

**AUDIT COMMITTEE  
25th September, 2025**

Present:- Councillor Baggaley (in the Chair); Councillors Allen, Blackham, Elliott and McKiernan along with Ms. A. Hutchinson (Independent Member).

Mr. G. Charnley, Grant Thornton (External Audit) was also present.

An apology for absence was received from Mr. M. Olugbenga-Bababola (Independent Person).

**30. DECLARATIONS OF INTEREST**

There were no Declarations of Interest to report.

**31. QUESTIONS FROM MEMBERS OF THE PUBLIC OR THE PRESS**

No questions had been received in advance of the meeting nor were there any members of the public or press in attendance.

**32. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for Minute No. 41 (Risk Management Presentation – Assistant Chief Executive) as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the authority holding that information)).

**33. MINUTES OF THE PREVIOUS MEETING HELD ON 29TH JULY, 2025**

Consideration was given to the minutes of the previous meeting of the Audit Committee held on 29<sup>th</sup> July, 2025.

With regards to Minute No. 21 (Review of Surveillance and use of Regulation of Investigatory Powers) it was noted that external training had been arranged for 21<sup>st</sup> October, 2025.

Resolved:- That the minutes of the previous meeting of the Audit Committee be approved as a correct record of proceedings.

**34. EXTERNAL AUDIT PROGRESS REPORT**

The Chair invited Greg Charnley, Audit Senior Manager, Grant Thornton, to provide an update on the current position with regard to the External Audit.

The audit had commenced and no material or significant issues had been identified of concern. It was, therefore, expected the findings of the audit would be presented to the November meeting of the Audit Committee.

Resolved:- That the update be received and the content noted.

**35. INFORMATION GOVERNANCE ANNUAL REPORT 2024/25**

Consideration was given to the annual report presented by Paul Vessey, Head of Information Governance, which set out the detail of Council's compliance with Data Protection and Freedom of Information legislation.

The report, therefore, set out in detail performance for Freedom of Information, Right of Access Requests and any Data Protection Incidents and Breaches.

In terms of responses to Freedom of Information Requests (within the statutory time limits) overall performance was at 98% with the number of requests received during Year 2024/25 up to 1,347 compared to 1,307 in 2023/2024.

This was an improvement in performance compared to the previous year and following analysis of the data there were no concerns raised on the year's performance.

With regards to Right of Access Requests during 2024/25 there had been an increase leading to an improvement in performance by 22% percentage points for requests dealt with within the statutory time frame.

In terms of Data Protection Incidents and Breaches, the Council actively encouraged services to report any suspected data incidents and all reported cases were investigated. Attached to the report was an Appendix which provided a breakdown of the number and classification of incidents.

There had been one complaint received direct from the Information Commissioner's Office which was addressed.

In the main all the breaches reported were of a minor nature.

The Committee in the course of its questioning asked further about the complex nature of Right of Access Requests, whether they were mainly personal requests or part of a specific investigation, the context of the Information Data Incident Statistics and if there was any year-on-year data.

In their response officers explained and gave examples of complex Right of Access Requests which were primarily related to Social Care and Children and could be resource intensive and lengthy when collating historical records. In the main requests were of a personal nature, but there were occasions where requests were received as a result of an investigation.

Unfortunately, there was no further breakdown for the statistics, but every single request received was investigated. The tables within the appendices provided numbers on a year-on-year basis for all requests in accordance with the Data Protection and Freedom of Information legislation.

Further examples of low-risk data protection incidents and breaches were provided which were often due to misdirected emails with limited or no personal data, emails sent with Carbon Copy (CC) instead of Blind Carbon Copy (BCC) exposing email addresses, and Council Tax bills sent to the wrong address.

Serious breaches were reported to the Information Commissioner's Office and two incidents were reported in 2024/2025 financial year. No action was taken by the Information Commissioner.

The Committee wished to explore further the complaint from the Information Commissioner's Office and were advised this related to a bus pass application and the request for information.

Further the Committee asked about performance for Freedom of Information Requests at 98% and why this was not 100% and were advised this was down to responses from individual Directorates who were responsible for providing information. It was their determination of priorities when delays occurred.

Whilst it was noted that the Service managed the processes, any concerns with the receipt of responses were escalated and discussed by the Senior Leadership Team.

A question raised about software that advised of deadlines was currently in operation with logged Freedom of Information requests.

A request for further detail on the requesters (business or individuals) was answered and it was noted that the majority of requests were from individuals. During 2024/25 there was a request deemed invalid due to a suspected impersonation and another that was vexatious on a specific line of enquiry. Even requests that were deemed vexatious received a formal response under the Act.

The Committee asked about any potential risk to the Council if timeframes were delayed and it was noted the risk was minimal. Should there be any complaints from individuals they had the opportunity to refer their concerns to the Information Commissioner's Office.

Whilst there was still a risk of Information Data Incidences these were few and far between and of those indicated on the statistics, these were of a minor nature.

Resolved:- (1) That the Data Protection/FOI Annual Report 2024/25 be received and the contents noted.

(2) That the Council continues its maintenance of its Information Governance practices and processes as a requirement and in compliance with legislation.

**36. ANTI-FRAUD AND CORRUPTION POLICY, STRATEGY AND SELF-ASSESSMENT AGAINST FIGHTING FRAUD AND CORRUPTION LOCALLY CHECKLIST**

Consideration was given to the report presented by Louise Ivens, Head of Internal Audit, which detailed the proposed update to the Council's Anti-Fraud and Corruption Policy and Strategy.

The update followed an annual review process which was designed to ensure that the Policy and Strategy were up-to-date with current best practice and to take into account any changes to the Council's organisational structure.

The Committee was advised that there had been only minor updates to the Policy and Strategy since the last review. The Fighting Fraud and Corruption Locally checklist had been used to review the Council's arrangements against current best practice. The self-assessment against the checklist and resulting actions were included as part of the report.

In considering the content, the Committee referred to Section 15 of the Self-Assessment Checklist and the programme of work to ensure a strong counter fraud culture across all Departments. With this in mind was there an opportunity to provide an e-learning package of training and for this to be mandatory.

The Head of Internal Audit advised that the training programme for staff was currently being reviewed including which training was mandatory. The counter fraud training was currently in development and it would be reviewed as to whether this should be mandatory or not. In response to a question regarding the Economic Crime and Corporate Transparency Act, advice had been sought from Legal Services and it was confirmed that this was not applicable to Rotherham Council.

Resolved:- (1) That the content of the revised Anti-Fraud and Corruption Policy be noted.

(2) That the revised Anti-Fraud and Corruption Strategy be approved.

(3) That the actions taken to strengthen the Council's fraud and corruption arrangements be noted.

(4) The further information be provided on the counter fraud training and whether this would be mandatory for staff.

**37. INTERNAL AUDIT PROGRESS REPORT FOR THE PERIOD 1ST MAY TO 31ST JULY 2025 AND DRAFT AUDIT STRATEGY 2025-28**

Consideration was given to the report presented by Louise Ivens, Head of Internal Audit, which set out in detail the progress report and the latest up-to-date position on the Internal Audit Plan.

The report, therefore, provided a regular summary of Internal Audit work completed during the period 1<sup>st</sup> May to 31<sup>st</sup> July 2025 and the key issues that have arisen from it, along with the status of actions arising from audits.

The report also detailed information regarding the performance of the Internal Audit function during the period and a review of the Performance Indicators that had taken place.

A Draft Audit Strategy 2025-28 had been developed in accordance with the Global Internal Audit Standards (UK Public Sector). The Strategy set out the vision, strategic objectives and initiatives and an action plan of how they would be delivered.

The Performance Indicators to encompass the objectives have been reviewed and KPI information would continue to be reported on quarterly. Appendix B to the report set out in detail the current latest position against the audit plan.

There were 32024-25 ongoing audits. The overall summary of reports issued during the period May to July were set out in detail at Appendix C to the report.

Appendix D detailed the Internal Audit Dashboard, Appendix F the Quality Assurance and Improvement Programme Action Plan and Appendix G the Draft Internal Audit Strategy for 2025-2028.

The Draft Internal Audit Strategy had 3 objectives:-

- Developing agile and data driven approaches to auditing.
- Workforce planning and professional development.
- Developing the assurance framework.

The Internal Audit Strategy would be reviewed every 3 years. However, if significant changes occurred, then the Strategy would be revised more frequently. An annual review of progress against the actions in the Strategy would be undertaken and reported to the Strategic Leadership Team and the Audit Committee.

As part of their questions the Audit Committee asked about the KPI's and the need to ensure there were no delays by management and asked that this be followed up.

A query was raised regarding the Sundry Debtors report for Regeneration and Environment to which the Assistant Director of Community Safety and Street Scene confirmed that a regular report on Sundry Debt was now discussed at the Directorate Leadership Team.

The Head of Internal Audit confirmed actions would be followed through and picked up through normal audit progress and routine review.

In terms of the Audit Plan it was noted there were 40 Audit areas, not all of which had been started. A question was raised as to how confident officers were of all areas being achieved given the carry forward of some audits from 2024/25.

A further question referred to potential failures to achieve audits within planned timescales and the risk of failing to complete the wider assurance plan.

The Head of Internal Audit addressed both questions and confirmed that whilst it was difficult to set amounts of time within the Audit Plan, where the audit budget was exceeded this related to audits which were given partial assurances as these took longer to review the issues arising and root causes.

The Head of Internal Audit did not have any concerns regarding the ability to complete the 2025-26 audit plan and carry-over audits between the years had reduced.

A further question asked for an indication of completion within the Audit Plan 2025/26 for Adult Care, Housing and Public Health specifically in relation to Safeguarding.

The Head of Internal Audit confirmed this had been put back, due to changes in processes within the Service and it was not beneficial to undertake the audit in 2024-25 while this was underway. This had now been scoped out and would commence with some urgency.

A further question was asked about the compliance of vehicle crews with health and safety requirements and more so about there being no central register of driver qualifications/CPC cards.

The Assistant Director of Community Safety and Street Scene confirmed he would endeavour to address the concerns and clarify/review and report back his findings.

Resolved:- (1) That the Internal Audit work undertaken since the last Audit Committee, 1st May to 31st July 2025, and the key issues that have arisen from it be noted.

(2) That the performance objectives of Internal Audit and the actions being taken by audit management in respect of meeting the performance objectives be approved.

(3) That the Draft Audit Strategy 2025-28 be approved.

(4) That clarity be provided on recording procedures for recording driver qualifications/CPC cards.

### **38. CODE OF CORPORATE GOVERNANCE**

Consideration was given to the report presented by Simon Dennis, Corporate Improvement and Risk Manager, which detailed how in April 2016 the Chartered Institute of Public Finance and Accountancy and the Society of Local Authority Chief Executives published revised guidance on delivering good governance in Local Government. In May 2025 CIPFA issued an addendum to the guidance covering the annual review of governance and the annual governance statement.

The Council's Code of Corporate Governance was refreshed to comply with this new guidance and attached as an appendix was the tracked change version. It was good practice to review and revise the Council's Code on an annual basis. Although there had been no specific changes to the 2016 guidance as a result of the 2025 addendum, an annual review of the Code had been completed to ensure it remained up-to-date and relevant to the Council. The changes this year took account of the additional clarifications included in the 2025 addendum and could be seen on Appendix 1.

In their receipt of the report, the Committee asked about Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability and how this was evidenced on the Council's website and asked was this, therefore, sufficient in reaching all audiences?

The Corporate Improvement and Risk Manager confirmed the website allowed for compliance examination and had received no feedback to confirm this was insufficient.

Resolved:- That the refreshed version of the Code of Corporate Governance be received and noted.

### **39. AUDIT COMMITTEE FORWARD WORK PLAN**

Consideration was given to the proposed forward work plan for the Audit Committee for next year. The plan showed how the agenda items related to the objectives of the Committee, which was presented for review and amendment as necessary.

Whilst a suggestion had been maybe allow Scrutiny to suggest items, the functions of each area should not be confused.

Resolved: That the Audit Committee forward work plan as submitted be approved.

### **40. PARTIAL OPINION AUDITS PROGRESS REPORT**

Consideration was given to the report presented by Louise Ivens, Head of Internal Audit, which provided assurance to the Audit Committee in relation to the actions taken and implementation of the recommendations made with regard to the partial assurance Internal Audit reports on:-

- Asset Management property acquisitions and disposals.
- Building Security follow up.
- Water safety (legionella) compliance (Corporate Landlord).
- Water safety (legionella) compliance (Housing).
- Music Service income.
- Home to School Transport.

Officers from relevant services were present to provide updates and the Chair extended an invitation individually for this to be undertaken.

The Assistant Director for Community Safety and Street Scene provided an update on the number of actions which were prioritised for progression and achieved completion by the 30th June 2025. These primarily related to driver compliance and it was noted all records have been brought up-to-date and a new monthly report showing compliance across DBS checks and training records had been established within a dashboard.



The other actions due for completion and implementation by 31<sup>st</sup> August 2025 have been complied with and evidenced. All identified actions in relation to processes and procedures have been developed and implemented, along with scheduled monthly dip test checks and relevant toolbox talks planned for staff involved in the day-to-day operation of the service.

A Project Team had now been established consisting of officers from the Home to School Transport and Procurement teams. During the first couple of meetings an initial scoping and analysis of requirements/route to market was undertaken and a project plan now in the process of being developed.

In considering the detail the Committee was concerned that the Home to School Transport Service did not have a current contract/framework in place with the external operators providing transport for the Service and asked if this would be corrected by the end of 2026.

The Assistant Director for Community Safety and Street Scene confirmed the challenge was welcomed and many of the issues would be addressed. He provided a reassurance that value for money would be achieved through a framework of local suppliers and through a competitive tendering relationship. This area was a high priority for Procurement.

Contract extensions have been approved via exemptions from retendering to continue operating the Service out of contract. However, the latest approved exemption expired in March 2024 exposing the Council to risk of challenge. It was imperative that this was pursued within a reasonable timescale and the risks be mitigated against and reduced.

The Assistant Director for Property and Facilities Services reported on Asset Management property acquisitions and disposals and how the Council had incurred substantial costs to remedy damage to a town centre property which was acquired and not promptly secured. This contributed to an overspend against the budget within the Asset Management Service in 2023-24 of £0.3m.

Of the 19 recommendations, 18 were now complete with the last recommendation remaining within timescale for completion. However, as of today this was now also complete.

The Assistant Director for Property and Facilities Services also reported on building security follow up and a partial assurance in the latest audit around inspection frequency and recording on the CIPFA Asset Manager system. The ability to fully comply was now complete and an assurance provided that this was now all updated. The Service had gone through a significant period of change and policy and procedures were now in place. Issues with staffing had now been resolved following a redesign of the Service.

The Committee was further advised that the Head of Facilities Management and Compliance had led the development of new policies and processes to strengthen water safety compliance.

All relevant contracts have been reviewed to ensure clear understanding of requirements. Compliance was now monitored through regular monthly contractor management meetings, with performance and remedial actions tracked and followed up as needed through a dashboard.

The Assistant Director for Culture, Sport and Tourism confirmed that as a consequence of the review process, additional controls were in place. From the 9 recommendations, 4 were low risk, 4 were medium and one was high. 8 actions were now complete, and the remaining action, due by 31st October, was on track.

In addition, Partnership Agreements were now in place for all schools taking up Rotherham Music Services, approved by the Head of Service. A new system of quality assurance checks had also been developed and this would be tested September - December 2025/26. This would allow for a full cycle of billing for this academic year with the new systems and processes in place.

The Head of Housing for Property Services confirmed how the Water Safety (Legionella) Audit undertaken in February 2025 concluded with a partial assurance and 13 recommendations. Significant work had been undertaken since the audit by a newly introduced compliance team with specialist officers responsible for oversight of water safety within the housing stock and the Legionella Policy. All 13 recommendations were now complete.

The implementation of a documented flushing regime in line with flushing control measures was now undertaken on void properties prior to letting and documented.

The tenant welcome pack included information on Legionella, what risks it could pose and how it could be prevented.

Resolved:- That the report be received and the contents noted.

**41. RISK MANAGEMENT PRESENTATION - ASSISTANT CHIEF EXECUTIVE**

Consideration was given to the report presented by the Assistant Director of Legal Services (as the Strategic Director of Finance and Customer Services had been called away to deputise for the Chief Executive), which provided details of the current position of the Assistant Chief Executive's Directorate Risk Register and risk management activity within the Directorate.

Due to the departure of the Assistant Chief Executive, temporary management arrangements were in place and the Risk Register would be reviewed.

An additional risk was to be added to the register relating to equal pay and this would be picked up in due course.

The Committee in their consideration of the report made reference to ACX35 and the lack of Elected Member engagement in the Member Development Programme or Neighbourhood Working. Questions were raised on how this suggestion had been arrived at when engagement was difficult unless Members were on the membership of the Member and Democratic Panel.

The Assistant Director for Legal Services acknowledged the difficult interpretation and on reflection agreed that the risk would be reviewed to address the wording and more clearly articulate the risk. This would need to be discussed further.

The Committee asked further about equal pay and whether the arrangements increased the risk as this Directorate had no incumbent in the Assistant Chief Executive role.

The Assistant Director of Legal Services confirmed arrangements were in hand to fully manage risk. Management arrangements were in place to ensure any transition were undertaken smoothly and risks managed appropriately.

The Committee also noted that ACX40 had since transferred to Finance and Customer Services, although this would remain a risk to the whole Council.

The Committee further referred to ASX32 and the potential failure to deliver key workplace priorities and it was confirmed this would form part of the review of the Directorate. Every effort would be made to strengthen any changes and with full engagement. Further details would follow.

With this in mind the Committee asked that instead of this risk register being reviewed annually, that this be reconsidered by the Committee in January, 2026 where any changes would be clearly outlined.

Resolved:- (1) That the progress and current position in relation to risk management activity in the Assistant Chief Executive's Directorate, as detailed in the report submitted, be noted.

(2) That due to the management changes and proposed review of the risks the risk register be reconsidered by the Committee in January, 2026.

(Exempt under Paragraph 3 (information relating to the financial or business affairs of any particular person (including the Council) of Part 1 of Schedule 12A))

**42. ITEMS FOR REFERRAL FOR SCRUTINY**

There were no items for referral to Scrutiny.

**43. URGENT BUSINESS**

There was no urgent business for consideration.