti-Money Laundering policies.

The review considered our approach to engaging with residents and developing and delivering our Council Plan, the Budget and other policies and strategies, how we communicate our vision and how we ensure we deliver what we say we are going to deliver.

The review included a look back at last year's AGS and the things we said we would do to respond to issues identified at the time. There are no significant actions that remain outstanding from last year but any further/ongoing action has been included in this year's improvement plan if relevant.

The AGS will be submitted to our External Auditors and any comments they have may be included in this AGS as an Addendum, after initial publication, if necessary.

4. Our Vision and Priorities for Our Residents

In June 2023, our Council Plan was approved by Cabinet and Full Council. Our Council Plan 2023-26: *Investing in Enfield* set out the Council's strategic direction and priorities for the following three years and outlined how the Council is investing in Enfield to deliver positive outcomes for our communities. The Plan is used to inform and guide staff across the organisation on the Council vision and priorities. The Plan sets out five overarching priorities and five principles we are working towards. Each priority is underpinned by a set of strategic high-level actions.

The 5 overarching priorities:

- Clean and green places
- Strong, healthy and safe communities
- Thriving children and young people
- More and better homes
- An economy that works for everyone

The 5 principles:

- Fairer Enfield
- Accessible and responsive services
- Financial resilience
- Collaboration and early help
- Climate conscious

There are various Plans and Strategies which support the Council Plan and these can be found on the Council website. New or updated Plans and Strategies which have been agreed during the period of this review include:

- Housing & Growth Strategy 2025-30
- Council Housing Asset Management Strategy 2025-26
- North London Joint Waste Strategy 2025-2040
- Fairer Enfield Policy 2026-2030
- Violence Against Women & Girls Strategy 2026-35
- Exempt Supported Accommodation Strategy 2025
- Capital Strategy 2026/27 to 2035/36

The Council was subject to local elections in May this year and so changes to the Council Plan and/or approved plans, policies and strategies will be expected in the coming months or the course of the year. There are a number of key Policy documents and strategies worth noting:

The new Fairer Enfield Policy 2025–2029

The new Fairer Enfield Policy 2025–2029 sets out the Council's refreshed commitment to promoting equality, diversity and inclusion across its services, policies, employment practices and community leadership role. It responds to continuing inequalities in the borough, including differences in health, life expectancy, economic wellbeing and participation between residents in more deprived

neighbourhoods and those in more affluent areas. The policy reinforces the Council's statutory duties under the Equality Act 2010 and its wider local commitments, including consideration of socio-economic disadvantage and care experience, and identifies six key equality goals: embedding equality and inclusion in borough growth and development; working with health partners to address inequalities through prevention; reducing serious youth violence; improving workforce diversity so it better reflects the community; making services accessible and responsive to residents' needs; and embedding equality, diversity and inclusion into everyday practice. It is intended to support delivery of the Council Plan by ensuring that decisions, service design and partnership work are informed by evidence, consultation and the lived experiences of residents, staff and communities.

The new Violence Against Women and Girls Strategy 2026–2035

The new Violence Against Women and Girls Strategy 2026–2035 sets out the Council's long-term commitment to preventing and responding to violence, abuse and exploitation affecting women and girls across Enfield. It is intended to provide a coordinated, partnership-based framework for tackling domestic abuse, sexual violence, stalking, harassment, harmful practices and other forms of gender-based violence, with a strong emphasis on prevention, early intervention, safeguarding and support for victims and survivors. The strategy recognises the impact that violence against women and girls has on safety, health, wellbeing, equality and community confidence, and seeks to strengthen local services, improve pathways into support, hold perpetrators to account, and ensure that the lived experiences of women and girls inform service design and decision-making. It also supports the Council Plan priority of strong, healthy and safe communities by promoting a whole-system approach involving the Council, police, health partners, schools, voluntary and community organisations and residents, so that Enfield becomes a safer borough where women and girls are able to live free from violence, intimidation and abuse.

Local Plan

Significantly, the Council is currently preparing a new Local Plan, which will define the borough's vision and spatial strategy through to 2041. The Plan will guide the delivery of housing, employment and infrastructure, alongside policies on design, climate change, and environmental protection.

The emerging Enfield Local Plan was submitted for examination in August 2024 and is progressing through the formal examination process led by an independent Inspector. The examination has now concluded its hearing stages and is moving into its final phase, with the Inspector's post-hearing conclusions having been received in June 2026 and being considered. At this stage, the focus is on resolving any remaining matters raised through examination, rather than revisiting the overall strategy of the Plan. The Council remains committed to progressing the Local Plan through examination, working closely with the Inspector, statutory bodies and stakeholders to ensure the Plan is robust, deliverable and legally compliant.

The Council is preparing for the next stage of the examination process, including responding to the Inspector's post-hearing conclusions and managing associated stakeholder and public interest.

Traveller Local Plan

Connected to this is the Traveller Local Plan (2020–2041), which has not yet been formally adopted by Enfield Council. The most recent decision was taken by Full Council at its meeting on 17 September 2025 when members approved the Regulation 19 Submission Draft of the Plan for public consultation. This represents a key stage in the statutory plan-making process; however, the Plan must still undergo consultation, submission to the Secretary of State, and independent examination

before it can be brought back to Full Council for formal adoption. As such, at the present time the Plan remains in development and does not yet form part of the Council's adopted Development Plan.

Climate Action

During 2025/26, the Council delivered 26 whole-house retrofit completions in private sector properties through Year 1 of the Warm Homes: Local Grant (as part of the London Consortium), representing the highest delivery across the consortium and contributing directly to borough-wide carbon reduction and fuel poverty alleviation.

The Council secured and progressed low-carbon energy infrastructure across the school estate, including installation of solar PV on four schools via the GLA Green Schools Pilot Fund, alongside additional funding from the London Community Energy Fund to deliver solar installations at a further three sites. The Council expanded support for education-based climate action, enabling more schools to develop and implement Climate Action Plans through the Schools' Climate Action Network, targeted partnerships and structured workshops.

The Council has strengthened organisational governance through the establishment of the Corporate Climate Action Working Group, identifying 12 priority actions with clearly assigned ownership to support delivery of the Council's 2030 carbon neutrality commitment.

We have continued delivery of the Green Business Accreditation Pilot, successfully certifying 12 of 15 participating SMEs, strengthening local low-carbon economic activity and supporting business decarbonisation. We have also supported the development of circular economy initiatives at community level, including the establishment of a borough-wide Repair Café network operating monthly across four library sites and launching Enfield's first Tool Library promoting reuse, waste reduction and community resource sharing.

5. The Financial Challenge and Value for Money

The Council agreed its budget, as it does every year, in February 2026 and quarterly financial monitoring reports are submitted to the Cabinet.

Like many other boroughs, the Council faces significant financial pressures in demand-led statutory services:

- adult social care,
- children's social care - despite a decrease of 8.9% in the overall number of Looked After Children, the complexity of children's needs has resulted in higher costs for care and additional support. Market dynamics have led to a 16% rise in residential care rates and a 6% increase in agency fostering costs.
- Homelessness

In 2025/26, demand for general fund services was higher than budgeted for, especially in social care and homelessness. The provisional outturn includes £25m of gross overspends on the 2025/26 budget, mitigated by mitigating actions and underspends of £13.6m. In addition, £5.1m, of in-year savings were implemented, which replaced the planned drawdown from risk reserves to balance the budget. This means that the Council has spent £6.4m more than planned this year due to rising demand. This represents a £2.3m improvement compared to the third quarter update, with spending pressures reflecting the growing number of residents needing care and support and the wider housing crisis affecting families locally and nationally. This is below the £10m Exceptional Financial Support that the Government has provisionally agreed for the council to use in 2025/26.

In line with some other councils, Enfield sought and was granted in-principle Exceptional Financial Support to ensure financial sustainability amid extraordinary pressures on statutory services. This reflects prudent planning. The Exceptional Financial Support was financed by capital receipts from previous asset sales.

During 2025/26, the Council continued its review of Supported Accommodation. via a targeted programme of work led by the Housing Benefit service. This has significantly strengthened oversight, including reviewing and terminating inappropriate claims, improving data quality, and enhancing assurance over subsidy eligibility. This has contributed to reducing Housing Benefit subsidy loss related to Exempt Supported Accommodation by circa £6m from 2023/24 to 2025/26, representing a material financial saving and a significant strengthening of the control environment.

The Council's new external auditors, Grant Thornton, presented to the Audit Committee its Audit Findings Report for the London Borough of Enfield for the year ended 31 March 2025 in January 2026. This Audit Findings Report presented the observations arising from the audit that are significant to the responsibility of those charged with governance to oversee the financial reporting process and confirmation of auditor independence, as required by International Standard on Auditing (UK) 260. The content and findings are not repeated in this AGS as they are lengthy and the document is publicly available, but the contents have been considered as part of the review of this year's AGS.

The report noted that 2023-24 was Grant Thornton's first year as the Council's appointed auditor, and they qualified their audit opinion due to a range of issues with the financial statements, including the lack of assurance over opening balances from the previous years and a disclaimer of audit opinion had been issued by our predecessor auditor from 2019-20 to 2022-23. Their work in respect of 2024-

25 began in March 2025 with the planning procedures for both the Council and Group's financial statements. They completed initial planning and risk assessment procedures and identified the relevant audit risks, as outlined in their indicative audit plan which was presented to the Audit Committee in June 2025. The Council has made significant progress in addressing issues identified during our 2023/24 audit; however, there remained a significant amount of work to do before the overall control environment and balance sheet integrity are fully restored.

The report also noted that Grant Thornton had completed their VFM work and their detailed commentary had been reported separately by them in the Interim Auditor's Annual Report, which was presented alongside this report. They had identified a significant weakness in the Authority's arrangements and so were not satisfied that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. As a result, they issued a Statutory Recommendation, which was presented to full Council on 12 November 2025. The Statutory Recommendation, accepted by Full Council on 12 Nov 2025, and published was to:

- Agree and implement options to reduce debt and annual servicing costs, prioritising de-risking of major projects

- Progress actions to rebuild risk reserves, focusing on recurring savings to avoid reliance on exceptional support.

An action plan has been developed to respond to the recommendations and other findings in the VFM review and a 6 month review of progress made against the recommendations will be presented to the Audit Committee in September 2026.

6. Findings

Overall assessment summary

The Council's governance arrangements remain effective and provide a good basis for assurance that the Council is able to discharge its statutory responsibilities, manage risk, and support delivery of its priorities. However, the review has identified a number of significant areas where improvement is required, particularly in relation to financial resilience, implementation of external audit recommendations, risk maturity, information governance, data quality and the further strengthening of assurance arrangements. These issues are reflected in the Improvement Plan and will be monitored through the Council's established governance, audit and assurance processes.

The Local Code of Governance and the new CIPFA Addendum

In the recent Addendum to the 2016 Framework, CIPFA and Solace recommend that authorities adopt a local code of governance which sets out their governance arrangements, showing how governance principles are put into practice at their authority. The Addendum suggests that the code should:

• clearly align to the principles in Delivering Good Governance in Local Government: Framework

• take account of the best value statutory guidance or other statutory requirements of the appropriate national government

• be up-to-date and reviewed regularly to ensure it takes account of changes in the authority and its environment

• identify what arrangements the authority has put in place to achieve each principle, so it is specific to the authority

• include values and behaviours as well as processes, as these influence the authority's culture

• include how the code is reviewed and updated.

The Addendum also states that core arrangements for the local code of governance arrangements should include details of your arrangements that address areas that are core to good governance and that those are essential for a corporate culture focused on achieving objectives, managing risk and fulfilling stewardship and statutory responsibilities, including best value. It advises that a more comprehensive code will provide stronger evidence of your authority's alignment to good governance principles, and CIPFA and Solace would recommend this approach. It advised that the annual governance statement needs to provide assurance on a range of elements which are set out in the Addendum (**see Appendix 3**) to demonstrate they are operating effectively.

The review of the Local Code by the Monitoring Officer has confirmed that the requirements set out above and in the Addendum are met and revisions have been made to the Local Code to ensure the document is current and up to date and accurately reflects our governance arrangements. Any minor gaps have been identified and will be addressed in the coming months. These have been flagged in **Appendix 3** or elsewhere in this AGS.

The Opinion of our Head of Internal Audit

The Application Note: Global Internal Audit Standards in the UK Public Sector ("application note") states that a chief audit executive (which at Enfield is the Head of Internal Audit) must prepare an overall conclusion at least annually in support of wider governance reporting, mindful of any specific

sector obligations or processes. The application note also says that the overall conclusion must encompass governance, risk management and control. Additionally, the application note confirms that the Head of Internal Audit must also report annually on the results of quality assessment carried out under the Global Internal Audit Standards including progress against action plans to address instance of non-conformance.

These assurances were covered in the Internal Audit and Counter Fraud Annual Report 2024-25 which was reported to the General Purposes Committee in July 2025. The next Internal Audit and Counter Fraud Annual Report, for 2025-26, will be reported to the Audit Committee in September 2026.

From the Internal Audit and Counter Fraud Annual Report 2024-25 issued in July 2025, the General Purposes Committee agreed to an internal audit plan for 2024/25 covering 29 subject areas. The work programme was targeted at the Council's highest risk areas of operation. The Head of Internal Audit was satisfied that sufficient internal audit work had been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. It should be noted that assurance can never absolutely state that there are no major weaknesses in the system of internal control.

The opinion of the Head of Internal Audit as set out in her Annual report for 2024/25 was that the arrangements for governance, risk management and internal control provided **Reasonable assurance** that material risks, which could impact upon the achievement of the Council's services or objectives, were being identified and managed effectively. Improvements were required in the areas identified in the individual internal audit reports to enhance the adequacy and effectiveness of the framework of governance, risk management and internal control. The principal reasons for this opinion were:

- the profile of audit opinions given in individual audit reports during the year remains within parameters consistent with 2023-24
- there has been a continued focus on implementing audit actions resulting in consistently high implementation rates
- the risk management culture in the Council continues to improve

Internal Audit Charter

The Council's General Purposes Committee reviewed the Internal Audit Charter in March 2025 and although it was due for review again in March 2026, the committee meeting was cancelled in the run up to the local elections which were to take place in the May. The 2026-27 Internal Audit Charter will therefore be reported to the (now) Audit Committee in June 2026.

Internal Audits

In March 2025, the General Purposes Committee agreed the 2025-26 Internal Audit Plan for Q1 and Q2 and the Q3 and Q4 was subsequently approved by the Audit Committee in October 2025. The 2025-26 Internal Audit Plan Q1 and Q2 will be presented to Audit Committee in June 2026.

During 2025-26 a good level of engagement between Internal Audit and senior management continued. This enabled the Internal Audit team to focus on key areas of risk as well as work closely with management to formulate actions to address areas where improvement was required.

19 internal audits were completed during 2025-26. Of these, 14 were issued with audit opinions and

the others were either management letters or grant certifications:

Opinion	Number
Substantial	1
Reasonable	9
Limited	4
No	-
Total	**14**

The internal audit which received Substantial assurance was an audit that was designed to confirm that Council housing rents are set in accordance with the Government's policy on Rent for Social Housing Act 2019.

Although some areas of good practice were identified during the audits completed in 2025-26, some areas of improvement identified included:

- *Procurement and Contract Monitoring*

  Improvements in compliance with the Council's Contract Procedure Rules (CPRs) and Contract Management Framework were identified; however, weaknesses remain, particularly in below-threshold procurement activity where Procurement Service oversight is more limited. In several instances, contractual arrangements with suppliers were not sufficiently robust, with contracts either incomplete or unsigned. In addition, in some cases key performance indicators (KPIs) were not consistently defined or monitored, limiting the Council's ability to effectively oversee supplier performance and ensure value for money.

- *Performance monitoring*

  Several audits identified opportunities to strengthen operational performance monitoring using relevant metrics and trend analysis and clearer reporting to appropriate management levels.

- *Policies, procedures and documentation*

  A number of audits identified:

  - key processes not being formally documented;
  - procedures lacking version control, ownership, and review cycles;
  - operational practices differing from documented guidance; and
  - critical controls relying on informal or individual knowledge rather than standardised processes.

  The absence of robust, up-to-date and consistently applied procedures exposes the Council to several key risks:

  - inconsistent control applications
  - increased risk of error, fraud and financial loss
  - weakened accountability and governance
  - inability to evidence compliance

- *Record Keeping and Authorisation Controls*

Across a number of audits, opportunities were identified to strengthen record keeping and the maintenance of audit trails. In some instances, supporting documentation was not consistently retained or easily accessible, which can make it more difficult to evidence key decisions, transactions and control activities. Strengthening these arrangements would support greater transparency and help ensure that the Council is well placed to demonstrate compliance with its procedures and regulatory expectations, as well as to identify and address any issues promptly. These areas were also linked to opportunities to enhance approval and authorisation arrangements. While processes are in place, there were examples where approvals were not consistently documented or evidenced in line with expected standards. Ensuring that approvals are clearly recorded and applied in a timely manner would further strengthen assurance over the integrity of financial and operational activities, support effective oversight, and reinforce the overall control environment.

The Internal Audit reports and recommended actions are tracked by the Assurance Board and are not repeated here.

An internal Audit Plan has been developed for 2026/27 and the Q1 and Q2 plans will be approved by the Audit Committee.

Assurance Board

The Assurance Board forms part of the Council's Assurance Framework. The main objective of the Board is to have oversight of the Council's governance arrangements and to ensure that the Council has in place the right systems, processes and policies to ensure that the Council's intended objectives are achieved and that decisions are made and implemented in a way which is open, transparent, accountable, lawful and sustainable with legal and financial risks managed and mitigated appropriately. The board is chaired by the Chief Executive and is made up of other senior officers, including the DCS, the Monitoring Officer and the Chief Finance Officer, and the Head of Internal Audit. The terms of reference for the board were reviewed in May 2025 by the Monitoring Officer and some minor changes made to ensure they were up to date. The board met 6 times during 2025/25 and considered a wide range of governance related issues, including data protection, emergency planning, date and information governance, internal audit, fraud, safeguarding serious case reviews, health & safety and cyber security, to name but a few. The board continues to make an important contribution to the Council's overall governance and assurance arrangements.

What did we learn from other External Inspections, Reviews and Assessments?

CIPFA External Assurance Review

CIPFA conducted an 'external assurance review' of Enfield based on the 2025/26 financial year, commissioned by MHCLG for all local authorities in receipt of External Financial Support during the year. The review assessed the Council's financial management, financial sustainability and risk, service delivery and transformation opportunities, and the effectiveness of governance, leadership and organisational culture. The report has been provided directly to Ministers, who are likely to publish it in the coming months.

External Assessment of our Internal Audit Function and Fraud preparedness

The Chartered Institute of Internal Auditors (Chartered IIA) undertook an external quality assessment

(EQA) review of the internal audit function at the Council in February 2025. An external review must be carried out at least every five years and another EQA will not be scheduled until 2030.

The assessor noted that the Internal Audit function is headed up by an experienced Head of Internal Audit who is ICAS qualified and responsible for a function consisting of a Senior Principal Auditor (currently vacant), two Senior Internal Auditors (one post currently vacant), two Internal Auditors (one post currently vacant) and an Internal Audit Trainee. She noted that the Head of Internal Audit is also responsible for the Counter Fraud and Insurance functions at the Council and that we outsourced some internal audit engagements to PwC for areas outside of the function's expertise.

Their overall opinion was the internal audit services provided by the internal audit function partially conform to the PSIAS. It conformed with several key areas of the PSIAS relating to the purpose and integrity of the function as well as the performance and delivery of engagements. However, key areas for improvement include enhancing governance arrangements, providing stakeholders with a more comprehensive view of risk coverage and audit rationale, and advancing efforts to strengthen reliance and coordination with other assurance providers. While stakeholder feedback from the EQA was positive regarding the function's output, there is a clear appetite and expectation from stakeholders for internal audit to take a more proactive approach in covering significant risk areas.

The actions in this report relating to both PSIAS and GIAS have been reported by the Internal Audit Function to senior management and the General Purposes/Audit Committee. The actions have been included in our Quality Assurance and Improvement Programme, better known as 'QAIP'. We report progress against the actions in the QAIP to the Audit Committee.

In late 2025, Grant Thornton carried out a review of the Council's readiness to align with failure to prevent fraud reasonable procedure guidance in accordance with the Economic Crime and Corporate Transparency Act (ECCTA) 2023. In summary, Grant Thornton found that the Council was prepared for the implementation of ECCTA, has a proactive Counter Fraud team, and benefits from an embedded reporting structure for anti-fraud matters.

Housing

The Regulator of Social Housing inspected Council Housing Services in April 2025 and published their report in June 2025. The inspection over three days assessed the service against the consumer standards for safety and quality of homes, transparency and accountability, neighbourhood and community, and the tenancy standard. The inspectors attended met with officers, partners and residents along with attending a range of meetings. In June we were awarded the highest compliance rating of C1, at that time only the fourth local authority in the country to have received the top score. Since then we have continued to develop, engage, and involve tenants to deliver service improvements.

Children

During 2025/26, the Council continued to strengthen its support for care leavers aged 18 to 21, as evidenced by the positive findings from Ofsted's focused visit in January 2026. The inspection noted that the Council leadership team continued to prioritise improvements to the local offer to care leavers, and a major restructure of the care leavers' service in summer 2025 increased capacity, maintained manageable caseloads, and established clear career progression routes. This has supported staff retention and enabled the delivery of a relationship-based practice model.

A robust quality assurance framework is now embedded, providing leaders and managers with accurate oversight of service quality and impact. Regular audits, moderation panels, and supervision ensure accountability and inform ongoing staff development. Multi-agency collaboration has been strengthened through topic-specific panels and strong partnerships with housing providers, government departments, and charitable organisations, ensuring that care leavers' needs are met holistically and that partner agencies are held to account for their contributions.

The Care Leavers' Hub offers practical support, independent living skills, and a welcoming environment for young people to express their views and influence service development. Personal advisers and social workers provide tailored support, maintain regular contact, and empower care leavers to make informed decisions. The service is responsive to complex needs, including those of young asylum seekers, with dedicated roles and specialist training in place. Pathway plans are developed collaboratively and updated to reflect changing needs, acknowledging when young people are not ready to engage and encouraging future reconsideration. Young people live in suitable accommodation, with strong links to housing providers ensuring safety and swift action when issues arise. The experienced and stable leadership team is outward-facing, engaging with a wide range of partners to continuously develop the service.

Care leavers report high satisfaction with the service, describing it as '5-star' and commending the commitment and support of staff. These improvements reflect the Council's commitment to effective governance, continuous improvement, and positive outcomes for care leavers, and the findings from Ofsted's visit will inform future service planning and governance oversight.

Adults

Adult Social Care achieved a 'Good' rating by the Care Quality Commission (CQC) under its new inspection framework during the last review period. This outcome was a testament to the hard work, dedication and commitment shown by the team in delivering high-quality, person centred care for adults in our community. The assessment highlighted the effective partnership working with health and community organisations and there was also high praise for staff and their strong sense of loyalty to Enfield. The CQC praised the Council's efforts to keep people living independently for longer, its joined-up approach to hospital discharge and reablement services, and the borough's preventative work to support vulnerable residents and reduce the need for formal care. There has been no inspection activity for adults during the period of this review.

CIPFA Guidance

The CIPFA 2016 Guidance summarised the key elements of the structures and processes that comprise an authority's governance arrangements. The Guidance explained that these elements do not need to be described in detail in the Annual Governance Statement if they are already easily accessible by the public, for example through the authority's code of governance. Accordingly, we have only commented on these elements in so far as there has been some activity or update during the period of this review. **Appendix 3** also provides commentary on whether the requirements of the new CIPFA/Solace Addendum specifically are met.

Developing codes of conduct which define standards of behavior for members and staff, and policies dealing with whistleblowing and conflicts of interest and that these codes and policies are communicated effectively.

A Member Code of Conduct has been adopted by the Council and is included in the Constitution. There has been no change to this Code for some years. There has been a further recent consultation

on possible changes to the model standard Code for members and so this will be kept under review.

Guidance on the Code of Conduct and, in particular, on declarations of interest is provided by the Monitoring Officer to members on a regular basis, at Council meetings and in writing in the form of Monitoring Officer Advice Notes. During the period of the review some 8 advice notes were either issued or reissued covering subjects ranging from investments in Israel to How to Raise a Point of Order.

Declarations by elected members of personal or prejudicial interest and declarations of gifts and hospitality are available on the Council's website and are kept under review by the Monitoring Officer. Any complaints or allegations are investigated by the Monitoring Officer. During the period of the review the Monitoring Officer received 8 complaints against members (10 last year). Only one of these was found to have amounted to a breach of the Member Code and an apology was given and training and guidance provided. This demonstrates that the public are aware of how to make complaints about their elected members, that allegations are taken seriously and fully investigated, that the members understand their duties and obligations and that, generally, they comply with their obligations. An audit of gifts and hospitality and the register of interests is scheduled for the coming year.

The Code of Conduct Committee and the Monitoring Officer are supported by two Independent Persons who are consulted as and when appropriate and their views taken into account.

The Council's Values and Behaviours for staff are published on the Councils intranet site and assessed at Performance Development Review ("PDR") meetings twice a year. Out monitoring of this shows that compliance is good but could improve in some areas. The PDR process is an important mechanism for embedding the Council's values and behaviours, clarifying expectations, and supporting a culture of accountability and development. Where compliance is lower or inconsistent, this provides a clear area for continued management focus, both to strengthen performance management practice and to ensure that organisational values are translated into day-to-day behaviours across services.

Responsibility for maintaining the officer register of gifts and hospitality transferred to the Director of Law & Governance during the year. A new on-line form has been developed, and gifts and hospitality are now submitted and approved on-line. A review of the process is currently underway, and it is likely there will be recommendations made around compliance with the policy.

The Council's Whistleblowing Policy was agreed by the General Purposes Committee on 19 January 2023. It will be reviewed again in June 2026, along with the Anti-Money Laundering Policy, and the Counter Fraud Sanction & Prosecution Policy which were also approved around that time. Additionally, the Anti Bribery and Corruption Policy, which was issued to staff in October 2025, will be considered by the Audit Committee in June 2026.

During the period of the review, 10 whistleblowing allegations were made (2024-25:2). Investigations into 3 of the allegations were still in progress at the date of this report. Of the remaining 7 allegations, 1 allegation was substantiated; 1 was partially substantiated; 2 were not substantiated and in 3 cases insufficient information was provided to enable an investigation to proceed or no investigation was considered necessary.

Senior officers and members are required to declare any Related Party Transactions and this information is gathered by the Director of Finance. The Chief Finance Officer has advised that there have been no issues arising from this.

Ensuring compliance with relevant laws and regulations, internal policies and procedures, and that expenditure is lawful.

All committee, Council and Cabinet reports are referred to the in-house Legal Team for

consideration, and all include legal implications where there are any. The reports also explain what Council policies and strategies are relevant to the decision and, where relevant, an Equality Impact Assessment is undertaken and addressed in the report. The reports are published on our website. The Director of Law and Governance is also a member of the Executive Management Team ("EMT") and advises on relevant laws and regulations at the meetings. The Council's Chief Finance Officer is also consulted on all reports and is present at EMT meetings to advise on and ensure that all expenditure is lawful.

The Council has a strong in-house legal team which is supported by counsel and external lawyers when necessary. The Director of Law and Governance, who is also the Monitoring Officer, is a qualified lawyer with some 30 years experience. The team keeps abreast of changes in the law, both statute and case law, and works closely to ensure relevant legislation and case law is implemented where relevant.

The Monitoring Officer is required to report under section 5 of the LGHA 1989 if at any time it appears to her that any proposal, decision or omission by the Council constitutes or is likely to give rise to a contravention of any law, or to maladministration of injustice. No such reports have been issued during the review period.

The Council's procurement and contract management arrangements continue to form a key part of the overall governance framework, supporting the delivery of value for money, compliance with statutory requirements, and effective risk management. The Head of Procurement has confirmed that overall compliance with the Council's Contract Procedure Rules (CPRs) has continued to be maintained and strengthened. Governance and oversight are provided through the Procurement Assurance Group (PAG), which brings together procurement, finance and legal disciplines to ensure robust challenge and alignment across all significant procurement activity. PAG continues to play a central role in endorsing procurement strategies, contract awards, extensions and variations, and in monitoring compliance with governance requirements.

During the year, further steps have been taken to strengthen the consistency and effectiveness of procurement governance, including clearer escalation routes, improved visibility of procurement activity, and enhanced assurance over decision-making. Building on findings from Internal Audit in previous years, the Council has taken targeted action to improve compliance with CPRs and strengthen control over procurement activity across all departments. Particular focus has been placed on:

- improving oversight of below-threshold procurement activity
- reinforcing the application of contract management policies in practice
- providing clearer guidance and support to services undertaking lower-value procurements

This has resulted in improved consistency of approach and greater assurance over procurement activity undertaken outside centrally managed processes.

A key development during the year has been the continued implementation of an integrated procurement and contract management system, providing enhanced visibility of procurement pipelines, contracts, and supplier activity. This system is being embedded as the Council's central 'front door' to procurement and as the system of record for governance and assurance. These improvements are strengthening the Council's ability to monitor compliance, manage risk, and ensure consistency across the organisation.

The Council has continued to respond to changes in procurement legislation, including the implementation of the Procurement Act 2023. Updates to the Contract Procedure Rules and

Constitution have been progressed to ensure alignment with the new legislative framework. During the year, work has focused on:

- embedding changes within governance processes
- supporting officers through updated guidance and training
- ensuring procurement practices reflect the principles of transparency, fairness, and value for money set out in the new regime

The Equality and Human Rights Commission ("EHRC") has now published its updated Statutory Code of Practice on Services, Public Functions and Associations following the Supreme Court's decision in *For Women Scotland v Scottish Ministers*. The Code is already reshaping how organisations think about toilets, changing rooms, refuges, healthcare settings, sports facilities, associations and other sex-segregated services. The main questions are not ideological but operational and these will need to be considered by the authority in the coming months:

- When can a service lawfully be separate-sex?
- When is a mixed-sex model legally preferable?
- What does proportionality actually require?
- And how should providers balance dignity, privacy, inclusion, safeguarding and practicality in real-world settings?

The Renters' Rights Act ends section 21 ('no-fault') evictions, replaces fixed-term contracts with rolling agreements and introduces rules against discrimination and unfair rent hikes.

Officers across the Council will work together to ensure the effective implementation of this new legislation.

Documenting a commitment to openness and acting in the public interest.

Access to Information

The Council's commitment to openness and transparency is reflected in its Constitution – in the Access to Information Rules and elsewhere. A Forward Plan of the most significant executive decisions (known as "Key Decisions") is published at least 28 days before decisions are made. There were some 181 listed during the period of the review. Council, Cabinet and committee meetings are held in public and the agendas and reports for meetings are published in advance of the meeting with minutes and records of decisions published after decisions are made. Where such reports or parts of such meetings are not open to the public, the exceptions allowed or required under the Council's Constitution and the statutory access to information regime under the Local Government Act 1972 are identified in the report and the minutes.

Consultation and engagement with residents, stakeholders and the wider community is part of the Council's decision-making process, via a wide range of methods such as the Council's Consultation portal, direct communications with residents by letters, the use of social media and public fora and the 'Have your say' section on the Council's website.

Petitions

The Constitution incorporates the Council's Petition Scheme, which sets out how residents can raise matters of concern affecting groups within the community. During the year under review, a total of 20 petitions were received. The majority attracted relatively low numbers of signatures and were therefore referred to the relevant service area or decision-maker for consideration and response. No petitions met the required threshold for consideration by Overview & Scrutiny Committee or Full

Council during this period, with issues largely addressed at a service level.'

Freedom of Information

In 2025/26, there were significant challenges within the Complaints and Information Team following a restructure during 2024/25. This impacted on the level of compliance with the statutory response times to Freedom of Information (FOI) requests, which resulted in the regulator, the Information Commissioners Office (ICO), issuing an Enforcement Notice on 7 October 2025.

An action plan to address the issues was put in place, and a further restructure splitting the functions of complaints and access to information requests was implemented. The access to information team moved directorates to the Director of Law and Governance. With a renewed focus from the EMT and a temporary increase in resources in the Access to Information Team (AIT), the backlog was recovered and on 24 March 2026 the ICO confirmed that organisation was released from the EN as fully compliant.

The number of FOIs is now steady at approximately 180 per month and the AIT introduced a new case management system in April 2026. This supports allocation, tracking, follow up and reporting of requests and appeals. The same CMS has a SAR module, which was also implemented in April 2026. SAR volumes are approximately 35 per month. The current open volume is 133 cases with 50% overdue but an action plan is in place to address this SAR backlog. A further full review of the AIT structure and long-term operational arrangements, including technology to support SAR completion, is underway and due to be concluded by the end of June 2026.

Data Protection

In addition to its commitment to openness, the Council is also required to protect its data and that of other people under the Data Protection Act. The data protection team reports to the Head of Legal Practice and Compliance and consists of a Data Protection Officer and a Data Protection Paralegal. Key points of note in 2025/26 were:

- There were 138 LBE reported data breaches, of which 8 were deemed to meet the reporting threshold to the ICO as well as 32 schools reported breaches, none were deemed to meet the threshold to report to the ICO
- Managers data breach training was piloted in May 2025, following which this was revised and is now being rolled out by directorate
- For schools all polices have been reviewed and the DP team are making use of the schools portal to share polices, standard templates, recordings of training sessions.
- The Data Compliance Strategy Board (DCSB) was set up in April 2025 with terms of reference agreed in July 2025. By March 2026, in line with its terms of reference, the DSCB had completed the baseline ICO self-assessment checklist, which provides a starting point for strategic action plans by the key stakeholders of DPO, Information Governance Manager, Access to Information Manager, CTO to ensure full compliance. Progress of actions will be monitored via bi-monthly meetings.

Pay Policy

The Localism Act 2011 requires all Councils to review and adopt a Pay Policy Statement each financial year to provide transparency with regard to the Council's approach to settling the pay of its employees (excluding those working in local authority schools). The report to Council in February 2026 noted that there were no significant issues identified during the review but there were some

proposed amendments to the Policy previously agreed in 2025 for adoption in the financial year 2026/27.

Complaints

The Council has a two-stage 'corporate' complaints handling and monitoring procedure, which is reported to the Executive Management Team for oversight and to ensure improvement of services. During 2025/26 we received 2,330 complaints with 524 upheld, 326 partially upheld and 564 not upheld. We do not have the outcome on the remainder. Some went on to the review stage where around 20% were upheld.

Between 1 April 2025 to 31 March 2026, the Local Government and Social Care Ombudsman dealt with 235 complaints about Enfield Council. However, of these, 119 were outside of the Ombudman's jurisdiction or were not ready for them to investigate. They assessed and closed 69 complaints and investigated 47 complaints. 87% of complaints investigated were upheld and this is comparable with the national average of 88%. Enfield performed well in terms of resolving complaints before reaching the Ombudsman. The LGSCO found that we successfully provided remedies to these complaints in 17% of cases compared to an average of 14% in similar authorities.

The performance data for Housing complaints in 2025/6, as reported to the Regulator of Social Housing, was 73.71% for First Stage complaints and 69.1% for Second Stage, compared with the previous year of 92.75% and 88%. These figures are combined for both acknowledging and responding to complaints, but for housing services the acknowledgements have been a point of failure with performance at 78.58% for First Stage and 74.66% at Second Stage. A recovery and improvement plan has been put in place, overseen by a Task and Finish Board. The plan has multiple actions, but the focus is on an analysis of Housing Ombudsman decisions over the last two years and the Stage 2 decisions over the last year to establish root causes and repeat failures and put in place an action plan to deliver improved outcomes from the learning. Evidence of service or process improvements will be reported to directors via the Board, recording what has changed as a result and identifying how improvements have been embedded. The complaints and Ombudsman tracker will be developed to ensure full visibility of complaints performance, accountability, and quality assurance. Resident oversight will be delivered through the Tenant Scrutiny Panel to support improvements and service redesign.

Establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation.

Like most councils, we have moved away from corporate consultation policies and frameworks but we still adhere to good practice in consultation exercises. These practices might include:

- Consultation approaches are informed by Equalities Impact Assessments
- We provide easy read questionnaires in our consultations, thus enabling many of those with learning disabilities to participate

- For online consultation, we normally offer assistance with participation (with contact email address provided on the relevant consultation webpages)
- Due to the software we use, online questionnaires can be translated and used with reading software
- In our consultations, we ask equalities monitoring questions where relevant and proportionate. This enables us to monitor participation from different communities and, if necessary, take action to improve involvement among specific groups of people
- Details of consultations are sent to c800 consultations via the VCS e-newsletter
- Where relevant, we send emails directly to specific VCS groups asking them to participate
- Where relevant, details of consultations will be sent to all members of the Faith Forum
- Depending on the issue, VCS (Voluntary and Community Sector) organisations may be included in developing the proposals and contributing to the development of consultation materials
- Depending on the topic, proposals will be presented to the social care partnership boards (for example, Learning Disability Partnership and Mental Health Partnership Board) and participants asked for feedback. These partnership boards include service users and representatives from the VCS
- Depending on the topic, proposals will be presented to the Voluntary Sector Strategic Group (membership includes lead representatives from key strategic partners) and participants asked for feedback

A recent consultation exercise related to our Selective Licensing Scheme. As part of the process of introducing a licensing scheme, a comprehensive and robust consultation has to be carried out as part of the statutory process. This was done using a broad variety of channels including social media, digital newsletters, printed newspaper ads, posters around the borough, webinars and sessions in libraries. We also ensured that we reached out outside of the borough as we know that not all landlords live in Enfield.

We also recognise how important it is to communicate and engage with our staff, who are one of the Council's most important assets. Following last year's review of staff networks, a new umbrella structure has been established through The Network. This brings the staff networks together within a more joined-up framework while still retaining the distinct identities, voices and priorities of each individual strand. This approach brings a number of strategic benefits to the Council. It creates a clearer and more coordinated route for staff voice, strengthens collaboration across networks, and supports a more consistent approach to inclusion, belonging and employee engagement. It also helps reduce duplication, makes it easier to communicate opportunities and activities, and provides stronger insight into the issues affecting staff experience across the organisation. By combining collective influence with the continued visibility of individual strands, The Network places the Council in a stronger position to listen to staff, respond to emerging themes and align staff network activity more closely with wider organisational development, equality and workforce priorities.

The Council has in place a system for managing MEQs (member enquiries) and those from our MPs so that members and MPs can raise issues in a consistent and accessible way on behalf of their residents. During 2024/25 there were some 5,702 enquiries logged through the Verint system. A review of how these are dealt with will commence in 2025.

Developing and communicating a vision which specifies intended outcomes for citizens and service users and is used as a basis for planning.

The Council is keen to ensure that the views of its residents and other stakeholders are taken into account when planning services and considering policy.

The Council is committed to developing and communicating a clear vision for the borough, setting out the intended outcomes for residents and service users and using this as the foundation for planning services and shaping policy. This ensures that priorities are focused on delivering meaningful improvements and that all activity is aligned to agreed outcomes.

This vision is supported by clear, consistent communications that keep residents, staff and partners informed about priorities, services and key initiatives. The Council works to protect and strengthen its reputation while actively promoting services, achievements and opportunities, and positioning Enfield as a place to live, work and invest.

The Council is also committed to openness and democratic engagement. It explains its decisions clearly and seeks to encourage awareness, participation and involvement in local democracy. Central to this is a strong emphasis on listening: the Council is keen to ensure that the views of residents and stakeholders are taken into account when planning services and considering policy.

All communications are delivered in line with the Publicity Code and legal requirements, ensuring information is accurate, transparent and maintains public trust.

Translating the vision into courses of action for the authority, its partnerships and collaborations.

The Council's vision and priorities are set out in the Council Plan. The Forward Plan of Key Decisions which are going to be taken by the Council to implement its plans, policies and strategies is published on the Councils website for all to see. All Key Decisions are made having regard to the priorities in the Council Plan and all other relevant strategies and policies and those are addressed in our decision-making reports on Key Decisions which are also published on our website. This ensures there is a 'golden thread' running through from our Council plan, through to our supporting policies and strategies through to our decision reports. The Council has adopted various action plans and operating plans that help ensure the Council's overall plans and priorities are delivered. For example, over the course of the year we have reviewed or adopted:

- Risk Management Strategy
- Digital Data and Artificial Intelligence Strategy
- Enfield Council Housing Resident Engagement Strategy
- Enfield Council Housing Damp and Mould Policy
- Updated Corporate Complaints Policy
- Updated Schools Capital Programme Strategic Delivery Plan 2025/26 to 2027/28 (Cabinet - December 2025)
- Treasury Management Strategy (Council – February 2026)
- HRA Budget & Rent Setting Report and Business Plan Update 2026/27 (Council – February 2026)
- Ten-Year Capital Programme 2026/27 to 2035/36 (Council – February 2026)

Reviewing the effectiveness of the decision-making framework, including delegation arrangements, decision-making in partnerships, information provided to decision makers and robustness of data quality.

The Constitution contains the terms of reference for committees and Cabinet Members. The Officer Scheme of delegation is approved annually and was approved at the Annual Meeting in May 2025. All Cabinet and committee reports are published in accordance with the Access to Information Rules. All decision are supported by a fully reasoned, written report which contain the legal, financial and equality implications of the proposal and which provide options and reasons for the recommendation. We receive no or very few judicial reviews which is testament to the robustness of our decision-making processes.

The Council's Health and Wellbeing Board continues to play a key role in overseeing the Joint Strategic Needs Assessment and in strengthening integration and partnership working between the NHS and the Council, with the aim of improving local health outcomes and reducing inequalities. Over the past year, the Board has built on this work by driving forward key priorities and delivering tangible progress against local health objectives, further developing and embedding the Joint Local Health and Wellbeing Strategy, which sets out a clear and shared vision for a healthier Enfield alongside a range of ambitious objectives. The strategy remains centred on the themes of "Start Well," "Live Well," and "Age Well," with particular emphasis on supporting the mental health of children and young people, improving outcomes in major health conditions, and promoting prevention to support healthier ageing. During the year, the Board has played an important role in overseeing delivery against these priorities, including strengthening partnership approaches to children and young people's mental health and wellbeing, progressing work on prevention and early intervention, and supporting system-wide action to reduce health inequalities. The Board has also made a key contribution to the North Central London (NCL) Delivery Plan, helping to shape and monitor local implementation of the NCL Population Health and Integrated Care Strategy, while continuing to oversee the collection and analysis of data relating to local health needs, including pharmaceutical services and other key areas, using this intelligence to inform commissioning decisions, identify gaps in provision, and support more targeted and effective service delivery.

Robustness of data quality has not been considered recently and will be a topic for consideration throughout the coming year.

Measuring the performance of services and related projects and ensuring that they are delivered in accordance with defined outcomes and that they represent the best use of resources and value for money.

To track our progress and performance in delivering the five priorities, we have corporate performance scorecards. These are reported quarterly to Directorate Management Teams, Executive Management Teams and Cabinet quarterly. This performance management framework enables senior leadership and Cabinet to monitor progress being made towards delivering the Plan; consider the current and future strategic risks associated with the information provided and use this to inform decision-making; and challenge progress with responsible officers, as necessary.

The Corporate Scorecard is reviewed annually with departments and EMT to identify the key performance indicators (KPIs) that should feature in the scorecard for the coming year. Targets are set based on the previous 3 years' performance, direction of travel, local demand, performance at a regional and national level, and by considering available resources to deliver services. The Q3 report was presented to Cabinet in April 2026, the report can be viewed here.

The Q4 report for 2025/26 will be presented to Cabinet in September 2026 but it is likely that the targets will change before then following a change in the Administration following the local elections.

Defining and documenting the roles and responsibilities of members and management, with clear protocols for effective communication in respect of the authority and partnership arrangements.

The Constitution describes the roles of members and officers in detail and contains a protocol for effective working relationships between members and officers. The Constitution did contain a suite of Partnership Rules but these were removed by Council decision in July 2025. The report to Council stated: *The purpose and benefit of the current Partnership Procedure Rules was also reviewed. The project group agreed that since there has been no evidence of the need to utilise them it would be more beneficial and practical to remove these from the Council's Constitution and incorporate relevant elements into the new CPRs".*

Ensuring that financial management arrangements conform with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2015) and, where they do not, explain why and how they deliver the same impact.

The Chief Finance Officer has confirmed that Enfield Council's arrangements are in compliance with CIPFA's Statement on the role of the Chief Finance Officer in public service organisations. In particular, the Chief Finance Officer (the S151 Officer) is a key member of the leadership team, actively involved in all material business decisions, leads the delivery by the whole organization of good financial management, leads a finance function that is adequately resourced and is professionally qualified and suitably experienced.

Ensuring effective arrangements are in place for the discharge of the Monitoring Officer function

The Council's Director of Law and Governance is also the Monitoring Officer and has two Deputy Monitoring officers. The Monitoring Officer is part of the Executive Management Team and is supported by a team of lawyers and others, including the Head of Governance, Scrutiny & Registration, The Head of Internal Audit, the Legal Practice and Compliance Manager, the Data Protection Officer and the Emergency Planning Manager.

Ensuring effective arrangements are in place for the discharge of the Head of Paid Service function.

The Chief Executive fulfills the Head of Paid Service function at Enfield. A new Chief Executive, Perry Scott, was appointed in May 2025 and was confirmed shortly after at a Council meeting

Providing induction and identifying the development needs of members and senior officers in relation to their strategic roles, supported by appropriate training.

An induction and training and development programme for members was adopted in May 2022 for the period May 2022 to 2026. The Member T&D Programme is kept under review to ensure its current, and flexibility is managed within the programme so that new sessions can be added if required. Over the period of the review, some 29 T&D sessions have been offered and attended plus a further 6 external courses arranged for specific skills, including:

- Leadership Essentials – Effective Scrutiny (LGA) – Chair OSC – 14th Jan 2025
- Grant Thornton Audit Committee 2025 Training – 14 Jan 2025

- LGA - Leadership Essentials - Audit Committees Chairs - 18th January 2025
- LGA - Leadership Essentials Programme - Financial Governance 6 (LGA) - 23rd and 30th January 2025.
- LGA – Leadership Essentials – Audit Committee Chairs – 17th January 2026 (new chair)
- Grant Thornton After the Backstop – Audit Committee members – 25th February 2026

Training is sent to members on a regular basis. If there are changes to committees where training is mandatory, then that training is provided prior to the councillor sitting on the committee. Training was also provided to the Mayor through the London Mayors Association regarding protocols and Chairing Council. Advice is also given to members on a regular basis by the Monitoring Officer. For example, some 8 Monitoring Officer Advice Notes were issued during the period of this review.

A full induction and training and development programme for members has been prepared again ahead of the 2026 local elections and will be rolled out thereafter and during the following year for new and returning members.

In relation to officers, our Workforce Strategy 2023-28 outlines how we will equip our workforce so we meet the needs of our communities, now and in the future, so as the Council and our services evolve, we will have the right people, with the right skills, connected to our communities and working together for Enfield. The Workforce Strategy provides the framework for strengthening organisational capacity, leadership capability and workforce resilience across the Council. During the year, learning and organisational development activity has continued to support the delivery of corporate priorities by building management and leadership capability, embedding organisational values and behaviours, and developing the skills needed to respond to service demand, change and financial challenge. This helps ensure workforce development is aligned to the Council's strategic objectives and leadership capacity is being developed in a planned and sustainable way.

The Council is committed to equipping senior officers with the tools and knowledge they need to excel in their strategic roles. Through a newly designed induction programme introduced in 2024, we ensure senior officers are introduced to our organisational values, policies, and strategic objectives in a way that is both comprehensive and highly relevant to their responsibilities. This process is strategically aligned with our vision, embedding key corporate behaviours and competencies that are essential for effective leadership and decision-making. The induction for senior officers also supports good governance by ensuring new leaders are introduced early to key corporate requirements, including decision-making, accountability, organisational values, and the policies and procedures that underpin sound management practice. This helps promote consistency of leadership, supports effective onboarding into strategic roles, and reduces the risk of gaps in knowledge in areas that are critical to governance and organisational effectiveness.

To further address development needs, we offer a suite of tailored training opportunities, including bespoke workshops, cross Council mentoring schemes, and specialised resources. These programmes are designed to strengthen leadership capabilities, adapt to the dynamic challenges of their roles, and drive organisational success. By fostering a culture of continuous learning and professional growth, we empower senior officers to approach their responsibilities with confidence, ensuring their contributions align with the sustained growth and resilience of the organisation.

We continue to deliver a series of leadership development programmes aimed at equipping our current and future leaders with the necessary skills to navigate the complexities of the modern workplace. Our leadership development activity is an important part of the Council's organisational development approach. It supports managers to lead teams effectively, manage performance, navigate change, and contribute to a culture of accountability and continuous improvement. It also

strengthens the Council's wider leadership pipeline by investing in current and future leaders at a time when strong internal capability and workforce stability remain particularly important.

Reviewing the effectiveness of the framework for identifying and managing risks and for performance and demonstrating clear accountability.

The Council has a responsibility to manage risk and deliver cost-efficient services. The Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. In discharging this responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs and facilitating effective delivery of its functions, which include arrangements for the management of risk.

In 2025/26 the Council adopted a new overarching Risk Management Framework, which included a revised risk strategy and a risk manual for practitioners both launched in April 2025. The strategy introduced a new suite of risk registers and risk owners, with updated review timescales and oversight arrangements. Notably for 2025/26, the Corporate Risk Register (CRR) review moved from Assurance Board to the Executive Management Team (EMT) and Informal Cabinet twice per year in January and July, with further review by the Audit Committee once per annum. However, in September 2025 the strategy was further updated so that EMT and Informal Cabinet review increased from sixth monthly intervals to quarterly intervals, these being in January, April, July, and October each year. There was also revision to the review frequency of the CRR by the Audit Committee, which increased from once per annum to twice per annum following the review by EMT and Informal Cabinet in January and July each year. In addition, the roles and membership of the Risk Management Group were reviewed to increase the level of senior membership and now membership extends to specialist areas/roles such as Corporate Health and Safety Manager, Head of Internal Audit, Counter Fraud Manager and Insurance Manager who benefit from the holistic view of risks across the organisation.

These actions have been supporting the increase of the oganisation's risk maturity level, albeit that we still assess this as developing. Further work in 2026/27 will seek to understand the Council's risk appetite, risk tolerance levels and consider introduction of risk targets. We have introduced technology to support risk management and have acquired a risk management system, JCAD Core, to digitally document our risks. Holding these in a central location supports in increasing transparency of risk, for example the Head of Audit can dynamically see all risks which can support to identify themes and trends of risk that may inform the audit plan. The JCAD system will be fully implemented in 2026/27.

Emergency Planning and Business Continuity

A key area of focus has been the delivery of a structured emergency planning exercise programme to reinforce roles and responsibilities during emergencies. A Corporate Exercise took place on 4 November 2025, centred on the decant of a high-rise residential building. The exercise brought together Council Gold and Silver officers, the Emergency Planning Team, Housing Services, Communications, and the Humanitarian Assistance Team. This provided an opportunity to test decision-making, coordination, and communication across critical services within a realistic scenario.

Building on this, a further corporate exercise is currently being developed for later this year, focusing on a cyber incident. This will support the Council in strengthening its preparedness for emerging risks, particularly those relating to digital disruption, and will further embed joint working across services and with key stakeholders.

The Council also continues to promote community resilience and engagement. A Community Resilience Awareness Day was held on 18 March 2026 to support the launch of the London Community Resilience Toolkit. The event was well attended and provided an opportunity to raise awareness, strengthen partnerships, and encourage greater community preparedness in responding to local incidents and emergencies.

The Council is currently in the process of completing its self-assessment against the *Resilience Standards for London* for 2026/27. This work supports continuous improvement and ensures that the Council maintains and develops its organisational resilience in line with London-wide expectations and good practice.

A new approach to Business Continuity Management (BCM) planning and Business Impact Analysis (BIA) has been adopted and is being implemented across the organisation. This approach aims to strengthen consistency, improve the quality of plans, and ensure that services clearly identify how they will maintain critical functions during disruption. A majority of critical services have now completed the revised BCM templates. This has provided the Emergency Planning Team with a clearer and more consistent understanding of how services will continue to deliver their statutory and priority functions in the event of an incident.

The corporate priority list has now been agreed and signed off by the Emergency Management Team (EMT). This will provide a clear framework for prioritisation during disruption.

Digital Services are currently in the process of developing an IT Disaster Recovery Plan, which will be aligned to the agreed priority services. This will ensure that critical systems are appropriately protected and can be restored effectively in the event of an IT outage.

Health & Safety

In 2025/26, the Corporate Health and Safety Team delivered a programme of work aimed at strengthening governance, building organisational competence, improving assurance, and embedding continuous improvement. This resulted in solid progress across core areas including governance arrangements, consultation mechanisms, policy review, mandatory training compliance, and the management of key statutory risks. However, some areas did not achieve the intended outcomes, notably the delivery of the audit programme, The 2026–27 Health and Safety Management Plan sets out a coordinated and targeted programme to address these gaps and build on the progress achieved. It places emphasis on maintaining an up-to-date policy framework, establishing a clear and robust corporate health and safety risk register, and strengthening communication and engagement to ensure that responsibilities are clearly understood across all levels of the organisation. In addition, the plan strengthens assurance arrangements through a comprehensive framework of monitoring, audit, and review designed to evidence compliance and drive continuous improvement. This includes enhanced accident reporting and investigation processes, a risk-based programme of audits across services and premises, and targeted compliance activity in high-risk areas such as fire safety and asbestos management. Insights from monitoring and audit activity will be used to identify trends, inform risk registers, and escalate significant issues to senior leadership through established governance routes. This supports regular performance

reporting, including an annual review, providing assurance that health and safety risks are being effectively managed and that the Council is meeting its legal obligations.

Cyber Security

Like many other organisations the Council has suffered some cyber-attacks and a data breach. However, the breach was detected and contained and no fines were awarded, nor losses suffered by individuals. Cyber threats are a growing risk across all sectors. Enfield Council's early detection and response prevented any significant impacts. A permanent Data Protection Officer is being recruited, with strengthened governance and training underway.

The Council has sustained investment in cyber security through 2025/26 to prevent, detect, respond to and recover from incidents including the use of automated tools which respond to attacks faster than any human intervention. Our security monitoring shows the Council, like all online organizations, is under constant and sustained attack across the internet requiring constant vigilance and ongoing investment in our technical capabilities.

An additional post, Head of Information and Cyber Security, was created to provide greater strategic oversight and direction to the Council's cyber security activities and a Cyber Security Strategy aligned to the new Digital, Data and AI strategy is being drafted and will be completed in June 2026.

The Council also has controls in place to support compliance with mandatory cyber security training. Monthly compliance reports are produced and shared with senior leadership, with more detailed directorate-level reports enabling follow-up at service, manager and individual level. Automated reminders are issued through ILEARN to both staff and their managers at key points before and after training expiry, supported by self-service dashboards that allow compliance to be monitored in real time. Where training remains outstanding, this is subject to escalation and, where necessary, access to key systems may be reviewed in line with corporate policy. Together, these arrangements provide a clear and auditable framework for maintaining compliance and managing information governance risk.

Ensuring effective counter fraud and anti-corruption arrangements are developed and maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).

The Council has a corporate Counter Fraud team headed by a Counter Fraud Manager. During the period of the review, 623 (2024-25: 567) fraud cases were referred to the Fraud Team with a value of £3m (2024-25: £3m) detected and prevented. Cases of note were:

- Several agency workers were found to be working concurrently with Enfield and other organisations (referred to as polygamous working) in 2025-26. As a result, their contracts were terminated, delivering a saving of £107k to the Council. Several of these cases are now being progressed for prosecution.

- Despite being in receipt of DWP benefits, a couple with children housed in Council-provided temporary accommodation were evicted due to non-payment of rent. The family subsequently presented to the Council as homeless; however, the Counter Fraud team discovered their application did not fully disclose income from employment. As a result, the family withdrew their application.

3. Following an unannounced tenancy audit and a Counter Fraud investigation, a tenant was found to have relocated to another borough and to be unlawfully subletting their Council property. The Council obtained possession of the property and has recovered the property.

4. A relative of a deceased tenant attempted to succeed to the tenancy, claiming they had been residing at the property prior to their relative's death. However, Counter Fraud team enquiries established that the individual was living with family members in another borough and did not meet the residency criteria. The individual attended an interview under caution and provided false information to officers. The Council subsequently obtained possession of the property, which has now been recovered.

The Counter Fraud Strategy and Response Plan 2025-28 was approved by the General Purposes Committee in October 2025. The Strategy and Response Plan align with CIPFA's Code of Practice on Managing the Risk of Fraud & Corruption (2014) (the 2014 Code) and sets out the Council's approach to managing fraud risks and defining responsibilities for action.

The Counter Fraud Strategy outlines three key strategic aims to address fraud and related offences. These aims are aligned with the Fighting Fraud & Corruption Locally Strategy (FFCL) for the 2020s model and the 2014 Code, both of which remain leading frameworks for tackling fraud in local government. The Strategy includes the Council's Counter Fraud, Bribery and Corruption Statement, which reaffirms our zero-tolerance to fraud and supports a strong anti-fraud culture and good governance. This statement was signed by the Leader and Chief Executive and was published internally and on the Council's website.

The Response Plan outlines how our strategic aims will be met. The Response Plan covers proactive and reactive prevention and detection activities. The Plan was designed to be agile so that it can be adapted to shifting priorities and emerging fraud risks, as necessary.

In line with the 2014 Code's requirements, progress against the Strategy and Response Plan will be reported to the Audit Committee annually as part of the Annual Internal Audit and Counter Fraud Report. This report will be presented to Audit Committee in September 2026.

In developing the Counter Fraud Strategy and Response Plan, the Head of Internal Audit undertook a review of the Council's counter fraud and anti-corruption arrangements to ensure that they are developed and maintained in accordance with the 2014 Code. Areas the Council will focus on in the coming year are:

- tenancy fraud, including succession fraud which London councils are identifying as an increasing fraud risk
- temporary accommodation and housing applications
- social care
- secondary employment

The Council is mindful of the new duty to prevent fraud under S199 Economic Crime and Corporate Transparency Act 2023. The Counter Fraud team worked with key teams including Legal, Risk Management, Procurement and HR to ensure relevant policies and procedures are in line with the legislation. The Team also reviewed the Corporate Fraud Risk Register to ensure this risk is adequately captured. The Corporate Fraud Risk Register is updated quarterly. The Team revised the Counter Fraud team's policies and training materials to include the new legislation and publicised the new legislation via Assurance Board, Staff Matters and screen savers. A short video explaining

the legislation was also developed and shared.

In late 2025, Grant Thornton carried out a review of the Council's readiness to align with failure to prevent fraud reasonable procedure guidance in accordance with the Economic Crime and Corporate Transparency Act (ECCTA) 2023. In summary, Grant Thornton found that the Council was prepared for the implementation of ECCTA, has a proactive Counter Fraud team, and benefits from an embedded reporting structure for anti-fraud matters.

The Team continues to raise awareness of the Whistleblowing Policy and how to report concerns.

Procurement also continues to play an important role in the Council's wider approach to risk management, transparency, and fraud prevention. During the year, procurement activity has been aligned with broader counter-fraud and governance initiatives, including:

- strengthening controls around supplier onboarding and due diligence
- supporting compliance with emerging legislative requirements relating to fraud prevention
- improving auditability and transparency of procurement decisions

These arrangements contribute to the Council's wider control environment and support the effective stewardship of public funds.

The Anti-Money Laundering Policy was agreed by the General Purposes Committee on 19 January 2023. The Council did not receive any referrals under the policy during 2025-26 but it did make 1 (2024-25 – 2) referral to the National Crime Agency ("NCA"). The Head of Internal Audit will continue to ensure that appropriate referrals are made to the NCA.

Ensuring an effective scrutiny function is in place

The revised scrutiny arrangements, agreed in May 2024, have now been embedded over the course of the year. The Overview & Scrutiny Committee and the four Scrutiny Panels—Culture and Environment; Healthy and Safe Communities; Thriving Children and Young People; and Housing and Regeneration—continue to provide focused and aligned scrutiny of the Council's key priorities.

During 2025/26, the Overview & Scrutiny Committee continued to oversee the delivery of a structured and effective scrutiny function. The Scrutiny Panel Work Programmes for 2025/26 were developed in consultation with Members and senior officers to ensure alignment with corporate priorities and areas of strategic importance. These Work Programmes were noted and agreed by the Overview & Scrutiny Committee on 8th September 2025 and approved by Council on 17th September 2025, providing a clear framework for scrutiny activity throughout the municipal year, and can be viewed here: Scrutiny Work Programme 2025/26

Scrutiny Panels have delivered a programme of in-depth reviews, performance monitoring, and policy development activity, contributing to informed decision-making and enhanced accountability. The function has provided constructive challenge to Cabinet and senior officers.

Over the last 12 months, the Overview & Scrutiny Committee has considered four call-in requests relating to key executive decisions, namely:

- 20/05/2025 – Recommendations to Surrender & Re-Grant the Palace Garden Headlease
- 07/01/2026 – Provision of Barrowell Green Recycling Centre
- 26/01/2026 – Surplus Property Disposal – Land at New Cottage Farm J24, M25 – The

Ridgeway, Enfield Council

- 23/02/2026 – Approvals Associated with Phase 2B of the Enfield Town Liveable Neighbourhood Project

In each case, the Committee carefully reviewed the reasons for call-in alongside the supporting officer reports and representations from relevant Cabinet Members and officers. Following thorough consideration, the Committee resolved to confirm the original decisions. This demonstrates the robustness of the Council's decision-making processes and the effectiveness of scrutiny in providing transparent review and assurance.

The scrutiny function continues to operate effectively and adds value to the Council's governance framework. It will remain under ongoing review to ensure it continues to evolve, reflect best practice, and respond to emerging priorities.

Ensuring that assurance arrangements conform with the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit (2019) and, where they do not, explain why and how they deliver the same impact.

The Council has an experienced Head of Internal Audit who is also responsible for the Insurance and Counter Fraud functions. The Head of Internal Audit is a qualified chartered accountant (ICAS) and is supported by a team of qualified and unqualified auditors. The Head of Internal Audit regularly attends and reports to the Audit Committee and has arrangements in place to meet privately with the Chair of the Committee with the Monitoring Officer on a regular basis. The Head of Internal Audit develops a risk-based Internal Audit Plan each year which is developed over every 6-month period and is approved and overseen by the Audit Committee. The Head of Internal Audit has delegated authority to revise the Internal Audit Plan from time to time to take account of changing circumstances but any changes are reported to the Committee.

Undertaking the core functions of an audit committee, as identified in Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2013) (superseded by CIPFA's Position Statement : Audit Committees in Local Authorities & Police 2022)

The Council delegated its audit functions to the General Purposes Committee (which includes an Independent Member) but that committee has now been replaced with dedicated Audit Committee. The Chair is supported by the Monitoring Officer and the Head of Internal Audit.

A review of the effectiveness of the General Purposes Committee (acting as Audit Committee) was undertaken by CIPFA in 2022 and the findings were reported to the committee in January 2023. The headlines from the review stated "*The operation of the General Purposes Committee in the London Borough of Enfield, on balance, works well and to the satisfaction of its members and to the officers who support the committee. Overall, the members of the Committee are content with how the Committee operates and many commended the work of officers. Members felt that they were well supported by officers with many citing that officers were proactive, open, helpful, and transparent in their dealings with the GPC*."

Officers are satisfied that the committee is undertaking the core functions of an audit committee

as identified in CIPFA's Position Statement: Audit Committees in Local Authorities & Police 2022). A formal effectiveness review is now being undertaken with the support of the Head of Internal Audit and will be included in the Audit Committee's required annual report. This annual process will allow the Council to review the effectiveness of the committee against the Position Statement and accompanying guidance and the Global Internal Audit Standards.

Ensuring that the authority provides timely support, information and responses to external auditors and properly considers audit findings and recommendations

The Council's Corporate Accountancy Team has experienced some staffing pressures over the last year which has had an impact on the number of improvements that could be implemented. However, there has still been significant progress made to ensure that the accounts and associated working papers are more robust. The Finance Team have also worked with the External Auditors regarding early planning for the audit and have put in place additional processes to ensure information can be more targeted to the auditors' requirements and provided earlier where possible.

Senior finance staff in the Corporate Finance Team staff who been involved with completion of the Accounts for the last two years have worked closely with the External Auditors to understand and consider the audit findings and recommendations. Where issues have been highlighted improvements have been put in place or are in progress to ensure that the accounts are robust and are supported by high quality working papers. New permanent staff have recently started in the Corporate Accountancy Team, these staff will have a key role in supporting the audit for 2024/25 ensuring that the External Audit requests are completed in a timely manner and the information meets the standards required.

Regular monitoring of audit requests will be completed to ensure that they are responded to quickly and there will be weekly updates with the External Auditors to discuss and review progress of the audit.

Incorporating good governance arrangements in respect of partnerships and other joint working and ensuring that they are reflected across the authority's overall governance structures.

A governance framework was adopted by the Council for the management and oversight of good governance of the Council's wholly-owned companies. There is now an officer steering board which considers all matters relating to the governance of the Council's companies and a member shareholder panel, chaired by the Leader of the Council, which considers matters relating to company governance prior to a formal decision being made by the Cabinet. An overarching Company Governance Framework document is also being prepared by the Monitoring Officer. The Council works closely with its wholly-owned companies and a new Business Plan was approved in 2025 for both HGL Ltd and Energetik. The shareholder agreements for both set out the respective roles and responsibilities as regards the companies. The external audit by Grant Thornton identified a number of issues with the financial model for Energetik and further comments can be found in their separate report and our 6 month progress report which will go to the Audit Committee in September.

We have a formal relationship with the ICB but the government is undertaking a review of the

structure and role of ICBs so this may change in the future.

We have good partnership arrangements with the Voluntary and Charity Sector in Enfield and they are an important member of the Enfield resilience Forum. Further work will be undertaken over the coming year to improve community resilience and we will work closely with EVCS to achieve that.

Other Significant Governance Issues

The Council has defined a 'significant governance issue' as one that is intended to reflect something that has happened in the year, or which is currently being experienced and meeting any of the following criteria:

- The issue has seriously prejudiced or prevented achievement of a principal objective of the authority;
- The issue has resulted in a need to seek additional funding to allow it to be resolved or has resulted in significant diversion of resources from another aspect of the business;
- The issue has led to a material impact on the accounts;
- Corporate Governance Committee (or similar) has advised that the issue should be considered as a 'significant' issue for reporting in the AGS;
- The Head of Internal Audit Service has reported on the issue as significant, for reporting in the Annual Governance Statement, in the annual opinion on the internal control environment;
- The issue, or its impact, has attracted significant public interest or has seriously damaged the reputation of the organisation;
- The issue has resulted in formal action being taken by the Chief Financial Officer and/or Monitoring Officer;
- The issue has resulted in a legal breach;
- The issue prompts intervention from a regulator

Statutory Recommendation and Key Findings:

In November 2025, the Council accepted the statutory recommendation issued by its external auditors. The Council's response includes actions to reduce debt exposure, strengthen reserves, and improve financial management arrangements. Progress relating to the Statutory Recommendation and other Key Findings issued by our new External Auditors, Grant Thornton, are being reported separately to the Audit Committee in September. An updated report is expected from auditors in November 2026.

Exceptional Financial Support

The Council applied for and was provisionally granted Exceptional Financial Support of £10m for 2026/27. This enabled £10m of capital receipts to be used to fund pressures in Adult Social Care. The Council applied for Exceptional Financial Support because it was facing substantial pressures in demand services and wished to protect low reserves.

7. Forward Look

The Addendum to the CIPFA guidance on carrying out the annual review for the purpose of the preparation of the AGS states that as well as considering the financial year to which the AGS relates, the evaluation must also look ahead. Effectiveness means not only that the arrangements were sufficient to meet the challenges of that year, but also that the authority has built in sufficient governance resilience for the current and future years. Some of the key issues we will need to focus on in the coming year are:

Statutory Recommendation and Key Findings: The Statutory Recommendation and other Key Findings issued by our new External Auditors, Grant Thornton, are being reported separately to the Audit Committee in September but will be a major area of focus for members and officers.

Local Elections: The local elections took place just after the end of the review period, namely in May 2026, and resulted in a change of Administration. This is likely to lead to a number of governance and policy changes that may well bring challenges for the authority in terms of management of legal, financial and reputational risks. The Monitoring Officer and the Chief Executive had planned for various election outcome scenarios and so the organisation was well-placed to respond positively to the change of Administration. Any further issues arising will be covered in the following year's AGS.

Pension investments: The Pension Fund will soon be asked to consider the adoption of a Responsible Investment Policy in response to calls for scrutiny over investments. This is line with other boroughs and will be addressed in the next year's AGS.

Company Governance: Our governance arrangements for companies need to bed in further and we need to develop a suite of KPIs around performance. Training is needed for new Council-appointed company directors. A company directors' skills audit has been undertaken and will be considered in 2026/27.

Risk Maturity: Further work in 2026/27 will seek to understand the Council's risk appetite, risk tolerance levels and consider introduction of risk targets.

AI and Governance: the Council will need to embrace the use and ongoing development of AI and will need to develop appropriate governance arrangements to protect itself, its staff and its data.

Gifts and Hospitality: Responsibility for maintaining the officer register of gifts and hospitality transferred to the Director of Law & Governance during the year. A new on-line form has been developed and are now submitted and approved on-line. A review of the process is currently underway and it is likely there will be recommendations made around compliance with the policy. there is also a planned audit of staff ethics.

The Public Office (Accountability) Bill: We will need to ensure this Bill, once it receives Royal Assent, is reflected in our policies and procedures.

Renters Rights: This is being implemented and new policies and procedures are being developed to support the implementation of the Act.

Peer review: A LGA Corporate Peer review is taking place in November 2026.

Schedule 1

Guiding Principles from the CIPFA Good Governance Framework (2016) as amended in May 2025

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

Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions across all activities and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

Ensuring openness and comprehensive stakeholder engagement

Local government is run for the public good, organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

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

The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

Determining the interventions necessary to optimise the achievement of the intended outcomes

Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions (courses of action). Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed frequently to ensure that achievement of outcomes is optimized.

Developing the entity's capacity, including the capability of its leadership and the

individuals within it

Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organization as a whole. Because both individuals and the environment in which an organisation operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of individual staff members. Leadership in local government is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

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

Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities. A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery and accountability. It is also essential that a culture and structure for scrutiny are in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful service delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

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

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Schedule 2

List of Consultees and Contributors

Leader of the Council	Cllr Alessandro Georgiou
Former Chair of the GPC/Audit Committee	Cllr Ian Barnes
Chair of the Code of Conduct Committee	Cllr Chris Dey
Chief Executive	Perry Scott
Executive Director for People (inc DCS role)	Tony Theodoulou
Chief Finance Officer	Olga Bennett
Director of Finance (Corporate)	Annette Trigg
Director of Housing	Neil Wightman
Director of Adult Social Services	Doug Wilson
Director of Public Health	Dudu Sher-Arami
Director of HR	Tinu Olowe
Head of Internal Audit	Marion Cameron
Chief Technology Officer	Adrian Gorst
Head of Governance, Scrutiny and Registration	Claire Johnson
Risk Manager and Data Protection Officer	Andrea Kilby
Head of Procurement	Michael Sprossen
Head of Property	James Raven
Head of Strategic Planning and Design	May Hope
Policy and Performance Manager	Lucy Nasby
Research and Insight Manager	Phil Webb
Counter Fraud Manager	Alison Tomkinson
Head of Resources & Talent	Glyn Drew
Governance and Scrutiny Officer	Stacey Gilmour
Head of Health & Safety	Phil Bray

Schedule 3

Legislation, Codes of Practice and Guidance

Regulation 6(1)(a) of the Accounts and Audit Regulations 2015

This requires the Council to conduct a review at least once in a year of the effectiveness of its system of internal control and to include a statement reporting on the review with any published Statement of Accounts. Regulation 6(1)(b) requires that the statement is an 'Annual Governance Statement'. The Regulations stipulate that the Annual Governance Statement must be prepared in accordance with proper practices in relation to accounts. At Enfield this is prepared by the Monitoring Officer.

CIPFA's 'Delivering Good Governance in Local Government: Framework (2016), as amended in May 2025

This states that preparation of the AGS in accordance with this Framework would fulfil the statutory duty for a local authority to conduct a review at least every year of the effectiveness of its system of internal control in accordance with proper practices (as required above) and to publish it with the Statement of Accounts. This was amended or supplemented by an Addendum issued in May 2025.

Code of Practice for the Governance of Internal Audit, CIPFA (April 2025)

The Head of Internal Audit's undertook a review of the Council's compliance with CIPFA's Code of Practice for the Governance of Internal Audit in July 2025 and assessed that the Council fully complies with the Code.

Statement on the Role of the Chief Financial Officer in Local Government, CIPFA (2015)

This Statement on the Role of the CFO in Local Government describes the role and responsibilities of CFOs in local government. It builds heavily on CIPFA's Statement on the Role of The CFO in Public Services and applies the principles and roles set out in that document to Local Government. The CIPFA Framework 2016 requires the Council to explain in its AGS how the requirements of this Statement are met.

CIPFA Statement on the Role of the Head of Internal Audit (2019)

The head of internal audit occupies a critical position in any organisation, helping it to achieve its objectives by evaluating the effectiveness of governance, risk management and internal control arrangements and playing a key role in promoting good corporate governance. The aim of this Statement is to set out the role of the head of internal audit in public service organisations and to help ensure organisations engage with and support the role effectively.

Position Statement: Audit Committees in Local Authorities & Police, CIPFA (2022)

The statement represents CIPFA's view on the audit committee practice and principles that local government bodies in the UK should adopt. It has been prepared in consultation with sector representatives. CIPFA expects that all local government bodies should make their best efforts to adopt the principles, aiming for effective audit committee arrangements. This will enable those bodies to meet their statutory responsibilities for governance and internal control arrangements, financial management, financial reporting and internal audit. The 2022 edition of the position statement replaces the 2018 edition

Code of Practice on Managing the Risk of Fraud and Corruption, CIPFA (2014)

The Head of Internal Audit undertook a review of the Council's counter fraud and anti-corruption arrangements to ensure that they are developed and maintained in accordance with this Code of Practice.

Statement on the Role of the Chief Financial Officer in Local Government, CIPFA (2015)

This Statement on the Role of the CFO in Local Government describes the role and responsibilities of CFOs in local government. It builds heavily on CIPFA's Statement on the Role of The CFO in Public Services1 and applies the principles and roles set out in that document to Local Government.

Appendix 1

Improvement Plan for 2026

The Council undertakes an annual review of the effectiveness of its governance arrangements and produces an Annual Governance Statement which is published with its Statement of Accounts. The table below shows the issues identified during the review of 2025/26 and reported in June 2026 and the progress made against those actions to date. This Improvement Plan will be kept under review by the Monitoring Officer.

Improvement Area	Action	6 month position	Year end position
VFM and Statutory recommendations	The Council will continue to respond to the statutory recommendations made by Grant Thornton. A separate progress plan has been developed and will be reviewed by the Chief Finance Officer together with colleagues on the EMT. ***Action: Chief Finance Officer and other son EMT, March 2027***		
Pension investments:	The Pension Fund will soon be asked to consider the adoption of a Responsible Investment Policy in response to calls for scrutiny over investments. This is line with other boroughs and will be addressed in the next year's AGS. ***Action: Chief Finance Officer, March 2027***		
Company Governance	Our governance arrangements for companies need to bed in further and we need to develop a suite of KPIs around performance. Training is needed for new Council-appointed company directors. A skills audit has been undertaken on existing directors and needs to be considered		

Improvement Area	Action	6 month position	Year end position
	by the MSP. ***Action: Monitoring Officer and Chief Finance Officer, March 2027***		
Risk Maturity	Further work in 2026/27 will seek to understand the Council's risk appetite, risk tolerance levels and consider introduction of risk targets. ***Action: Monitoring Officer, March 2027***		
AI and Governance	The Council will need to embrace the use and ongoing development of AI and will need to develop appropriate governance arrangements to protect itself, its staff and its data. ***Action: Chief Technology Officer, March 2027***		
Gifts and Hospitality	Responsibility for maintaining the officer register of gifts and hospitality transferred to the Director of Law & Governance during the year. A new on-line form has been developed and are now submitted and approved on-line. A review of the process is currently underway and it is likely there will be recommendations made around compliance with the policy. There is also a planned audit of staff ethics. ***Action: Monitoring Officer, March 2027***		
The Public Office (Accountability) Bill	We will need to ensure this Bill, once it receives Royal Assent, is reflected in our policies and procedures. ***Action: Monitoring Officer, March 2027***		
Renters Rights	This is being implemented and new policies and procedures are being developed to support the implementation of the Act. ***Action: Executive Director of Environment and***		

Improvement Area	Action	6 month position	Year end position
	Communities, December 2026		
Data Quality	This has not been reviewed for some time and will be an area of focus in the coming year. ***Action: TBD***		
Constitution	A review will be undertaken to incorporate changes agreed by the new incoming Administration, including changes to the Members Allowances Scheme following the publication of the next IRP. ***Action: Monitoring Officer, December 2026***		
Member Code of Conduct	The Council will need to consider whether to adopt a new code of conduct if a model code is issued by the government in the coming year. In the meantime a review will be undertaken of procedures for consideration and hearing of allegations of misconduct and the possible withdrawal or amendment of the protocol for Independent Persons. ***Action: Monitoring Officer, December 2026***		
Member Induction and member T&D	A new member induction and member T&D programme will be implemented following the local election in 2026. ***Action: Monitoring Officer, December 2026***		
Freedom of information and data protection	Complete a full review of the Access to Information Team structure and long-term operational arrangements, including technology to support SAR completion, by the end of December 2026. Actions to avoid a further ICO enforcement notice in the SAR area will be identified. A permanent DPO needs to be appointed.		

Improvement Area	Action	6 month position	Year end position
	Action: Data Protection officer, December 2026		
Whistleblowing and Fraud Policies	The Whistleblowing and other fraud policies will be reviewed and updated in 2026. ***Action: Head of Internal Audit, December 2026***		
Internal Audit	Implement improvements to address issues identified in the recent external quality assessment including enhancing governance arrangements, providing stakeholders with a more comprehensive view of risk coverage and audit rationale, and advancing efforts to strengthen reliance and coordination with other assurance providers. ***Action: Head of Internal Audit, July 2026***		
Internal Audit Charter	Report the 2026–27 Internal Audit Charter to Audit Committee in June 2026. ***Action: Head of Internal Audit, July 2026***		
Cyber security	Develop a cyber incident exercise and complete the Cyber Security Strategy in June 2026. ***Action: Chief Technology Officer***		
Equalities	Consider the implementation of the new code and/or guidance issued by the EHRC regarding single sex spaces. ***Action: Director of HR and Director of Property, December 2026***		
Peer review	A LGA Corporate Peer review is taking place in November 2026. ***Action: Chief Executive, December 2026***		

Improvement Area	Action	6 month position	Year end position
Corporate Sponsorship Policy	This will be reviewed again within the next 6 months and notified to the new Mayor and Deputy Mayor and Cabinet and EMT. ***Action: Monitoring Officer, December 2026***		

Appendix 2

AGS Improvement Plan 2025 - Progress Report as at June 2026

The Council undertakes an annual review of the effectiveness of its governance arrangements and produces an Annual Governance Statement which is published with its Statement of Accounts. The table below shows the issues identified during the review of 2024/25 and reported in June 2025 and the progress made against those actions to date. This Improvement Plan will be kept under review by the Monitoring Officer.

Area of focus	Detail	Responsible Officer, timeline for action and progress
ESF funding	**Liaise with government on the application of the Exceptional Financial Support that has been agreed in principle and facilitate the external assurance review if required.** *Update April 2026: Final capitalization direction for 2024/25 has been issued and in principle agreement for 2025/26 has been received. The external assurance review has been completed (commissioned by MHCLG conducted by CIPFA).*	Executive Director of Resources (Olga Bennet) December 2025
Financial Resilience	**Continue to develop and implement robust savings and income generation plans to address our ongoing finance requirement.** **Review and improve the effectiveness of financial monitoring arrangements by (i) shortening the length of time to report updates in the financial position to Members by adding informal briefings to Informal Cabinet at regular intervals (before a full monitoring paper is available) and (ii) streamlining financial reporting to Cabinet.** **This is a mitigation to our corporate risk that "the Council's financial monitoring does**	Director of Finance (Corporate) (Annette Trigg) December 2025

Area of focus	Detail	Responsible Officer, timeline for action and progress
	not identify new sudden increases in demand pressures early enough to take early mitigating action, leading to significant financial pressures. *Update April 2026: Savings for 2026/27 have been approved by Cabinet and Full Council. Delivery of savings progress is reported via regular Cabinet papers.*	
Meridian Water internal governance	**Meridian Water project and financial risk governance will be reviewed and refreshed** *Update May 2026: A review of the strategy for MW was considered by Cabinet in February but a further review is being considered in June 2026 following the change of Administration. .*	Head of Meridian Water and Director of Finance (Capital) December 2025
Consultation and engagement	**Develop Stakeholder Engagement plan for Local Plan consultation** *Update Nov 2025: Stakeholder Engagement Plan for the Local Plan has been prepared and was in use for the Regulation 19 consultation (completed Mar–May 2024) and the ongoing Examination (Stages 1–3). It sets out engagement with residents, Members, statutory consultees, community groups, businesses and regional partners, and underpins communications (notifications, web / social media, Member briefings and Programme Officer updates). As the Plan progresses through Examination, engagement activity is ongoing through Statements of Common Ground and of any Main Modifications consultation, subject to the Inspector's direction and outcomes.*	Head of Strategic Planning and Design (May Hope) December 2025
Equalities	**Refresh the Fairer Enfield Plan**	Director of HR & OD

Area of focus	Detail	Responsible Officer, timeline for action and progress
	Update June 2026: Consultation took place in quarter one of the FY 2025-26. The refreshed strategy was adopted at full council on 12 November 2025. Each service and service leader is responsible for developing their action plans to deliver the strategy. The action plans will be scrutinised at the scheduled member-led equality committee as part of the agreed forward plan.	and Head of Policy and Performance December 2025
HR & Property	**In anticipation of guidance being issued by the Equality & Human Rights Commission on the issue of transgender rights, the council has reviewed its staffing policies to ensure compliance with anti-discrimination laws, reinforce inclusivity training, and consult expert advice.** **Public facilities will undergo evaluation for compliance, pending government updates.** *Update June 2026: a new code/guidance has been issued by the government and will now need to be implemented.*	Director of HR Director of Property December 2026
Partnerships	**A review will be undertaken of the Partnership Rules to ensure all changes agreed by the Council have been made.** *Update November 2025: These have been removed from the Constitution as no longer relevant.*	Monitoring Officer September 2025
Data Protection	**The Council has recently changed the roles and structure which deliver the DP function. Working collaboratively with the Digital Services Information Governance Team the JDs for the DPO and Information Governance Manager have been reviewed to ensure accountability and responsibilities are clear and separated. We are currently operating with**	Head of Legal Practice and Compliance

Area of focus	Detail	Responsible Officer, timeline for action and progress
	an Interim DPO and recruitment is under way for a permanent DPO. **In March 2024 the Head of Legal practice and Compliance who manages the DP function presented to Assurance Board a Collaborative report 'Update of lessons learned and subsequent improvement actions relating to the Data Protection and Digital Services Information Governance Teams following the cyber-attack September 2024' A key improvement action is the creation of a Data Compliance Strategy Board to strengthen the strategic direction of data protection and its governance. The inaugural meeting took place in April 2025 and the terms of reference for the board will be finalised in July 2025.** **The focus for the DP team is to upskill colleagues in the organisation and schools who buy into the service. For LBE our focus is to improve management knowledge of data breaches and reporting. We have run a pilot session in April 2025 and are now creating a mandatory managers session for roll out. For schools we have a developed a termly training plan. For the summer term we have 5 training events planned between April and July and have delivered 4 of these to date.** *Update April 2026: Recruitment for a permanent DPO was unsuccessful in June 2025 and Jan 2026. The post is currently filled by an agency worker. A further review of the structure of the DP team incorporating considerations of the structure of the Access to Information Team will begin in April 2026.* *The Data Compliance Strategy Board has refreshed membership from January 2026 (new IG manager, New DPO) and has a work plan for Jan-March 2026. Baseline performance measures were established in April 2026.* *The pilot session for managers data breach training saw changes made to the delivery,*	September 2025

Area of focus	Detail	Responsible Officer, timeline for action and progress
	namely to managers in the same service area, so the message could be specific to them with specific examples. Sessions started with people as the highest data breach area. One session was held for people managers in January 2026 and a further two in March 2026. *Schools focus Jan- March 2026 is about policy and process. Refreshed policies were published 9 February 2026 and DPO is ran a session at the school business managers meeting 25 Feb 2026.*	
Cyber Security	**The Council is a member of Information Security for London (ISfL), which is our Warning, Advice and Reporting Point (WARP) and provides a link to other London boroughs, national cyber security agencies and their insight into emerging threats. The Council commissions two independent IT health checks a year to assess our cyber security measures and recommend actions which are monitored through the Council's Assurance Board. The Council is investing in enhanced security incident and event management capabilities and a behavioral risk solution designed to enhance cybersecurity awareness and reduce operational risks in 2025.** *Update April 2026: The Council is a member of Information Security for London (ISfL) which is our Warning, Advice and Reporting Point (WARP) which provides a link to other London boroughs and national cyber security agencies.* *The Council has two independent cyber security health checks each year and addresses any recommendations arising from them.* *The Council has active monitoring of cyber security threats and automated responses to common types of attack.*	Chief Technology Officer December 2025

Area of focus	Detail	Responsible Officer, timeline for action and progress
	The Council has very high levels of completion of mandatory training on cyber security and also provides intelligent and automated advice to colleagues to reinforce annual training.	
Company Governance	*Update June 2026: The new governance arrangements, including the new Officer Steering Board and Member Shareholder Panel are still bedding in and are being kept under review. External lawyers have been commissioned to produce an overarching governance framework for companies which will help improve governance further. This will include guidance on the roles of officers in relation to Council-owned companies, the policies and procedures that need to be applied to the companies, how we manage their performance and how they are held to account. The company risk registers need to be reviewed and updated.* *A suite of standard and bespoke KPIs need to be developed. The Council will undertake a strategic review of its energy company, Energetik.*	Monitoring Officer December 2025. Executive Director of Resources July 2026
Member Training and Development	**A new member T&D Programme will be developed to equip newly elected members with skills and knowledge they need to fulfill their roles following the local election due in May 2026**. *Update June 2026: This is now complete and being implemented.*	Head of Governance, Scrutiny & Registration July 2026
Fraud and	**The Head of Internal Audit needs to be able to confirm that the Council's counter-fraud and**	Head of Internal Audit

Area of focus	Detail	Responsible Officer, timeline for action and progress
Corruption	**anti-corruption arrangements are developed and maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014). She was not able to do so and so further work is required in this area to improve our level of compliance, including for example, in the following areas:** • **B2 - The organisation identifies the risk of corruption and the importance of behaving with integrity in its governance framework** Requires further action. • **C3 – Deterring fraud attempts by publicising the organisation's anti-fraud and corruption stance and the action it takes against fraudster** Work on this will start in Nov/Dec 2025. • **D1 – An annual assessment of whether the level of resource invested to counter fraud and corruption is proportionate for the level of risk** This will be included in the Annual Internal Audit and Counter Fraud report that is taken to Audit Committee in July • **E1 – includes a requirement for an anti-bribery policy and an anti-corruption policy. Also, a requirement for a pecuniary interest and conflicts of interest policies and register** Anti bribery and corruption policy has been issued together with a video explaining the policy. This has been internally advertised via Staff Matters • **E5 – There is a report to the governing body at least annually on performance against the Counter Fraud strategy and the effectiveness of the strategy from the lead person designated in the strategy**. This will be included in the Annual Internal Audit and Counter Fraud report that is taken to Audit Committee in July. *Update April 2026:* *B2 – to be completed by the Governance team* *C3 -Anti fraud and corruption statement has been signed by the Leader and the Chief Executive and has been publicised via Staff Matters; meeting with Comms in early May 2026 to develop*	December 2025

Area of focus	Detail	Responsible Officer, timeline for action and progress
	external comms strategy; anti- fraud messages have been included in Staff Matters throughout the year *D1 – will be included in annual report taken to Audit Committee in July 2026* *E1 – Anti bribery and corruption policy has been issued and publicised. Was due to go to March 2026 Audit Committee but as that was cancelled will go to June 2026 Committee and we will publicise again thereafter.* *E5 – this will be included as part of the Internal Audit and Counter Fraud Annual Report to Audit Committee in July 2026.*	
Procurement	**The Council's Contract Procedure Rules (CPRs) and accompanying Procurement Codes were rewritten to ensure compliance with the Procurement Act 2023 and legacy arrangements with the Public Contract Regulations 2015. The new CPRs were approved at Full Council in February 2025 and implemented immediately thereafter together with a comprehensive training programme rolled out across the Council.** *Update November 2025: Following a review of CPRs – new waiver framework and amended quote thresholds have been prepared. Currently with Chief Finance Officer for review and then onto the Monitoring Officer for progress through approvals.* **With regard to the Council's wholly owned companies, external advice has informed that they are considered as Contracting Authorities and their procurement activities are regulated by the Procurement Act 2023. Both companies will require their own framework of contract procedure rules to ensure compliance** *Update November 2025: We are currently reviewing a draft set of CPRs for Energetik. HGL*	Head of Procurement

Area of focus	Detail	Responsible Officer, timeline for action and progress
	follow the Council's CPRs & Procurement procedures. However, we need to discuss whether a distinct set is necessary for HGL. In progress. **An Annual Procurement Plan and 3-year Procurement Pipeline has been created and a resource plan will be needed to ensure there are in place adequate resources and expertise to ensure the Pipeline is delivered in a timely fashion.** *Update April 2026:* 1) *Complete. New CPRs implemented and in operation. Full training provided across the Council with refresher sessions available for booking on ILearn.* 2) *Housing Gateway Limited comply with the Council's CPRs. Energetik are currently in the process of developing their own CPRs with advice and support from LBE Procurement Services* 3) *Complete and implemented. Delivery of projects in progress.*	
Health & Safety	**The Corporate Health and Safety Team prepare an annual Health and Safety Management Plan that is consulted on through the Councils consultative committees. This plan contains the risk-based programme of health, safety and fire audits identified across all Council departments. Progress in delivery of the programme, together with the outcomes will be reported at Health and Safety Management Board meetings. Managers Health and Safety self-audits will additionally be sent out across departments to ensure oversight of those teams not subject to formal corporate Health and safety audit. The safety audits carried out on teams and the premises they occupy measure compliance against a range of the council's safety arrangements. Of particular significance is the Councils Corporate Landlord Policy which sets out the arrangements for nominated 'responsible persons' at**	Head of Health & Safety December 2025

Area of focus	Detail	Responsible Officer, timeline for action and progress
	council managed buildings. These persons known as 'Premises Service Leads' (PSLs) are tasked with carrying out a limited range of site-based safety checks under the guidance of the Property Services Team. The Corporate Health and Safety Team are aiming to raising competence levels of PSLs through provision of relevant training in 2025/26. Key performance indicators that can be linked to the Councils Health and Safety arrangements will additionally be pursued as a means of monitoring and reporting on their implementation across departments. *Update November 2025: The annual Corporate Health & Safety Management Plan outlines a risk-based programme of audits and activities across all Council departments, with progress reported to the Health & Safety Management Board. Key actions completed include preparing the management plan, updating risk registers, reviewing consultation arrangements, maintaining high compliance with compulsory training, and arranging essential first aid, fire warden and executive safety training. Health & Safety committees are active, incident reporting continues in line with RIDDOR, and quarterly data informs ongoing oversight. While school audits are on track, corporate audits have fallen behind due to staffing gaps, though recruitment has begun to address this. Audit actions are being followed up with managers, and additional self-audits will be issued to improve oversight. Work continues to finalise and implement the Corporate Landlord Policy, strengthen the competence of Premises Service Leads through new logbooks, checklists and upcoming training, and develop suitable KPIs to support consistent monitoring across departments.* *April 2026: A Health and Safety Management Plan for 2025/26 was agreed and implementation continued throughout the year, with progress updates reported to consultative committees. A health and safety self-audit was sent out to all managers in Q4.*	

Area of focus	Detail	Responsible Officer, timeline for action and progress
	The findings will be analysed and used in the formulation of interventions for the 26/27 plan. To support the Corporate Landlord Policy, the Corporate H&S Team developed a PSL Logbook outlining key non-technical compliance tasks. Training to support implementation commenced in Q4 and will continue into 26/27. Detailed accident, incident and training performance reports were produced each quarter and shared with consultative committees.	
Covert Surveillance	**Review the RIPA Policy and procedures to ensure all actions recommended by previous inspectors have been actioned.** *Update November 2025: NFA required.*	Monitoring Officer December 2025.
Risk Management	*Update: November 2025: Corporate Risk Register is now reviewed by EMT and Informal Cabinet 4 times per year (Jan, April, July, October) and the Audit Committee will review twice per year following the reviews of EMT and IC in January and July. The next reviews are EMT 11.11.225, IC 27.11.2025 and Audit Committee 28.01.2025.* *Update April 2026: There has been an update to the new Risk Management Strategy (published April 2025) to amend the frequency of the Corporate Risk Register (CRR) review. The Executive Management Team (EMT) and Informal Cabinet will increase review from sixth monthly intervals to quarterly intervals, these being in January, April, July, and October each year. The timetable will fall to the correct months from January 2026. There is also a revision to the review frequency of the CRR by the Audit Committee, which will increase from once per annum to twice per annum following the review by EMT and Informal Cabinet in January and July each year.*	Head of Legal Practice and Compliance December 2025

Area of focus	Detail	Responsible Officer, timeline for action and progress
	We are starting work in 2026/27 to define our risk appetite which alongside increased risk awareness (frequency of risk review, robust risk management group) will build risk maturity.	
Global Internal Audit Standards	**The Public Sector Internal Audit Standards required the Council to arrange for an external review of the internal audit function every 5 years and that was undertaken in 2025. A Quality Action Improvement Plan is being developed and will monitored and progress tracked over the coming year.** *Update November 2025: The Quality Assurance and Improvement Programme (QAIP) has been developed. Progress against the QAIP was reported to GPC in October 2025 and will be reported to Audit Committee every 6 months going forward. A 5 year external review will be planned for 2030.* *Update April 2026: Completed and ongoing.*	Head of Internal Audit March 2026
Emergency Planning	**An Emergency Planning exercise is planned for October/November 2025 in order to test the organisation's preparedness and capability for responding to a major incident.** **We would like to further develop and improve community resilience** *Update November 2025: A Corporate Exercise took place on 4 November 2025 around a decant of a high rise block. Participants included Council Golds, Council Silvers, Emergency Planning team, Housing Department, Communications Team and the Humanitarian Assistance Team.* *Update April 2026: Community Resilience Awareness Day took place on the 18 March*	Emergency Planning Manager March 2026

Area of focus	Detail	Responsible Officer, timeline for action and progress
	2026 to launch the London Community Resilience Toolkit. The session was well attended.	
Business Continuity Planning	**A new approach has been adopted in relation to BCM plans and impact analysis and this will be implemented over the coming year.** *Update November 2025: The corporate template for BCM plans has been launched and most departments have updated and renewed their plans.* *Update April 2026: A majority of critical services have completed the new BCM template. This has provided the Emergency Planning Team with a much clearer and more consistent understanding of the strategies services would use to continue their statutory and critical activities during disruption.* *Work is also underway to finalise a corporate priority list, which is being taken to the Emergency Management Team (EMT) for sign-off. Once agreed, this will support Digital Services in the development of an IT Disaster Recovery Plan, ensuring that priority services are appropriately protected and restored during any IT outage.*	Emergency Planning Manager March 2026
Constitution	We will create a work programme for the review of the various codes and policies contained within the Constitution to ensure they are up to date and fit for purpose. *Update November 2025: Work underway*	Head of Governance, Scrutiny & Registration July 2026

Appendix 3
Summary of new requirements from the new CIPFA/SOLACE Addendum and how the Council meets the requirements

CIPFA Addendum Requirements	*Council's Response*
Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law	
• Arrangements to ensure ethical conduct for both members and officers, including codes of conduct, management of conflicts of interest, declarations of gift and hospitality, training and evaluation. Where appropriate, include how codes of ethics for the sector are implemented and supported. Sector requirements include the Code of Practice for Ethical Policing and the Police Code of Ethics, and the Core Code of Ethics for Fire and Rescue Services – England.	*The Local Code and AGS confirm that the Council has adopted a Member Code of Conduct within the Constitution and an Employee Code of Conduct for officers. The Monitoring Officer provides regular advice to members, including on declarations of interest, and issues Monitoring Officer Advice Notes. Gifts and hospitality arrangements have been strengthened through transfer of responsibility to the Director of Law and Governance and development of an online declaration and approval process. Staff conduct concerns are managed through people policies and performance/conduct procedures. Further work is noted on compliance with gifts and hospitality requirements.* *An audit of the register of member interests and gifts and hospitality is being undertaken in the coming year.*
• Arrangements covering the ethical behaviour of external service providers.	*Ethical expectations for suppliers are addressed through procurement and contract management arrangements, including the Sustainable and Ethical Procurement Policy, Contract Procedure Rules and procurement documentation. These embed requirements on modern slavery, anti-fraud controls, fair treatment of workers, equality, transparency and climate action through specifications, evaluation criteria, method statements and contract monitoring.*
• Arrangements to support whistleblowing.	*The Council has an established Whistleblowing Policy, approved by committee and due for review in June 2026 alongside related counter-*

CIPFA Addendum Requirements	*Council's Response*
	fraud policies. Referrals are assessed by the Head of Internal Audit, Counter Fraud Manager or Monitoring Officer, with investigations commissioned where appropriate and remedial action taken where concerns are substantiated. The AGS and management assurance documents record increased whistleblowing activity in 2025/26 and identify ongoing communications, poster campaigns and staff newsletter messages to promote reporting routes.
• How compliance with laws and regulations and internal policies and procedures is ensured and arrangements to ensure expenditure is lawful.	*Compliance is supported by the Constitution, Financial Regulations, Contract Procedure Rules, legal and finance clearance of reports, and the statutory roles of the Monitoring Officer and section 151 Officer. The Director of Law and Governance maintains oversight of legal risk, including a high-value/high-risk case list, while Legal Services advise on legislation, case law and decision-making. Budget, treasury and expenditure controls are reported through financial monitoring, audit and committee processes to ensure expenditure is lawful and properly authorised.*
• How breaches of ethical arrangements, laws, regulations and procedures are addressed and learning adopted.	*Breaches are addressed through established investigation, disciplinary, counter-fraud, whistleblowing and monitoring officer arrangements. Counter Fraud triages whistleblowing referrals and passes non-fraud matters to the appropriate management route. Investigation reports include recommended actions to prevent recurrence, and reports to Assurance Board and Audit Committee provide oversight of themes, outcomes and lessons learned.*
• How all those in governance roles and senior managers demonstrate their leadership of an ethical culture.	*Leadership of ethical culture is demonstrated through the Constitution, member and officer codes, the Council's values and behaviours framework, and visible senior sponsorship of counter-fraud and anti-corruption messages. The Leader and Chief Executive have signed a publicised Counter Fraud, Bribery and Corruption Statement supporting the Council's zero tolerance to fraud, and statutory officers form part of the senior governance framework, providing impartial advice and challenge. The AGS recognises that maintaining trust, fairness and accountability remains an*

CIPFA Addendum Requirements	*Council's Response*
	important area of focus
Principle B: Ensuring openness and comprehensive stakeholder engagement	
• How the authority ensures that decisions are made in the public interest and the rationale for decisions is recorded.	*The Constitution and Local Code set out the Council's decision-making framework, including roles, delegations, report clearance and requirements for legal, financial, equality, risk and other implications. Decisions are made through public committee and executive processes where reports explain the rationale, options and implications. The statutory officer "golden triangle" supports lawful, informed and evidence-based decision-making.*
• How the authority achieves expected standards of openness and transparency, including a culture of internal challenge and self-assessment.	*The Local Code is intended to make governance arrangements visible and understandable. The AGS is published with the accounts and reports annually on compliance, effectiveness and improvement actions. Internal challenge is provided through EMT, Assurance Board, Audit Committee, scrutiny arrangements, internal audit, risk management groups and statutory officer review. Recent external auditor findings have led to improvements including a sharper Audit Committee remit and stronger risk reporting.*
• The arrangements for consultation and engagement with citizens, service users and stakeholders and how these inform decision-making.	*Consultation and engagement are built into decision reports where relevant, including budget consultation, equality impact considerations and stakeholder engagement for major strategies and plans. The statutory officer code emphasises that reports should address resident and stakeholder consultation where appropriate. The AGS Improvement Plan includes further work on stakeholder engagement for the Local Plan and refreshing equality-related arrangements.*

CIPFA Addendum Requirements	*Council's Response*
• The ways in which the authority communicates with the community and stakeholders.	*The Council communicates through published committee reports, the Statement of Accounts and AGS, consultation exercises, staff communications, intranet pages, advice notes, training, newsletters and public-facing policy documents. The Local Code and AGS are intended to support clear communication with residents, service users, taxpayers and other stakeholders about how governance operates and how risks are managed.*
Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits	
• How the authority establishes its vision, target outcomes, and associated long-term plans to deliver sustainable outcomes.	*The Local Code links governance to the Corporate Plan and other strategies, ensuring resources are directed to agreed priorities and intended outcomes. The AGS is required to focus on outcomes, value for money and the authority's vision for the area, and the Council reports that its governance arrangements remain fit for purpose while recognising areas for improvement through the AGS Improvement Plan.*
• Its decision-making arrangements and how it ensures consideration and demonstration of value for money and best value.	*Decision reports include financial, legal, risk, equality and other implications to support consideration of value for money and best value. The Council's AGS, audit arrangements, budget monitoring, treasury reporting and external auditor value-for-money work provide assurance on economy, efficiency and effectiveness. Improvement actions focus on financial resilience, savings delivery and strengthening financial monitoring.*
• Arrangements to achieve fair access to services.	*Fair access is supported through the Council's statutory duties, equality impact assessments, consultation arrangements and corporate planning framework. The AGS Improvement Plan includes refresh of the Fairer Enfield Plan and ongoing review of policies in light of equality and inclusion requirements.*

CIPFA Addendum Requirements	*Council's Response*
• The authority's strategic approach to commissioning across the entity and its partnerships and collaborations.	*Commissioning and procurement are governed by Contract Procedure Rules, procurement codes and procurement assurance arrangements. The AGS notes that the CPRs were rewritten to reflect the Procurement Act 2023 and implemented with training. Partnership rules were reviewed and relevant elements incorporated into the new procurement arrangements, with ongoing work on company procurement frameworks and procurement pipeline planning.*
Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes	
• The arrangements for medium and short-term service planning, supported by projects and programmes, to ensure alignment to the vision and objectives.	*Medium- and short-term planning is aligned through the Corporate Plan, service planning, budget setting, programme governance and project reporting. The AGS Improvement Plan tracks major governance actions, including financial resilience, Meridian Water governance, procurement, risk management, business continuity and constitution review, with named responsible officers and timescales.*
• How budgets and resource strategies align to the delivery of objectives.	*Budget and resource strategies are linked to corporate priorities through the Medium Term Financial Strategy, budget monitoring, treasury management reporting and Cabinet/Council decision reports. The AGS identifies financial resilience, savings and income generation as continuing areas of focus, including improvements to the timeliness and clarity of financial monitoring.*
• How the authority uses self-assessment and continuous improvement to achieve value for money.	*Self-assessment is undertaken through the annual governance review led by the Monitoring Officer, the AGS process, internal audit annual opinion, external audit value-for-money work, risk maturity assessment and improvement planning. External auditor recommendations have been incorporated into management action, including changes to Audit Committee arrangements and renewed focus on risk.*

CIPFA Addendum Requirements	*Council's Response*
• The authority's performance management arrangements to ensure continued alignment to its objectives.	*Performance alignment is supported through corporate planning, service reporting, financial monitoring, risk registers, Assurance Board oversight, scrutiny work programmes and Audit Committee review. The AGS Improvement Plan provides a mechanism to monitor delivery of governance improvements arising from annual review and external challenge.*
• Arrangements for the achievement of social value in commissioning, procurement and contracting.	*Social value is embedded through procurement policy and contract management, including expectations on equality, fair treatment of workers, transparency, climate action and ethical supply chains. The new procurement framework and training programme provide the mechanism for reflecting social value in commissioning, procurement and contracting decisions.*
Principle E: Developing the entity's capacity, including the capability of its leadership and the individuals within it	
• Member and officer protocols and clarity over roles and responsibilities, including schemes of delegation.	*The Constitution sets out the roles and responsibilities of members, officers and committees, including the functions of the Head of Paid Service, Monitoring Officer and Chief Finance Officer. It includes schemes of delegation, member/officer protocols and decision-making rules. The Local Code confirms that the Constitution is reviewed regularly by the Monitoring Officer and that changes are approved through the relevant committee and Full Council processes.*
• Application of the Code of Practice on Good Governance for Local Authority Statutory Officers.	*The statutory officer framework is reflected in the Constitution and in the AGS review. The Chief Executive, Chief Finance Officer (section 151 Officer) and Monitoring Officer are recognised as the statutory officer "golden triangle" and are involved in key governance, legal, financial and ethical issues. The AGS also notes that the national Code of Practice on Good Governance for Local Authority Statutory Officers has been considered as part of the governance review.*
• How financial management roles align with:	*Financial management responsibilities are embedded through the section*

CIPFA Addendum Requirements	*Council's Response*
	151 Officer role, Financial Regulations, budget setting, budget monitoring, treasury management and financial implications in decision reports. The Audit Committee's terms of reference include review of financial management arrangements, including compliance with CIPFA's Financial Management Code.
–CIPFA Financial Management Code (FM Code)	*The AGS and audit committee arrangements recognise the FM Code as a key benchmark for assessing financial management. Controls include the Medium Term Financial Strategy, regular budget monitoring, savings and income plans, treasury management reporting, financial implications in reports and ongoing improvement actions around financial resilience and the timeliness and clarity of financial reporting.*
–CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2015), The Role of the CFO in Combined Authorities (2024) or The Role of Chief Financial Officers in Policing (2021), as appropriate.	*The Chief Finance Officer undertakes the section 151 Officer role and is supported by the finance function. The Constitution and Local Code recognise the CFO's statutory responsibilities and decision reports require finance advice and sign-off. The section 151 Officer is involved in EMT, Assurance Board, financial monitoring and risk review, providing professional financial advice and challenge to support lawful and sustainable decision-making.*
• The arrangements in place for the discharge of the monitoring officer function.	*The Director of Law and Governance is the designated Monitoring Officer. The Monitoring Officer advises on legality, conduct, constitutional compliance, standards, declarations of interest, urgent decisions and governance issues. The role includes review of the Constitution, oversight of the AGS process, advice to members and officers, and statutory reporting where required. No statutory Monitoring Officer reports were identified in the relevant management assurance responses.*
• The arrangements in place for the discharge of the head of paid service function.	*The Chief Executive is designated as Head of Paid Service in the Constitution. The role provides overall corporate leadership, chairs the EMT, the Assurance Board and the Officer Steering Board (Companies) and supports effective management, organisational capacity and delivery of the Council's objectives. The Constitution reserves key appointment and*

CIPFA Addendum Requirements	*Council's Response*
	dismissal matters to Full Council and sets out the Head of Paid Service function as part of the statutory officer framework.
• Induction and development programmes to meet the needs of members and senior officers in relation to their strategic roles.	*Member and officer development is supported through induction, training on codes of conduct, governance policies, procurement, cyber and information rights, and regular advice notes. The Local Code records training for members on the Code of Conduct and other governance-related policies, while officer awareness is supported through induction, staff communications, management briefings and role-specific training.*
• Workforce planning and organisational development.	*Workforce and organisational development are supported through the Council's values and behaviours framework, performance development review process, management responsibilities, HR policies and learning programmes. The AGS and assurance material refer to capacity, training, role clarity and leadership arrangements as part of the wider governance framework.*
• Arrangements for learning and development, and health and wellbeing.	*Learning, development and wellbeing are promoted through induction, mandatory training, management development, role-specific professional development, staff communications and HR policies. Health and safety, wellbeing and workforce matters are part of the Council's management and assurance arrangements, with staff responsibilities reinforced through the Employee Code of Conduct, policies and the PDR process.* *The Council has an established, robust and well-defined framework for the evaluation of training, supported by clear governance, accountability and data-driven insight. Training effectiveness is monitored through a combination of participant feedback, Learning Management System reporting, and manager-led performance discussions, ensuring learning is both completed and applied in practice. Learning and development discussions are also embedded within quarterly Performance Development Reviews (PDRs), where the effectiveness and practical implementation of training are reviewed directly between employees and their line managers. Oversight is strengthened through defined roles across HR, service*

CIPFA Addendum Requirements	*Council's Response*
	leadership and subject matter experts, maintaining the quality and relevance of training provision. Together, these arrangements provide assurance that the Council's investment in learning and development supports compliance, enhances capability, and contributes to effective service delivery.
Principle F: Managing risks and performance through robust internal control and strong public financial management	
• Risk management policy, strategy and arrangements for review.	*The Council has a Risk Management Strategy and Corporate Risk Register, supported by directorate and specialist risk registers. EMT and Informal Cabinet review the Corporate Risk Register quarterly, and Audit Committee review has been increased to twice yearly. A bi-monthly Risk Management Group includes directorate and specialist risk owners, including health and safety, counter fraud, insurance and data protection.*
• How financial management arrangements align with the Financial Management Code.	*Financial management arrangements are aligned to the FM Code through the section 151 Officer role, Financial Regulations, MTFS, budget monitoring, treasury management, savings monitoring, financial implications in reports and Audit Committee oversight. The AGS Improvement Plan identifies financial resilience and improved financial monitoring as ongoing governance priorities.*
• Internal control arrangements including:	*Internal control is maintained through the Constitution, Financial Regulations, Contract Procedure Rules, decision report clearance, internal audit, counter fraud, risk management, Assurance Board, Audit Committee, information governance and service management controls. Internal audit follows up agreed actions and reports implementation progress to Assurance Board and Audit Committee.*
–Cyber, AI and information security arrangements	*Cyber, AI and information security are managed through ICT and information governance policies, mandatory cyber and information rights training, risk registers and specialist oversight. The Local Code identifies systems for management and security of data, including personal data and*

CIPFA Addendum Requirements	*Council's Response*
	cyber security risk management, as part of the internal control framework.
–information governance	*Information governance is supported by the Information Management Strategy, access to information arrangements, data protection oversight, FOI and data protection reporting, privacy and records processes, and mandatory training. The AGS records review of FOI and data protection handling and notes ICO-related matters as part of the annual governance review.*
–asset management	*Asset management controls are supported through property governance, financial controls, decision reporting, internal audit activity and risk reporting. The AGS identifies property, commercial and high-value project risks as areas to be reflected through the Corporate Risk Register and governance review processes, including company and project governance where relevant.*
–procurement and contract management.	*Procurement and contract management are governed by the Contract Procedure Rules, Procurement Code, Procurement Assurance Group, annual procurement planning and contract management arrangements. The CPRs were rewritten to reflect the Procurement Act 2023 and include stronger controls over approvals, transparency, risk assessment, contract management, business continuity and procurement exceptions.*
• Assurance frameworks across the three lines. The framework should set out how the leadership team obtains its assurance, including from management, risk and compliance arrangements, and internal audit.	*The Council's assurance framework includes first-line management controls, second-line risk, compliance and specialist oversight, and third-line internal audit assurance. The Assurance Board, chaired by the Chief Executive, oversees governance, risk, audit, fraud, access to information, procurement and regulatory matters. Internal audit, external audit, risk management and counter fraud reporting provide assurance to senior leadership and Audit Committee.*
• Internal audit arrangements in conformance with the Global Internal Audit Standards in the UK public sector(GIAS and the Application Note) and	*Internal Audit operates under an Internal Audit Charter approved by committee and prepares a risk-based plan informed by the Corporate Risk Register, management consultation, emerging risks and external intelligence. The AGS records that the Head of Internal Audit reviewed compliance with CIPFA's Code of Practice for the Governance of Internal*

CIPFA Addendum Requirements	*Council's Response*
the CIPFA Code of Practice on the Governance of Internal Audit.	*Audit and assessed full compliance. Internal Audit reports annually on its opinion, plan delivery, QAIP and conformance with relevant standards.*
• Arrangements for formal overview and scrutiny (as applicable).	*Overview and scrutiny arrangements are set out in the Constitution and provide challenge to executive decision-making, including call-in of key decisions. Scrutiny work programmes, committee reports and public meetings support accountability, transparency and challenge across service and policy areas.*
• Facilitation of internal and external challenge.	*Internal challenge is provided through EMT, Assurance Board, Audit Committee, scrutiny, statutory officer review, risk management groups and internal audit. External challenge is provided through external audit, regulatory and inspection activity, complaints and ombudsman findings. The AGS records that external auditor recommendations have led to changes including a dedicated Audit Committee remit and strengthened risk reporting.*
• Undertaking the core functions of an audit committee, as identified in Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2022).	*The Audit Committee's revised terms of reference align with CIPFA guidance and provide oversight of governance, risk, internal control, financial management, value for money, counter fraud, internal audit, external audit, financial reporting and the AGS. The Committee includes an Independent Member and is supported by the Monitoring Officer and Head of Internal Audit.*
• Counter fraud and anti-corruption developed and maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).	*Counter fraud and anti-corruption arrangements are maintained through the Counter Fraud Strategy and Response Plan, Fraud Risk Register, whistleblowing, anti-money laundering, sanctions and prosecution policies, investigation protocols, NFI participation, fraud awareness activity and reporting to Assurance Board and Audit Committee. The Head of Internal Audit reviewed arrangements against CIPFA's fraud and corruption code. There were some areas for improvement - one of which has already been completed - introduction of an anti-bribery & corruption policy. The others will be included in the annual IA and CF report.*

CIPFA Addendum Requirements	*Council's Response*
• Governance, risk and control arrangements across companies, partnerships, collaborations and arm's length bodies.	*The Council recognises governance responsibilities for companies, partnerships and collaborations. The AGS and external auditor recommendations identify the need to strengthen company governance, with work underway on an overarching governance framework for Council-controlled companies. Shareholder, lender and commissioning roles are being separated where relevant to manage conflicts, maintain independent section 151 assurance and support transparent decision-making.*
Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability	
• Arrangements for the timely response and support to the work of external audit, internal audit and other inspection or regulatory action.	*External audit, internal audit and regulatory activity are supported through management responses, action tracking, committee reporting and Assurance Board oversight. The AGS is prepared with input from internal audit, external audit findings, inspections, ombudsman reports, complaints, FOI/data protection reviews and counter fraud activity.*
• Approach to welcoming external challenge and implementing recommendations.	*The Council has accepted and responded to external challenge, including Grant Thornton's statutory and improvement recommendations. Actions include changing the General Purposes Committee into a dedicated Audit Committee, revising its terms of reference, strengthening risk reporting and progressing governance improvements through the AGS Improvement Plan.*
• How learning and improvement are actioned.	*Learning and improvement are actioned through the AGS Improvement Plan, internal audit action tracking, counter fraud investigation recommendations, external audit recommendation tracking, risk management updates and committee oversight. The Improvement Plan assigns responsible officers and target dates and is kept under review by the Monitoring Officer.*
• How transparency and accountability are maintained across collaborations and arm's	*Transparency and accountability across collaborations and arm's length bodies are supported through governance frameworks, shareholder arrangements, decision reports, financial and legal advice, contract and*

CIPFA Addendum Requirements	*Council's Response*
length bodies, such as trading companies and joint ventures.	*procurement controls, and Audit Committee review of significant partnerships and collaborations. The AGS recognises that company governance requires continuing focus and further development.*
• Accountability to the public and stakeholders is supported by clear assurance and ensures core areas are covered to enable better accountability in practice.	*Accountability is supported by the published AGS, Statement of Accounts, Local Code, committee reports, audit reports, risk reports, scrutiny activity, complaints and ombudsman reporting, FOI/data protection processes and public decision records. The Audit Committee provides assurance that core areas of governance, risk, control, financial reporting, internal audit and external audit are subject to oversight.*
The local code should be a public document or webpage, easily identifiable on the authority's website. It should be a useful reference for both officers, elected representatives and the public to understand how governance works and the authority's commitment to good governance.	*The Local Code should be published in an accessible location on the Council's website and kept under regular review. The draft Local Code already identifies key governance arrangements and links to relevant policies, codes and procedures. Publishing and maintaining it as a clear public reference will support officers, members and residents in understanding how governance operates.*
Within the local government sector there will be aspects specific to some bodies but not all, for example the operation of the Force Management Statement and the Code of Ethics in police bodies.	*This requirement is sector-specific. Police, fire and other body-specific governance requirements do not apply to the Council, but equivalent local government arrangements are reflected through the Constitution, statutory officer roles, Local Code, AGS, audit, scrutiny, risk and assurance arrangements.*
While the preparation of a local code is strongly recommended, it is not a requirement of the regulations. Where an authority does not publish a local code, it will need to explain the elements set out above in its AGS.	*The Council has prepared a Local Code and the AGS reports publicly on the extent to which governance arrangements comply with it. The AGS also identifies significant governance issues and an improvement plan, providing transparency on any areas where arrangements need to be strengthened.*

Appendix 4: Assessment of Compliance with CIPFA's Code of Practice for the Governance of Internal Audit in UK Local Government

	Compliance Assessment		
Code Provisions	**Conforms**	**Does Not Conform**	**Comments**
1.Providing authority for internal audit			
1.1 Internal audit's mandate	✓		The internal audit mandate was included in the Internal Audit Charter approved by the GPC in March 2025
1.2 Internal audit's charter	✓		The Internal Audit Charter was agreed by GPC in March 2025 and includes the requirements set out in 1.2 of the code. The charter will be reviewed and approved at least annually or as and when significant changes are made.
1.3 Support for internal audit	✓		Support arrangements have been included in the Internal Audit Charter reviewed by Assurance Board and approved by GPC in March 2025. Progress reports to GPC from 2025-26 will include a specific comment on whether there have been any restrictions on internal audit's scope, access, authority or resources. The GPC approves each iteration of the audit plan. Arrangements are in place for the GPC Chair to meet privately with the Head of Internal Audit. The Head of Internal Audit is a member of the Assurance Board.
2. Positioning internal audit independently			
2.1 Organisational independence	✓		Organisational independence safeguards are outlined in the Internal Audit Charter approved by GPC in March 2025.

	Compliance Assessment		
Code Provisions	**Conforms**	**Does Not Conform**	**Comments**
			Feedback on the Head of Internal Audit's performance was sought from the GPC Chair. The Head of Internal Audit has access to the GPC Chair. As and when there are changes to the Head of Internal Audit's job description, feedback will be sought from the GPC.
2.2. Qualifications of the Chief Audit Executive	✓		The Head of Internal Audit is suitably qualified (Chartered Accountant – ICAS) with appropriate external and internal audit experience.
3. Oversight of internal audit			
3.1 Audit committee interaction	✓		GPC's annual workplan includes appropriate coverage of internal audit matters. The GPC's annual workplan includes provision for internal audit mandate and charter, strategy, plans, engagement reporting, annual conclusion and quality reports to be considered. The GPC approves the annual governance statement and receives reports on the Corporate Risk Register and Risk Management Strategy. The Internal Audit Charter refers to the fact that the Head of Internal Audit is able to "… escalate matters to the General Purposes Committee, when necessary, without undue or inappropriate interference and supports the internal auditors' ability to maintain objectivity and a level of independence."
3.2 Resources	✓		Currently internal audit resources are considered adequate to fulfil internal audit's mandate and to deliver an annual conclusion. An annual conclusion has been set out for 2024-25.
3.3 Quality	✓		The Head of Internal Audit's annual report, including the annual conclusion of governance, risk management and control and internal audit's performance against its objectives is presented to the GPC.

	Compliance Assessment		
Code Provisions	**Conforms**	**Does Not Conform**	**Comments**
			For 2024-25 as an External Quality Assessment was carried out in Q4, no separate internal assessment of conformance against the Global Internal Audit Standards has been carried out. In other years, the results of an internal assessment together with a Quality Assurance Improvement Programme.
3.4 External quality assessment	✓		An External Quality Assessment was carried out in Q4 2024-25 by the Chartered Institute of Internal Auditors. The results of the assessment were reported to GPC in June 2025 together with the Quality Assurance Improvement Programme developed following the assessment. Progress against the Quality Assurance Improvement Programme will be monitored by GPC every 6 months.