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Bridgend County Borough Council



Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont, CF31 4WB / Civic Offices, Angel Street, Bridgend, CF31 4WB

Rydym yn croesawu gohebiaeth yn Gymraeg. Rhowch wybod i ni os mai Cymraeg yw eich dewis iaith.

We welcome correspondence in Welsh. Please let us know if your language choice is Welsh.



Cyfarwyddiaeth y Prif Weithredwr / Chief Executive's Directorate
Deialu uniongyrchol / Direct line /: 01656 643148 / 643694 / 643513
Gofynnwch am / Ask for: Democratic Services

Dyddiad/Date: Thursday, 14 May 2026

Dear Councillor,

GOVERNANCE AND AUDIT COMMITTEE

A meeting of the Governance and Audit Committee will be held Hybrid in the Council Chamber - Civic Offices, Angel Street, Bridgend, CF31 4WB / remotely via Microsoft Teams on **Thursday, 21 May 2026 at 10:00.**

AGENDA

1 Election of Chairperson

To elect a Chairperson to the Governance and Audit Committee. The person appointed Chair of the Committee must be a Lay member.

2 Election of Vice-Chairperson

To elect a Vice-Chairperson to the Governance and Audit Committee. The person appointed as Vice Chair can be any member of the Committee.

3 Apologies for Absence

To receive apologies for absence from Members.

4 Declarations of Interest

To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members' Code of Conduct adopted by Council from 1 September 2014.

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5	<u>Approval of Minutes</u>	5 - 18
	To receive for approval the minutes of the Committee of 29 January 2026 and reconvened on 2 February 2026.	
6	<u>Governance and Audit Committee Action Record</u>	19 - 22
7	<u>Audit Wales Governance and Audit Committee Reports</u>	23 - 62
8	<u>Regulatory Tracker Update</u>	63 - 76
9	<u>Code of Corporate Governance</u>	77 - 144
10	<u>Self-Assessment Approach for 2025/26</u>	145 - 150
11	<u>Regional Internal Audit Service Charter 2026-27</u>	151 - 178
12	<u>Governance and Audit Committee Self-Assessment</u>	179 - 206
13	<u>Forward Work Programme 2026-27</u>	207 - 212
14	<u>Urgent Items</u>	
	To consider any other items(s) of business in respect of which notice has been given in accordance with Rule 4 of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.	

Note: This will be a Hybrid meeting and Members and Officers will be attending in the Council Chamber, Civic Offices, Angel Street Bridgend / Remotely via Microsoft Teams. The meeting will be recorded for subsequent transmission via the Council's internet site which will be available as soon as practicable after the meeting. If you would like to view this meeting live, please contact cabinet_committee@bridgend.gov.uk or tel. 01656 643148 / 643694 / 643513 / 643159.

Yours faithfully

K Watson

Chief Officer, Legal and Regulatory Services, HR and Corporate Policy

Councillors:

A R Berrow
O Clatworthy
S Easterbrook
RM Granville
S J Griffiths
J Llewellyn-Hopkins
M L Hughes
RL Penhale-Thomas

Lay Members:

D Austin
A Bagley
G Chapman
O Olorunnisola

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GOVERNANCE AND AUDIT COMMITTEE - THURSDAY, 29 JANUARY 2026

MINUTES OF A MEETING OF THE GOVERNANCE AND AUDIT COMMITTEE HELD HYBRID IN THE COUNCIL CHAMBER - CIVIC OFFICES, ANGEL STREET, BRIDGEND, CF31 4WB ON THURSDAY, 29 JANUARY 2026 AT 10:00 AND RECONVENED REMOTELY ON 2 FEBRUARY 2026 AT 14:00

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Present

G Chapman – Chairperson (Lay Member)

S Easterbrook

O Clatworthy

M L Hughes

Lay Members - Present

A Bagley

Present Virtually

C Davies – 2 February
MJ Williams

RM Granville

S J Griffiths

RL Penhale-Thomas

Lay Members - Present Virtually

D Austin

A Bagley – 2 February

B Olorunnisola

Apologies for Absence

C Davies – 29 January
RL Penhale-Thomas – 2 February

Declarations of Interest

None

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

Agenda Item 5

Officers:

Jake Morgan	Chief Executive
Carys Lord	Chief Officer - Finance, Housing & Change
Janine Nightingale	Corporate Director - Communities
Jonathan Parsons	Group Manager Development
Deborah Exton	Deputy Head of Finance
Nigel Smith	Group Manager - Chief Accountant
Andrew Wathan	Head of Regional Internal Audit Service
Joan Davies	Deputy Head of Regional Internal Audit Service
Rachel Keepins	Democratic Services Manager
Alex Rawlin	Corporate Policy & Performance Manager
Kate Pask	Corporate Performance Manager
David Williams	Audit Wales
Samantha Clements	Audit Wales
Jemma Trivett	Audit Wales
Allison Rees	Audit Wales
Bethan Hopkins	Audit Wales
Stephen Griffiths	Interim Scrutiny Officer/ Democratic Services Officer - Committees
Michael Pitman	Technical Support Officer – Democratic Services

273. Approval of Minutes

Decision Made	<u>RESOLVED:</u> The Minutes of the meeting on 27 November 2025 were approved as a true and accurate record.
Date Decision Made	29 January 2026

274. Governance and Audit Committee Action Record

Decision Made	The purpose of the report was to provide Members with an update on the Governance and Audit Committee Action Record. In response to the report, the following issues were raised:
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	<ul style="list-style-type: none"> • There was a need for an update on the investigation into the purchase of a shipping container. In response, the Chief Officer - Finance, Housing & Change indicated that she would circulate a written note to Members outlining the findings. To reassure the Committee, she did not think there had been deliberate fraud, but that some officers needed training to update their knowledge of procurement processes. The Chair requested that a short report could be prepared for the next meeting of the Committee. • The Corporate Director – Communities outlined the timetable for the production of the requested report on Porthcawl Harbour. She noted that the annual report on Porthcawl Harbour would be submitted to Cabinet in March and that, once approved, it could then be submitted to the next scheduled meeting of the Committee. <p><u>RESOLVED:</u></p> <p>The Committee noted the Action Record and provided comments, as appropriate.</p>
Date Decision Made	29 January 2026

275. Audit Wales Governance and Audit Committee Reports

Decision Made	<p>The purpose of the report was to submit to the Committee two reports from Audit Wales:</p> <ul style="list-style-type: none"> • Review of Risk Management – Bridgend County Borough Council - (Appendix A) – Audit Wales looked at whether the Council’s risk management arrangements support it to effectively manage the risks which could prevent it from achieving its strategic objectives. The Council’s Management Response Form was attached at Appendix B. • Planning and Development Service – Bridgend County Borough Council – (Appendix C) – Audit Wales looked at whether Bridgend County Borough Council supports the Planning and Development Service to deliver value for money in the use of its resources. The Council’s Management Response Form was attached at Appendix D. <p>In response to the first report, Review of Risk Management – Bridgend County Borough Council, members discussed the following issues:</p> <ul style="list-style-type: none"> • The Chair asked if Audit Wales were content where, in the management response, a couple of the recommendations were only partially accepted. In response, a representative from Audit Wales indicated that they were broadly satisfied. The Chief Officer - Finance, Housing & Change made it clear that the findings in
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the report had been accepted and that the Council was on a journey as far as risk management was concerned. As part of that journey, she indicated there was a related updated policy later on the agenda. The Chief Executive added that risk management had been an area that was under-resourced, and that was being addressed.

- Members expressed concerns about the content of the report, and it was suggested that the Committee should receive regular updates about the implementation of changes in respect of risk management.
- A Member expressed the view that the Council, led by the Leader and the new Chief Executive seemed to be moving towards a less risk-averse position but that would require clarity about the ownership of risks, and the proper resourcing of risk management. He hoped that the Cabinet was cognisant of that.
- In response to a question about the identification of good practice in this area, the representative from Audit Wales noted that they had not conducted reviews of risk management in Councils across Wales so were not in a position to signpost good practice. However, there was an all-Wales risk management group, and this would enable a more open and transparent relationship between colleagues working in this area.
- The Chief Executive noted that there had been a lack of capacity in terms of the Council's ability to manage complex change projects and that, as part of the transformation agenda, that was being addressed.
- A Member expressed concern about whether the Council was in a financial position to do what had been outlined quickly, given the budget process was almost complete for this year. He noted that the Council had taken a very sharp scalpel to the central functions in the last couple of years. There was a policy of protecting frontline services, but that had hamstrung the Council in terms of back-office functions like change, project and risk management, and especially development control, which he noted were the invisible engines which enabled the rest of the organisation to move forward.
- A Lay Member asked for a register of policies with their due dates so that Members would know when policies were due for renewal. The Chair requested that that was left for officers to discuss and then report back to Members in due course.
- A Member noted that whilst the tools and resources to do the job of risk management were important, the key task was to embed a risk management culture across the organisation.
- The Chief Officer - Finance, Housing & Change noted that there was a need to establish what the Council's appetite for risk was and then to ensure that that was built into all future plans, whether it was about the budget, service development, or around the capital programme.
- A Member asked what difference residents would notice as a result of the report. The Chief Officer - Finance, Housing & Change indicated that the focus had been on revising the risk management policy and raising awareness in the Council so that risk became a part of the culture.
- There was a need to raise awareness and understanding of risk amongst the Members so that they leave meetings with assurance that risks are being managed properly.
- The Chair made it clear that the report did not conclude that there was no risk management structure within the Council. Audit Wales indicated that it needed to be strengthened and there was a need for an improvement

	<p>process. He noted that the Committee had received an assurance from the Chief Executive and the Chief Officer - Finance, Housing & Change that that would be delivered. He requested that officers report back to the Committee on the key milestones as appropriate.</p> <p>In response to the second report, Planning and Development Service – Bridgend County Borough Council, Members discussed the following:</p> <ul style="list-style-type: none"> • A Member noted that Audit Wales had stated that the Council had a limited understanding of the importance of the planning and development service with weaknesses in how resources, risk and performance were managed and that the service lacked a service plan and proper oversight. • A Member thought the Council had been careless with the planning service. He highlighted a section of the Audit Wales report that found limited evidence of any public committee receiving information on the performance of the service and there was insufficient awareness, oversight and scrutiny of the service, even though it was an essential enabler for the delivery of the council's ambitions. He suggested that a new governance model was needed and that oversight of this topic needed to be a major item on the Committee's Forward Work Programme. • The Chair concurred and suggested that the Corporate Director – Communities could report back on the progress made against the recommendations and in particular, in respect of the reporting mechanisms. He also noted that this issue tied in well with the risk management work discussed earlier in the meeting. • The Chief Executive noted that the Council had passed one of the most ambitious Land Development Plans (LDP) and then did not increase the planning resource to go alongside it. That was a failure of risk management. He had not seen any evidence of a cultural problem in planning about not wanting to change. The Council had to resource the service, provide them with strategic oversight, and then have the systems that monitor and hold them to account through the process. He added that he was encouraged by the service leadership taking the initiative to get trained in the use of Artificial Intelligence (AI), and by their resilience. <p><u>RESOLVED:</u></p> <p>The Committee noted the Audit Wales Governance and Audit Committee Reports at Appendix A and Appendix C, along with the Council's Management Response Forms to the reports at Appendix B and Appendix D.</p>
Date Decision Made	29 January 2026

276. Treasury Management Strategy 2026-27

Decision Made	<p>The purpose of the report was to present to the Committee the draft Treasury Management Strategy 2026-27 (Appendix A), which included the:</p> <ul style="list-style-type: none">• Borrowing Strategy 2026-27.• Treasury Investment Strategy 2026-27.• Treasury Management Indicators for the period 2026-27 to 2028-29. <p>In response to the report, Members discussed the following:</p> <ul style="list-style-type: none">• The Council's debt and its potential role in supporting the ambitions of the Council, the debt profile of the Council, and the possible revenue implications of debt and the relationship with Council Tax.• In respect of a specific point about the amount of interest paid on the Council's debt, the Chief Officer - Finance, Housing & Change indicated that this was reported regularly as part of the quarterly Treasury management reports that went to Cabinet and the six-month report that went to Council, but she was happy to share it with the whole Committee. She also reminded Members that private briefings and meetings were available to Members to discuss all aspects of the Council's finances.• A Member raised issues around governance and accountability within the Treasury Management report and the potential implications of the weaknesses and areas for development in the Audit Wales Review of Risk Management report considered earlier in the meeting. In response, the Chief Officer - Finance, Housing & Change noted that, as the Council completed its risk review, Treasury Management would be included and future reports would need to include more information (especially in respect of service needs and benefits) about the consequences of some of the risks that would be taken if, for example, the Council became an authority that borrowed more in the future.• A Member and the Group Manager - Chief Accountant discussed the possibility of issuing bonds and similar instruments in order to lower interest costs and reduce over-reliance on one source of funding.• A Member asked if consideration had been given to using unused funds, identified as a result of delays in initiating or managing capital projects to invest in other 'spend to save' projects to get a better rate of return than more traditional investments. In response, the Chief Officer - Finance, Housing & Change noted that the Council's appetite to invest in 'spend to save' projects was far stronger than it was a while ago, and they could have a positive impact on the revenue account. In respect of the capital programme, once schemes were fully funded, even if the scheme did not deliver as per profile in any given year there remained a need to ensure that that money was still available.• The Chair noted that, if the Treasury Management policy changed as a result of the consideration being given to the Review of Risk Management report, then that would be reported to the Governance and Audit Committee.
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	<p><u>RESOLVED:</u></p> <p>The Committee:</p> <ul style="list-style-type: none">• Considered the draft Treasury Management Strategy for 2026-27 (Appendix A); and• Recommended that the final updated Treasury Management Strategy, reflecting the latest financial information available be presented to Cabinet on 17 February and then Council for approval on 25 February 2026.
Date Decision Made	29 January 2026

277. Statement of Accounts 2024-25: Lessons Learned

Decision Made	<p>The purpose of the report was to present to the Committee the lessons learned following the completion of the audit of the 2024-25 Statement of Accounts.</p> <p><u>RESOLVED:</u></p> <p>The Committee noted the report.</p>
Date Decision Made	29 January 2026

278. Panel Performance Assessment

Decision Made	<p>The purpose of the report was to present the Committee with the Council's draft response to the recommendations of the Panel Performance Assessment that took place between 16-19 September 2025, for consideration.</p> <p>In introducing the draft report and providing a comprehensive overview of the issues discussed within it, the Chief Executive noted that it was a dynamic plan that had been updated to provide as far as possible the latest position.</p> <p>In response to the report, members discussed the following:</p> <ul style="list-style-type: none">• A Member noted that the findings of the report were not an enormous surprise, nor did he think the recommendations and the responses were unfair or unmeasured. He welcomed the grown-up, sensible political discussion around the report and thought the response had cross-party support, especially in respect
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	<p>of the need for strategic investment in members of staff.</p> <ul style="list-style-type: none"> • A Lay Member raised two points about the plan: firstly, he noted that it was worth thinking about a communications strategy and plan when an organisation was being asked to go on a journey involving a cultural shift; and secondly, he stressed the importance of leadership development. He acknowledged the importance of the leadership programme but wanted to know more about how the organisation would know it was making a difference and having an impact. In response, the Chief Executive noted the importance of the link between the accountability and self-evaluation processes and planning frameworks. The aim was to create something tangibly better, with more skilled leaders, with more capacity. • The Chair noted that he thought it worth including a bullet point about developing a communications strategy and thought, in respect of leadership development, that it was worth considering the fact there would be Council elections in May 2027, and if there were lots of new Members it could be easier to embed cultural change. • Another Lay Member asked about the on-going implementation and evaluation of currently agreed plans and strategies (the Digital Strategy, for example) and the approach to developing new ones as a consequence of the transformation plan. • A Member indicated there would be value in officers meeting with the different political groupings and independents to ensure a smooth transition if there were changes in administration after the Council elections. In response, the Chief Executive indicated that officers would be more than happy to respond to offer support and guidance and respond to questions and queries. A Member added that Democratic Services had set up a working group to do the work required, especially in respect of the induction of new members, in anticipation of the elections in 2027. • The Chair noted firstly that it would be helpful if the plan included a glossary of the abbreviations used to identify individuals responsible for delivering the plan; and secondly, he wondered if certain aspect of the plan to conduct self-evaluations of service areas might benefit from external, independent input. In response to the second point, the Chief Executive outlined the self-evaluation process and noted that he hoped that as different scrutiny committees considered business plans as they go forward, some of the self-reflection and self-evaluation work would feed into that work and therefore, provide Members of scrutiny committees a role in terms of following that thread between self-evaluation, risk identification and business planning. <p><u>RESOLVED:</u></p> <p>The Committee noted and considered the Council’s draft response to the recommendations of the PPA in Appendix 1.</p>
Date Decision Made	29 January 2026

279. Corporate Risk Policy and Assessment

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Decision Made	<p>The purpose of this report was to provide the Committee with an updated Corporate Risk Assessment 2025-26 and an updated Corporate Risk Management Policy.</p> <p>In response to the report, members discussed the following:</p> <ul style="list-style-type: none">• A Member noted that the report painted a picture of a Council that was clearly not working as it should. In response, the Chief Officer - Finance, Housing & Change indicated that the Council was open and transparent about the risks it faced. The Council was a complex organisation, and risk could impact in many different ways. However, what the corporate risk assessment tried to do was to show that the risks are acknowledged and outline the mitigating actions that are in place to reduce and manage those risks.• The Chair noted that it was worth clarifying whether the Council was at risk of issuing a Section 114 notice, effectively declaring bankruptcy. The Chief Officer - Finance, Housing & Change responded by indicating that there was a risk in the document around the budget, but she doubted that any local authority in England or Wales would not have budget issues as a high risk on their risk assessment documents. However, the Council was nowhere near issuing a Section 114 notice.• A Member asked why firstly, the report indicated that there were no financial implications directly associated with a corporate risk assessment, when the identification of risks and the mitigations clearly have a financial element; and secondly, whether officers could look at making a stronger link between the corporate risk assessment and the reserves held by the Council. In response, the Chief Officer - Finance, Housing & Change noted, in response to the first point, that the reason that was written that way was because there was no direct allocation of money as a result of the corporate risk assessment. In regard to the second point, she accepted that there probably was a need to make a stronger link between the corporate risk assessment and what is going through in the budget.• A Lay Member noted, firstly that the distinction between a risk and an issue was an important one when considering the risk management policy; secondly, that whilst some of the actions included narrative about things that are being done there is nothing about holding people to account for specific actions, which could be used to assess if they were making a difference in reducing assigned scores. Unless those control mechanisms were reducing the score, there was not really a control; and lastly, he questioned the score assigned to the identified business continuity risk.• Linking back to the Audit Wales report, Review of Risk Management, a Member stressed the important of horizon scanning and its role in anticipating future opportunities and threats.• A Member asked which of the risks outlined in the document officers' thought were acceptable to leave unresolved after six years. In response, the Chief Officer - Finance, Housing & Change noted that there were broadly, two kinds of risks: those that arise due to the nature of the organisation and are long-term, such as the
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	<p>budget, and the Council aimed to manage the associated risks year-on-year as necessary and appropriate; and secondly, there were risks with a time limit because they are related to specific events or particular changes, and are removed once they have been dealt with satisfactorily.</p> <ul style="list-style-type: none"> • The Chair indicated that he expected to see the conclusions and recommendations outlined by Audit Wales and discussed earlier in the meeting, and the points made by Members and by the Lay Member, reflected in the development of the documents under consideration, which he hoped would be submitted to the Committee for consideration again before the end of the year. <p><u>RESOLVED:</u></p> <p>The Committee considered:</p> <ul style="list-style-type: none"> • The Corporate Risk Assessment (Appendix A); and • Agreed to the changes proposed in para 3.2 prior to submission of the Corporate Risk Assessment to Council for approval on 25 February. • Considered and approved the Council’s updated Corporate Risk Management Policy at Appendix C.
Date Decision Made	2 February 2026

280. Progress Against the Internal Audit Risk Based Plan 2025-26

Decision Made	<p>The purpose of the report was to provide Members of the Committee with a position statement on progress being made against the audit work within the approved Internal Audit Risk Based Plan 2025-26.</p> <p>In response to the report, a Member requested an outline of a) the process for working with officers after the submission of the draft and final audit reports; and b) what, in the interests of transparency, was shared with the public about an audit, and these were provided by the Head of Regional Internal Audit Service (RIAS).</p> <p><u>RESOLVED:</u></p> <p>Members noted the content of the report and the progress made against the 2025-26 Internal Audit Risk Based Plan.</p>
Date Decision Made	2 February 2026

281. Internal Audit Recommendation Monitoring

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Decision Made	<p>This report provided Members with a position statement on the status of internal audit recommendations as of 31 December 2025.</p> <p>In response to the report, a Member requested an update on the recommendation in respect of the Procurement project to implement a system to easily identify supplier spend for which there is no established contract between the Council and the supplier. The Group Manager - Chief Accountant indicated that that had been a quite complex project, involving a major upgrade of the system during 2025-26. Finance was now working with Procurement to pull together quite detailed information to support the implementation, identifying all the Council's contract purchases through the finance system. In addition, officers were liaising with the service provider to provide consultancy as some further work needed to be carried out to finish the project, which he hoped would be done by April 2026.</p> <p><u>RESOLVED:</u></p> <p>The Committee noted the content of the report and considered the information provided in respect of the status of the high and medium priority recommendations made by RIAS.</p> <p>The Committee requested that RIAS refer three recommendations to the Chief Executive and the Corporate Management Board, and that written updates on progress be prepared by the identified responsible officer and submitted to Members:</p> <ul style="list-style-type: none"> • Welsh Language Standards - In line with Welsh Language Standard 122 & 126 (Operational), the text of the homepage of the intranet, interface and menus must be available in Welsh and fully functional. Work is underway to ensure there is an option of a bilingual staff intranet. • Bridge Alternative Provision - Review of admission policy to consider including the process for pupil placements at The Bridge. • Consultants - A written agreement for the appointment of the consultant appointed by RCTCBC will be made between BCBC and RCT.
Date Decision Made	2 February 2026

282. Forward Work Programme 2025-26

Decision Made	The purpose of this report was to seek approval for the updated Forward Work Programme for 2025-26.
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	<p>It was noted that the next meeting is scheduled to take place during the pre-election period for the Senedd elections and officers were awaiting guidance on whether the meeting would go ahead.</p> <p>In response to the report, a Member urged that consideration be given to shortening the agenda for meetings.</p> <p><u>RESOLVED:</u></p> <p>The Committee considered and approved the updated Forward Work Programme for 2025-26 and the draft Forward Work Programme for 2026-27, subject to the following amendment:</p> <ul style="list-style-type: none">• That reports on the shipping container issue and Porthcawl Harbour be added to the agenda for the next scheduled meeting.
Date Decision Made	2 February 2026

283. Urgent Items

Decision Made	None
Date Decision Made	2 February 2026

To observe further debate that took place on the above items, please click this [link](#).

The meeting closed at 13:00 on 29 January and 14:59 on 2 February 2026.

Agenda Item 6

Meeting of:	GOVERNANCE AND AUDIT COMMITTEE
Date of Meeting:	21 MAY 2026
Report Title:	GOVERNANCE AND AUDIT COMMITTEE ACTION RECORD
Report Owner: Responsible Chief Officer/ Cabinet Member	CHIEF OFFICER – LEGAL AND REGULATORY SERVICES, HR AND CORPORATE POLICY
Responsible Officer:	STEPHEN GRIFFITHS DEMOCRATIC SERVICES OFFICER - COMMITTEES
Policy Framework and Procedure Rules:	There is no impact on the policy framework and procedure rules.
Executive Summary:	This report seeks to update Members of the Governance and Audit Committee on follow-up actions or further information requested on reports considered by Members and/or requested by Committee, including any other related information in relation to previous agenda items.

1. Purpose of Report

- 1.1 The purpose of this report is to provide Members with an update on the Governance and Audit Committee Action Record.

2. Background

- 2.1 An Action Record has been devised to assist the Committee in tracking the decisions made by the Committee in the exercise of its functions.

3. Current situation / proposal

- 3.1 In order to assist the Governance and Audit Committee in ensuring that decisions made by the Committee are actioned and implemented, the Action Record is attached at **Appendix A**. The Action Record will be presented to each meeting of the Committee for approval.

4. Equality Impact Assessment (including Socio-economic Duty and Welsh Language)

- 4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the

review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

6. Climate Change and Nature Implications

6.1 There are no climate change implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no safeguarding or corporate parent implications arising from this report.

8. Financial Implications

8.1 There are no financial implications arising from this report.

9. Recommendation

9.1 The Committee is recommended to note the Action Record and provide any comments, as appropriate.

Background documents

None.

Number	Date of Committee	Item/ Issue	Lead	Target Date	Action	Date for action to be brought to GAC.	Response
1.	29 Jan/ 2 Feb 26	Internal Audit Recommendation Monitoring	Head of the Regional Internal Audit Service (RIAS)/ Corporate Director – Transformation & Finance	May 26	<p>The Committee requested that RIAS refer three recommendations to the Chief Executive and the Corporate Management Board, and that written updates on progress be prepared by the identified responsible officer and submitted to Members:</p> <ul style="list-style-type: none"> • Welsh Language Standards - In line with Welsh Language Standard 122 & 126 (Operational), the text of the homepage of the intranet, interface and menus must be available in Welsh and fully functional. Work is underway to ensure there is an option of a bilingual staff intranet. • Bridge Alternative Provision - Review of admission policy to consider including the process for pupil placements at The Bridge. • Consultants - A written agreement for the appointment of the consultant appointed by RCTCBC will be made between BCBC and RCT. 	May 26	ACTIONED – Members will be provided with an update prior to the meeting in May.
2.	30 Oct 25	Porthcawl Harbour	Corporate Director - Communities	TBD	To submit a report that provides Members with a comprehensive overview of the governance structure, reporting lines, and finances for Porthcawl Harbour.	TBD	ACTIONED – It was noted at the last meeting that the annual report on Porthcawl Harbour would be submitted to Cabinet in March and that, once approved, it could then be submitted to a meeting of the Committee.
3.	19 Jun 25	Audit Wales - 'Audit Enquiries to Those Charged with Governance and Management' for the 2024-25 Audit	Corporate Director – Transformation & Finance	N/A	The Committee noted that it would be useful to know why the Council had sought to purchase a shipping container.	May 26	ACTIONED – Members were provided with an update on 13 May 2026.

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Meeting of:	GOVERNANCE AND AUDIT COMMITTEE
Date of Meeting:	21 MAY 2026
Report Title:	AUDIT WALES GOVERNANCE AND AUDIT COMMITTEE REPORTS
Report Owner: Responsible Chief Officer / Cabinet Member	CORPORATE DIRECTOR – FINANCE AND TRANSFORMATION
Responsible Officer:	JOANNE NORMAN ACTING DEPUTY HEAD OF FINANCE
Policy Framework and Procedure Rules:	There is no impact on the policy framework and procedure rules.
Executive Summary:	<ul style="list-style-type: none"> • The Council’s external auditors, Audit Wales, undertake a range of financial and performance audit work during the financial year. • They publish a number of reports in respect of the audit work undertaken. Some of the reports are national across all local authorities and others are local and specific to Bridgend. • Audit Wales also present a quarterly work programme and timetable to the Governance and Audit Committee to outline work completed, audits in progress and those still due to be undertaken. • This report provides details of the Annual Audit Summary 2025 and Detailed Audit Plan 2026.

1. Purpose of Report

- 1.1 The purpose of this report is to submit to the Committee two reports from Audit Wales.

2. Background

- 2.1 Audit Wales undertakes a programme of work during the year to help the Auditor General discharge his duties under the Public Audit (Wales) Act 2004. The Auditor General’s functions include auditing accounts and undertaking local performance audit work at a broad range of public bodies, alongside conducting a programme of national value for money examinations and studies. The Auditor

General also assesses the extent to which public bodies are complying with the sustainable development principle when setting and taking steps to meet their well-being objectives.

- 2.2 Part 2 of the 2004 Act sets out the powers and duties of the Auditor General to undertake studies in relation to local government bodies in Wales. The most widely used of these provisions is section 41, which requires the Auditor General to undertake studies designed to enable him to make recommendations for, among other things, improving the value for money in the provision of services.
- 2.3 In accordance with Section 89 of the Local Government and Elections (Wales) Act 2021 the Authority is required to keep under review the extent to which it is exercising its functions effectively, using its resources economically, efficiently and effectively and ensuring its governance is effective for securing these performance requirements.

3. Current situation / proposal

- 3.1 Audit Wales has produced two reports for the Governance and Audit Committee to consider:-
 - **Bridgend County Borough Council – Annual Audit Summary 2025 - (Appendix A)** - This is Audit Wales’ audit summary for Bridgend County Borough Council. It shows the work completed since the last Annual Audit Summary, which was presented to the Committee in April 2025. The audit summary forms part of the Auditor General for Wales’ duties.
 - **Bridgend County Borough Council –Audit Plan 2026 - (Appendix B)** - The Audit Plan specifies the Auditor General’s statutory responsibilities as the Council’s external auditor and to fulfil his obligations under the Code of Audit Practice. It also sets out details of the audit team and key dates for delivering the audit team’s activities and planned outputs.

4. Equality implications (including Socio-economic Duty and Welsh Language)

- 4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact Assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

- 5.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable

impacts upon the achievement of well-being goals/objectives as a result of this report.

6. Climate Change and Nature Implications

6.1 There are no climate change implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no safeguarding or corporate parent implications arising from this report.

8. Financial Implications

8.1 There are no financial implications arising from this report.

9. Recommendation

9.1 That the Committee notes the Audit Wales Governance and Audit Committee Reports at **Appendix A** and **Appendix B**.

Background documents

None

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Bridgend County Borough Council – Annual Audit Summary 2025

Date issued: March 2026



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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Introduction



Adrian Crompton

Auditor General for
Wales

I am pleased to share my Annual Audit Summary for Bridgend County Borough Council (the Council). It summarises the main findings from my 2025 audit work undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004 and the Well-Being of Future Generations (Wales) Act 2015.

I provided an opinion on whether the accounts were properly prepared and gave a true and fair view, in all material aspects.

My audit team has also assessed whether the Council has made proper arrangements for securing economy, efficiency and effectiveness

in its use of resources, and has acted in line with the sustainable development principle. In doing so, my audit team has reviewed Commissioning and Risk Management arrangements. As set out in my audit plan, these reviews have been carried out in line with the [International Organisation of Supreme Audit Institutions \(INTOSAI\) standards](#).

The detailed audit findings for each of my reviews are set out in the respective reports which my audit team have presented throughout the year. The performance audit reports are available on the [Audit Wales website](#) and further links are available in the summary.

The Annual Audit Summary should be shared with those charged with governance. I will then make the summary available to the public on the [Audit Wales website](#).

I would like to extend my gratitude to the Council's officers for their help and cooperation throughout my audit.

Your audit at a glance



I received the draft accounts in line with the statutory deadline of 30 June 2025. The quality of the draft accounts and working papers was good.



I issued an unqualified opinion on the accounts in line with the statutory deadline of 31 October 2025. There were no uncorrected misstatements in the accounts. There were no other significant issues to report.



My performance audit work found that the Council does not have arrangements to assure itself that it consistently secures value for money when it commissions its services. We also found that the Council's risk management arrangements are not working effectively to fully support the delivery of its strategic objectives.



My audit team made several recommendations to the Council which focus on strengthening and ensuring consistent application of its corporate approach for commissioning services and improving its risk management culture, processes and effective evaluation.



My audit team has completed the audit work as set out in my Audit Plan dated April 2025.

Audit of accounts findings

Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets/reserves, total comprehensive income and expenditure, and cash flows. My annual audit of those accounts provides an opinion on whether the accounts were properly prepared and gave a true and fair view, in all material aspects.

My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

The draft accounts were presented for audit on 30 June 2025. This was in line with the deadline of 30 June 2025 set by the Welsh Government. The quality of the draft accounts presented for audit was generally good.

My audit opinion

I must report issues arising from my work to those charged with governance for consideration before I issue my audit opinion on the accounts. I reported these issues within my Audit of Accounts Report to the Governance and Audit Committee on 29 October 2025.

Accuracy of preparation

A number of changes were made to the draft accounts arising from my audit work.

There were no uncorrected misstatements.

There were no other significant issues to report.

My work did not identify any material weaknesses in internal controls (as relevant to my audit) and I made no recommendations.

The Council's Annual Governance Statement and Narrative Report were prepared in line with the CIPFA Code and relevant guidance. They were also consistent with the financial statements and with my knowledge of the Council.

I concluded that the Council's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them.

Audit completion

I issued the certificate confirming that the audit of accounts for 2024-25 was completed on 5 November 2025.

Whole of Government Accounts

I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Council's financial position on 31 March 2025 and the return was prepared in accordance with the Treasury's instructions.

Other accounts work

In addition to my responsibilities for auditing the Council's accounts, I also have responsibility for the certification of five grant claims and returns. This work has been completed and no significant issues were identified.

Performance audit findings

Thematic review - commissioning arrangements

My team looked at how the Council's arrangements for commissioning services apply value for money considerations and the sustainable development principle.

I found that the Council does not have arrangements to assure itself that it consistently secures value for money when it commissions its services.

I made three recommendations focused on strengthening and formalising current practice, ensuring consistent application of its corporate approach and regular review of commissioning arrangements to ensure value for money.

Review of Risk Management Arrangements

My team performed a review to assess whether the Council's risk management arrangements supported the delivery of its strategic objectives.

I found that the Council's risk management arrangements are not working effectively to fully support the delivery of its strategic objectives.

I made three recommendations focused on strengthening the Council's risk management culture, improving processes and introducing effective evaluation.

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use three lines of assurance to show how we achieve this. We have set up an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



Our People

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality

Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

Further information

Audit Wales has a range of other information to support the scrutiny of Welsh public bodies and to continue to improve the services provided to the people of Wales.

Visit our [website](#) to find:



Our [publications](#) which cover our audit work at public bodies.



Information on our upcoming work and forward work programme for [performance audit](#).



[Data tools](#) to help you better understand public spending trends.



Details of our [Good Practice](#) work and events including the sharing of emerging practice and insights from our audit work.



Our [newsletter](#) which provides you with regular updates on our public service audit work, good practice, and events.



Audit Wales

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We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



Bridgend County Borough Council – Audit Plan 2026

Date issued: 8th May 2026



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Introduction



Adrian Crompton

Auditor General
for Wales

I am pleased to share my 2026 Audit Plan. The Plan sets out how I will undertake your audit.

My audit team has developed the Plan following a structured and risk-based planning process, which will remain ongoing throughout the audit. My [Code of Audit Practice](#) provides further detail on how my audit and certain other functions are to be carried out by my auditors.

At the core of all our work is our commitment to maintaining the highest standards of professional integrity, objectivity, independence and audit quality. Our three lines of assurance model (page 21) sets out how we will ensure those standards of quality are met. Our latest [annual quality report](#), provides more information about our audit quality arrangements.




My audit team will work constructively with your staff to understand the issues you are facing, ensure the audit process operates as smoothly as possible, and provide valuable insights about any areas for improvement.

My local performance audit work programme, as outlined in this Plan, sits alongside other [national audit work](#) that may include coverage of your organisation. Local performance audit work may also inform wider national reporting.





Should you have any questions about your audit my audit team will be happy to discuss them with you. They will also keep you regularly updated as work progresses.

Our aims and ambitions




Our purpose

 <p>Assure people that public money is being managed well</p>	 <p>Explain how that money is being spent</p>	 <p>Inspire the public sector to improve</p>
--	--	---

Our vision

 <p>Fully exploiting our unique perspective, expertise and depth of insight</p>	 <p>Strengthening our position as an authoritative, trusted and independent voice</p>	 <p>Increasing our visibility, influence, and relevance</p>	 <p>Being a model organisation for the public sector in Wales and beyond</p>
---	---	---	--

Our areas of focus

 <p>A strategic, dynamic, and high-quality audit programme</p>	 <p>A targeted and impactful approach to communications and influencing</p>	 <p>A culture and operating model that enables us to thrive</p>
---	--	--

You can find out more about Audit Wales in our [Annual Plan 2026-27](#) and Our [Strategy 2022-27](#).

Financial audit work

Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and their proper preparation in accordance with accounting standards and legal requirements.

I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

In addition to my responsibilities for auditing the Council's financial statements, I also have responsibility for:

- certifying a return to the Welsh Government which provides information about the Council to support preparation of Whole of Government Accounts;
- responding to questions and objections about the accounts from local electors (additional fees will be charged for this work, if necessary);
- the certification of the annual returns for Coychurch Crematorium Joint Committee and Porthcawl Harbour Authority; and
- the certification of a number of grant claims and returns as agreed with the funding bodies.

There have been no limitations imposed on me in planning the scope of this audit.

Certification of grant claims and returns

I have also been requested to undertake certification work on the Council's grant claims, which I anticipate will include housing benefits, teachers' pensions, non-domestic rates and pooled budget returns.

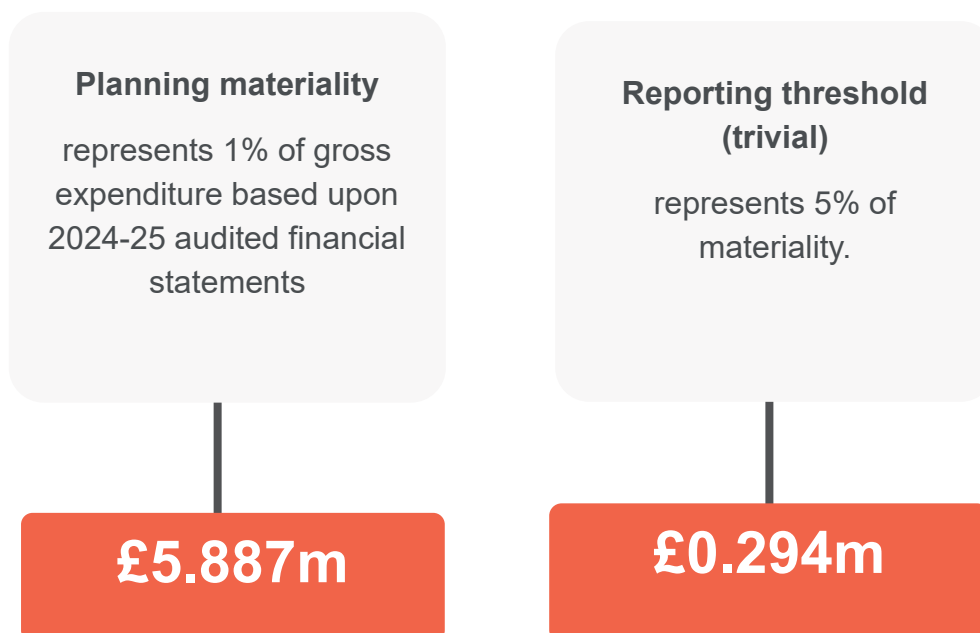
Financial statements materiality

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material and correct misstatements, that is, those that might result in a reader of the accounts being misled. Materiality applies not only to financial misstatements, but also to disclosure requirements and adherence to the applicable accounting framework and law.

I set planning and performance materiality to:

- Determine the level of misstatement that could cause the user of the accounts to be misled;
- Assist in the scoping of our audit approach and resultant audit tests;
- Determine sample sizes;
- Assess the effect of known and likely misstatements in the financial statements; and
- Report to those charged with governance any unadjusted misstatements above a trivial level, our reporting threshold.

The levels at which I judge such misstatements to be material is set out below.



There are some areas of the accounts that may be of more importance to the user of the accounts, and we have set a lower materiality level for these:

Senior officer remuneration

£1,000

Related party disclosures

£10,000 (Individuals)

My audit team will assess materiality levels throughout the audit.

Significant financial statements risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other International Standard on Auditing (ISAs). The ISAs require us to focus more attention on these significant risks.

Risk of management override

The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].

Our planned response

My audit team will:

- test the appropriateness of journal entries and other adjustments made in preparing the financial statements;
- review accounting estimates for bias; and
- evaluate the rationale for any significant transactions outside the normal course of business.

Other areas of focus

I set out below other identified risks of material misstatement which, although not determined to be significant risks as above, I would like to bring to your attention.

Valuation of pension fund net liability/surplus

The Local Government Pension scheme (LGPS) pension fund liability/surplus as reflected in the financial statements are material estimates.

The nature of this estimate means that it is subject to a high degree of estimation uncertainty as it is sensitive to small adjustments in the assumptions used in its calculation.

The impact of economic conditions, particularly interest rate levels also has a significant impact on the liability/surplus. At 31 March 2025 for example, the liability was in fact a surplus, primarily due to higher interest rates.

A triennial valuation of the scheme has been undertaken as at 31 March 2025, which will impact upon disclosures in the Council's financial statements for the first time in the 2025-26 financial year.

There are also several legal cases potentially impacting on the valuation of the net liability/surplus.

There is a risk therefore that the liability/surplus is materially misstated.

Our planned response

My audit team will:

- evaluate the instructions issued by management to their management experts (actuary) for this estimate and the scope of the actuary's work;
- assess the competence, capabilities and objectivity of the actuary who carried out the valuations;
- assess the accuracy and completeness of the information provided by the Authority to the actuary to estimate the liability/surplus;
- test the accuracy of the pension fund net liability/surplus and disclosures in the financial statements with the actuarial report from the actuary;

- assess the reasonableness of the assumptions made by the actuary by reviewing the report of the consulting actuary (auditor's expert) and undertaking any additional procedures required;
- undertake a programme of work to provide assurance over the data used by the actuary to undertake the triennial valuation; and
- assess whether any legal cases could have a material impact on the net liability/surplus, and if so, confirm that this has been appropriately recognised and disclosed within the financial statements.

Valuation of land and buildings

The value of land and buildings reflected in the balance sheet and notes to the accounts are material estimates.

Land and buildings are required to be held on a valuation basis which is dependent on the nature and use of the assets. This estimate is subject to a high degree of subjectivity, depending on the specialist and management assumptions, and changes in these can result in material changes to valuations.

Assets are required to be revalued every five years, and for the 2025-26 financial year CIPFA have introduced new requirements for the subsequent measurement of assets, including the application of indexation. This will introduce additional judgements and calculations for finance teams to undertake.

My audit team will:

- review the information provided to the valuer to assess for completeness;
- evaluate the competence, capabilities and objectivity of the professional valuer;
- test a sample of assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process are reasonable, and the revaluations have been correctly reflected in the financial statements;
- review the approach taken to the application of indexation to ensure that it complies with the relevant standards and results in a reasonable estimate; and

- test the reconciliation between the financial ledger and the asset register.

Senior officer remuneration

There have been some new permanent and interim appointments to senior posts during 2025-26.

There is a risk that these are not appropriately disclosed in the financial statements as remuneration paid to senior officers continues to be of high interest and is material by nature.

Therefore, there is a risk as even low value errors in the disclosure could result a material misstatement. As detailed above, materiality for senior officer remuneration is £1,000.

Our planned response

My audit team will:

- understand the movements in the senior management team during 2025-26;
- ensure that remuneration disclosed is consistent with supporting evidence;
- ensure that amounts paid are consistent with those approved by the Council; and
- ensure that disclosures are complete based on the team's knowledge and are prepared in accordance with requirements.

Related party disclosures

The financial statements must disclose any related party relationships along with the transactions and balances between the Council and the other body/party.

The Council has many relationships that could be considered a related party. Many are well known for example, Welsh Government as funder.

However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and are considered to be material by their nature

There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.

Our planned response

My audit team will:

- review the Council's process for identifying related party relationships and associated transactions and balances;
- undertake procedures to confirm the completeness of related party relationships; and
- ensure disclosures are complete, accurate, consistent with evidence and are in accordance with the Local Government Code.

South East Wales Corporate Joint Committee (SEWCJC) transactions and balances

The financial statements contain the Council's share of the transactions and balances of its interest in the SEWCJC.

The Council will need to decide how to account for these material transactions and balances in its financial statements and accounting for such arrangements is complex and requires judgement, therefore there is a risk of material misstatement in the financial statements

Our planned response

My audit team will:

- review the Council's judgement relating to how the SEWCJC will be accounted for and confirm that this complies with the requirements of the Local Government Code; and
- review the process of consolidation into the Council's financial statements to confirm that transactions, balances and disclosures are complete and accurate.

Financial statements audit timetable

Below is a timetable showing the key stages of the audit and our key audit deliverables that we will provide to you.

Exhibit 1: Financial statements audit timetable

<p>Planning</p> <p>February to April 2026</p>	<ul style="list-style-type: none"> Planning meeting High level risk assessment procedures Fraud risk assessment Accounting estimates planning IT environment risk assessment Indicative audit fee Draft Audit Plan
<p>Interim</p> <p>February to April 2026</p>	<ul style="list-style-type: none"> Information flows Detailed risk assessment procedures IT controls review Develop testing strategy Early sample testing
<p>Fieldwork</p> <p>July to September 2026</p>	<ul style="list-style-type: none"> Update risk assessment Audit of financial statements to include narrative report and annual governance statement Complete audit testing Evaluate audit findings Audit closure meeting
<p>Reporting</p> <p>September 2026</p>	<ul style="list-style-type: none"> Audit of Accounts Report Recommendations for improvement Present findings to those charged with governance Auditor General certification Post project learning Annual Audit Summary (Early 2027)








Performance audit work

Proper arrangements

As set out in the Code of Audit Practice, I must satisfy myself that the Council has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources ('value for money'), and conclude accordingly.

I do this by undertaking an appropriate programme of performance audit work each year. I base my work programme on an assessment of risks of the Council and the wider Local Government sector in Wales not having the proper arrangements in place, with the work typically focusing on the areas of greatest risk.

In designing the programme, my auditors must have considered corporate and service level arrangements, including:

-  Strategic planning
-  Financial planning
-  Performance and risk management
-  Workforce planning
-  Asset management
-  Collaborative working
-  Overall governance.

My auditors will also have taken account of relevant work that is being undertaken or planned by other audit, regulatory and inspection bodies at the Council.

I conduct my performance audit work using the ISSAI 3000 standard developed by the International Organisation of Supreme Audit Institutions (INTOSAI). INTOSAI is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special

consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

Well-being of future generations

Section 15 of the Well-being of Future Generations (Wales) Act 2015 (the Act) requires me to carry out examinations of public bodies for the purposes of assessing the extent to which a body has acted in accordance with the sustainable development principle when setting well-being objectives and taking steps to meet those objectives.

The **Sustainable development principle** is defined as acting in a manner...

...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.'

To do this, they must take account of the '**five ways of working**'.



Long-term



Prevention



Integration



Collaboration



Involvement

I must carry out these examinations at each public body covered by the Act at least once during a specified period.

These could be stand-alone examinations as part of my performance audit programme. However, where relevant and appropriate to do so, my auditors will integrate the work required into other planned performance audit work for the Council. My auditors will continue to engage closely with the Office of the Future Generations Commissioner for Wales to help coordinate our respective activities.

Planned performance audit work

I set out below details of my performance audit work to satisfy my duties for 2026-27.

Transformation

As the Council develops its transformation programme, my team will review how it is being established. My team will assess leadership, capacity, governance and programme management arrangements to determine whether the Council is set up to deliver the programme effectively.

Highways

Well-maintained roads are essential as they support the delivery of many vital services and enable people to travel safely and efficiently. Building resilience into the highways network is one of the Council's priorities. The exact scope of this work is to be determined, but it is likely that my team will explore the Council's approach to maintaining its highways and whether this is providing value for money.

Cyber Security

My objective for this audit is to provide assurance that the Council has established effective cyber security and cyber resilience arrangements.

The audit will evaluate the Council's approach to managing cyber security and cyber resilience, including risk identification, protection controls, and incident response.

My team will also examine the Council's response to any previous cyber-attacks and its efforts to enhance internal controls based on lessons learned. My team will not investigate specific incidents or their underlying causes.

Timing of Performance Audit Work

My team will work with officers in the Council to arrange exact timescales for the individual projects and will be communicated regularly through our work programme and timetable and subsequent mid-year update. My auditors aim to substantially complete the performance audit work set out in this plan by the end of June 2027.

Other statutory audit functions

In addition to the audit of the accounts, I have statutory responsibilities to receive questions and objections to the accounts from local electors. The Public Audit (Wales) Act 2004 sets out these responsibilities:

- Section 30 Inspection of documents and questions at audit; and
- Section 31 Right to make objections at audit.

As this work is reactive, I have made no allowance in the fee below. If I do receive questions and objections, my auditors will discuss the potential impact on audit fees with the Corporate Director – Finance and Transformation.

Audit fee

In January 2026 we published our [2026-27 Fee Scheme](#) following approval by the Senedd Finance Committee which details the average increase to fee rates of 5.3%.

The actual fee that any individual audited body will pay depends not just on our fee rates but on the quantum of work and the skill mix required.

Based on those skill mix requirements, my estimated audit fee for 2026 is an increase of 5.3% on my estimated 2025 fee, except for my estimated fee for grant certification work which considers the impact of the revised approach for the audit of the housing benefit return.

Planning will be ongoing, and changes to my programme of audit work, and therefore my fee, may be required if any key new risks emerge. I shall make no changes without my auditors first discussing them with the Corporate Director – Finance and Transformation. **Exhibit 2** sets out a further breakdown of your estimated audit fee.

I base my audit fee on the following assumptions:

- The agreed audit deliverables set out the expected working paper requirements to support the financial statements and include timescales and responsibilities.
- The audit requirements of my individual performance audit projects are met by the audited body, or suitable alternative arrangements are put in place that satisfy the needs of my audit team.
- No matters of significance, other than as summarised in this plan, are identified during the audit.

Exhibit 2: Breakdown of my estimated audit fee for 2026 (and 2025 for comparison)

Estimated fee for 2026 (£)¹

Audit of financial statements ²	Performance audit work ³	Grant certification work ⁴	Other financial audit work ⁵
£235,613	£120,366	£41,283	£1,763
Total fee: £399,025			

Estimated fee for 2025 (£)

Audit of financial statements	Performance audit work ⁶	Grant certification work	Other financial audit work
£223,838	£114,362	£46,559	£1,684
Total fee: £386,443			

¹ The fees shown in this document are exclusive of VAT.

² Payable November 2025 to October 2026

³ Payable April 2026 to March 2027.

⁴ Payable as work is undertaken. Lower estimated fee for 2026 in anticipation of the resource required in adopting the new approach to audit of the housing benefit return.

⁵ Limited assurance reviews of Coychurch Crematorium and Porthcawl Harbour Authority.

⁶ My 2025-26 performance audit work is ongoing.

Audit team

My audit team will continue to work and engage remotely using technology, but some on-site audit work will resume where it is appropriate to do so.

Audited bodies have a responsibility to ensure the safety and wellbeing of Audit Wales staff when they are on your premises.

The main members of my team, together with their contact details, are summarised in **Exhibit 3**.

Exhibit 3: My local audit team

Engagement Director	Helen Goddard helen.goddard@audit.wales	
	Financial Audit	Performance Audit
Engagement Lead	Helen Goddard helen.goddard@audit.wales	Gary Emery gary.emery@audit.wales
Audit Manager	David Williams david.williams@audit.wales	Sara-Jane Byrne sara-jane.byrne@audit.wales
Audit lead	Lucy Herman lucy.herman@audit.wales	Samantha Clements samantha.clements@audit.wales

I can confirm that my team members are all independent of the Council and your officers.

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our annual [Audit Quality Report](#).



Our People

- Selection of right team
- Use of specialists
- Supervisions and review



Arrangements for achieving audit quality

Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support



Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

Further information

Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

Visit our [website](#) to find:



Our [publications](#) which cover our audit work at public bodies.



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Meeting of:	GOVERNANCE AND AUDIT COMMITTEE
Date of Meeting:	21 MAY 2026
Report Title:	REGULATORY TRACKER UPDATE
Report Owner: Responsible Chief Officer / Cabinet Member	CORPORATE DIRECTOR – FINANCE AND TRANSFORMATION
Responsible Officer:	KATE PASK POLICY AND PERFORMANCE MANAGER
Policy Framework and Procedure Rules:	The regulatory tracker forms part of the Council’s Performance Management Framework.
Executive Summary:	<p>The regulatory tracker has been updated to the end of quarter 4 of 2025-26. As at the end of quarter 4 –</p> <ul style="list-style-type: none"> • 11 inspections are included on the tracker • 62 recommendations are on the tracker <p>Since the last report (quarter 2 2025-26) -</p> <ul style="list-style-type: none"> • 3 new inspections have been added • 2 inspections have been removed • 11 recommendations have been closed

1. Purpose of Report

- 1.1 The purpose of this report is to provide an update to the Governance and Audit Committee on the Regulatory Tracker updated to the end of quarter 4 (Q4) of 2025-26, and recommendations which have been closed since the last report to the Committee in October 2025 (quarter 2 (Q2) 2025-26).

2. Background

- 2.1 A report to the Governance and Audit Committee (GAC) on 10 November 2022 proposed that a ‘regulatory tracker’ be created to monitor progress against recommendations from all inspections/audits completed by key regulators of local government services, including Audit Wales, Care Inspectorate Wales (CIW), and Estyn. An updated ‘regulatory tracker’ is considered at GAC twice yearly. This report covers the period up to the end of quarter 4 of 2025-26.

2.2 The performance judgements for recommendations within the regulatory tracker are awarded by applying the following key as prescribed within the Performance Management Framework, which provides clear definitions for the Blue, Red, Amber, Yellow, Green (BRAYG) statuses.

	What does this Status mean?		
	How are we doing	Commitments, projects or regulatory improvements	Performance Indicators
COMPLETE (BLUE)	Not applicable	Project is completed	Not applicable
EXCELLENT (GREEN)	Very strong, sustained performance and practice	As planned - within timescales, on budget, achieving outcomes	On target AND performance has improved / is at maximum
GOOD (YELLOW)	Strong features, minor aspects may need improvement	Minor issues. One of the following applies – deadlines show slippage, project is going over budget or risk score increases	On target
ADEQUATE (AMBER)	Needs improvement. Strengths outweigh weaknesses, but important aspects need improvement	Issues – More than one of the following applies - deadlines show slippage, project is going over budget or risk score increases	Off target (within 10% of target)
UNSATISFACTORY (RED)	Needs urgent improvement. Weaknesses outweigh strengths	Significant issues – deadlines breached, project over budget, risk score up to critical or worse	Off target (target missed by 10%+)

3. Current situation / proposal

3.1 Paragraphs 3.3 to 3.8 below summarise details of the full Regulatory Tracker document at Q4, and changes since the last report to this Committee in October 2025 for Q2 of 2025-26.

3.2 **Appendix 1** is an extract of the full tracker document showing red and amber recommendations only, and **Appendix 2** is a summary of recommendations closed in the previous period (since the last report produced for Q2 2025-26).

3.3 There are currently 62 regulator recommendations for the Council included on the full tracker report from 11 Audits/Inspections. As the Performance Team is no longer reporting the entire tracker to the Governance and Audit Committee, these are summarised in the following table –

Audit/Inspection	Recommendations
Audit Wales, Review of Risk Management	3
Audit Wales, Planning and Development Service	4
Audit Wales, Arrangements for Commissioning Services (June 2025)	3
Care Inspectorate Wales (CIW) Improvement Check Children's Social Care Services (June 2025)	16
CIW Inspection Report on Foster Wales Bridgend (June 2025)	5
Audit Wales, Setting of Well-being Objectives	3
CIW Inspection of Golygfa'r Dolydd (September 2024)	5
Audit Wales, Digital Strategy Review	3
CIW Improvement Check Visit to Children's Social Care Services (November 2022)	10
Transformational Leadership Programme Board, Baseline Governance Review Cwm Taf Morgannwg Regional Partnership Board	7
Audit Wales, Review of Arrangements to Become a 'Digital Council'	3

3.4 Since the previous report to the Governance and Audit Committee on 30 October 2025, 3 new audit/inspections have been added to the tracker:

- Estyn enhanced local authority link inspector (LALI) visit Bridgend 2025 (focused on attendance and Welsh in Education Strategic plan) – 5 areas for consideration
- Audit Wales, Planning and Development Service – 4 recommendations
- Audit Wales, Review of Risk Management – 3 recommendations

3.5 Since the previous report 11 recommendations have been closed. Final commentary is included in **Appendix 2**. They are –

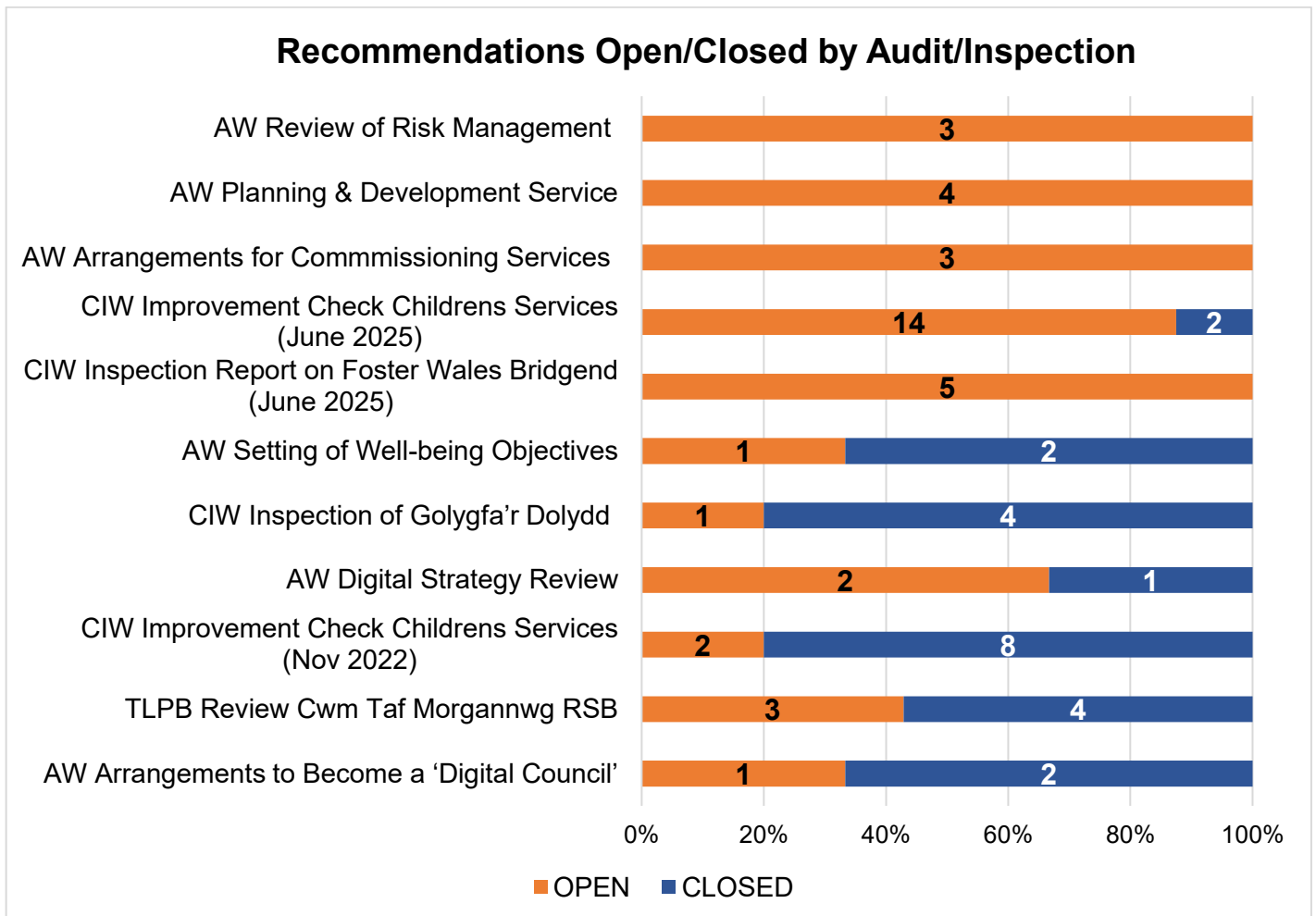
- Audit Wales, Use of Service User Perspective and Outcomes (1 remaining recommendation closed)
- Estyn LALI visit Bridgend 2025 (all 5 areas for consideration closed)
- Transformational Leadership Programme Board, Baseline Governance Review Cwm Taf Morgannwg Regional Partnership Board (1 recommendation closed, 3 remain open)
- CIW Inspection of Golygfa'r Dolydd September 2024 (2 recommendations closed, 1 remains open)
- CIW Improvement Check Children's Social Care Services (June 2025) (2 recommendations closed, 14 remain open)

3.6 All recommendations have been closed in the following 2 inspections/audits and they have therefore been removed from the tracker.

Audit/Inspection	Recommendations
Audit Wales, Use of Service User Perspective and Outcomes	3
Estyn LALI visit Bridgend 2025	5

3.7 A breakdown of the open/closed status for the 62 current recommendations is below. This has also been summarised by audit / inspection to draw the Governance and Audit Committee’s attention to specific areas of concern.

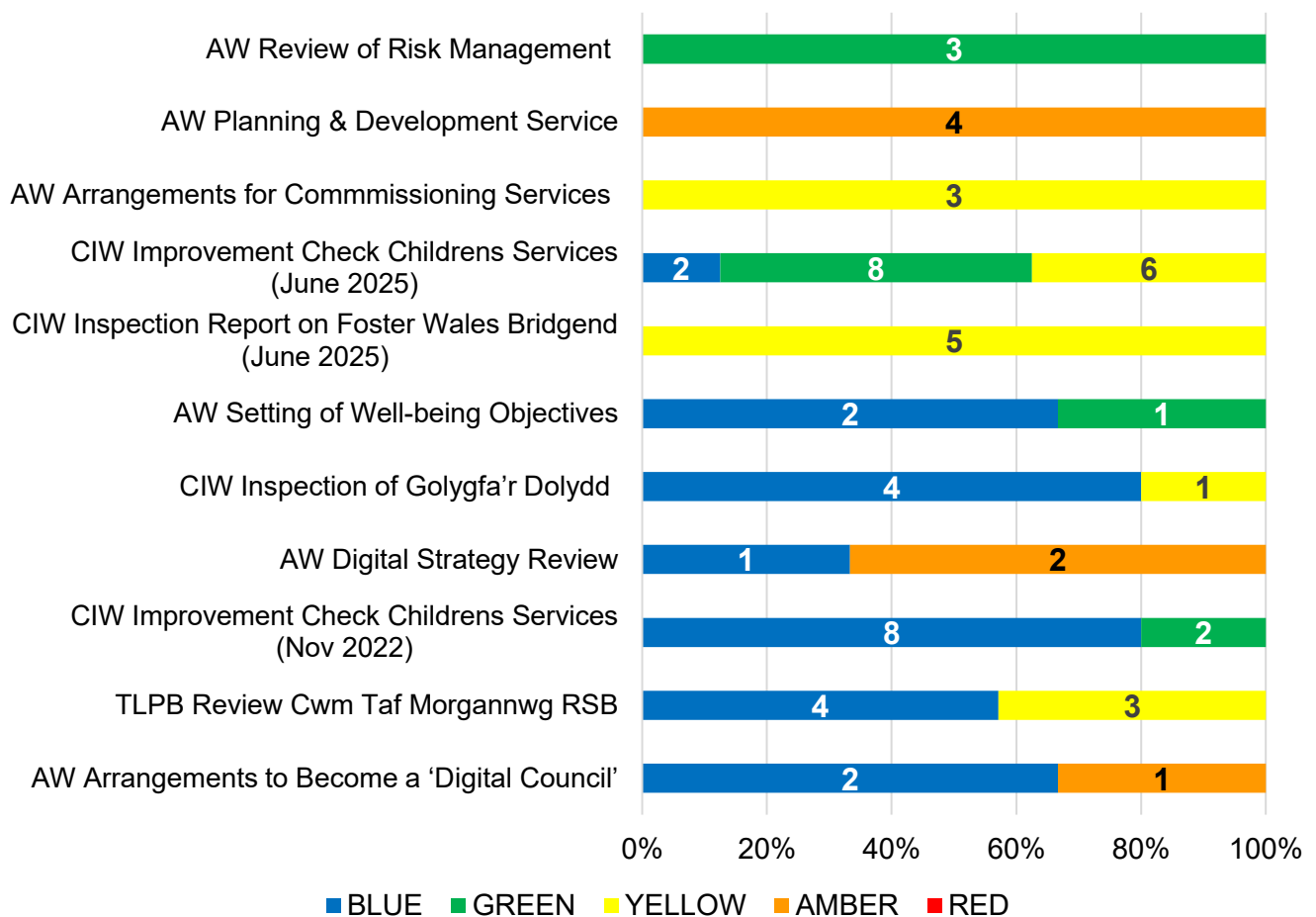
Date	Recommendations	Open	Closed	% Open
15/07/2023	82	38	44	46.34
25/01/2024	58	33	25	56.90
19/07/2024	67	38	29	56.72
30/01/2025	69	38	31	55.07
24/04/2025	80	43	37	53.75
30/10/2025	58	38	20	65.52
21/05/2026	62	39	23	62.90



3.8 A breakdown of red, amber, yellow, green, blue status for recommendations is below. This has also been summarised by audit / inspection to draw Governance and Audit Committee’s attention to specific areas of concern.

Date	Recommendations	Blue	Green	Yellow	Amber	Red
15/07/2023	82	44	22	0	15	1
25/01/2024	58	25	17	0	15	1
19/07/2024	67	29	18	1	17	2
30/01/2025	69	31	11	1	25	1
24/04/2025	80	37	14	13	15	1
30/10/2025	58	20	16	12	7	3
21/05/2026	62	23	14	18	7	0

Summary of BRAYG Status by Audit/Inspection



4. Equality implications (including Socio-economic Duty / Welsh Language)

4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 This report forms part of the measurement of progress against the following corporate well-being objectives under the Well-being of Future Generations (Wales) Act 2015 that form part of the Council's Corporate Plan 2023-28:-

- THRIVING - A prosperous place with thriving communities
- EMPOWERING - Supporting our most vulnerable
- ACHIEVING - Enabling people to meet their potential
- MODERNISING - Creating modern, seamless public services

6. Climate Change and Nature Implications

6.1 There are no specific implications of this report on nature or climate change.

7. Safeguarding and Corporate Parent Implications

7.1 There are no specific implications of this report on safeguarding or corporate parenting.

8. Financial Implications

8.1 There are no financial implications associated with these arrangements.

9. Recommendation

9.1 The Governance and Audit Committee is recommended to consider the summary points and contents of **Appendix 1** and **Appendix 2** and raise any issues of concern for follow-up.

Background documents

None.

Name of Audit / Regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2025-26	Current Delivery Date	BRAYG Q4 25-26
Audit Wales, Planning and Development Service (November 2025)	R1 Resource management The Council should demonstrate it understands the resource requirements of the Planning and Development service based on its demands and capacity to help inform resourcing decisions.	Group Manager Planning & Development Services	March 2026	Additional funding has been secured via an EMR. This will allow existing vacant posts within the structure as well as additional posts to be added as part of a restructure. These posts will include a validation officer position which was noted within the Audit Wales report as lacking within the current structure. Once the new structure has been confirmed and fully costed, work can begin with agreeing a future funding model for the Service for implementation in the financial year 2027/28. It has also been agreed that going forward, the Planning & Development Service will have an equalisation fund to ensure that planning fee income surplus will be retained and used to balance out years when fee income is less.	May 2027	AMBER
	R2 Risk management The Council should ensure the service identifies, manages, and monitors its risks to help the Council understand how service risks may impact delivery of the service's responsibilities and the Council's priorities set out in its Corporate Plan.	Group Manager Planning & Development Services	March 2026	The Service will set up and maintain a service risk register outlining current and predicted work streams together with resource requirements cross referend to the Council's wider aims.	October 2026	AMBER
	R3 Service planning arrangements The Council should comply with its Performance Management Framework and ensure the Planning and Development service has a service plan.	Group Manager Planning & Development Services	March 2026	A Service Plan will be developed outlining the functions, responsibilities, aims and targets for the Service as well as its achievements and contribution to. The plan will also incorporate the risk register and will be updated annually and reported to the Development Control Committee and Corporate Management Board to ensure that the risks are identified and shared with senior management, members and other services. The report will include statistical data as well as commentary and updates on the risk register and targets set in the Service Plan.	October 2026	AMBER
	R4 Performance monitoring and reporting The Council should ensure it manages, monitors, and reports the activity and performance of the Planning and Development Service. This should be supported with up-to-date performance information to help improve the Council's understanding of the service's performance.	Group Manager Planning & Development Services	Nov 2026	A new and updated suite of performance indicators will be developed and agreed that will include progress on service delivery, recruitment and achievements. The Service Plan will also include statistical and performance data as well as commentary and updates on the risk register and targets as well as other external statutory reporting mechanisms and will be reported to relevant committees and managements teams.	Nov 2026	AMBER
Audit Wales, Digital Strategy Review (April 2024)	Identifying resource implications R2 To help ensure that its next digital strategy is deliverable and achieving value for money the Council should identify the short, medium and long-term resource implications of delivering it together with any intended savings	Head of Service	Aug-25	Development of the new Digital Strategy has paused whilst work is completed to determine the corporate vision and aspirations around transformation. A new Head of Service for Transformation and Digital has been appointed who will be focusing on developing a corporate transformation strategy, which will be underpinned by a delivery plan.	March 2027	AMBER
	Arrangements for monitoring value for money R3 To help ensure that the Council can effectively monitor and evaluate value for money from its strategic approach to digital it should strengthen its arrangements for monitoring the progress and impact of its digital strategy over the short, medium and long term.	Head of Service	Aug-25	Work is underway to refresh existing governance arrangements and escalation routes to ensure corporate oversight. This will address this recommendation to ensure an improved process is in place to monitor progress and impact over the short, medium and long term.	March 2027	AMBER
Audit Wales, Review of Arrangements to Become a 'Digital Council' (June 2021)	P1 The Council could improve its digital strategy	Head of Service	Dec 2024	Draft Strategy was completed and the public consultation carried out during June/July 2025. An authority wide review has since started to determine corporate vision and aspirations around transformation with a view of developing the new digital strategy.	Dec 2026	AMBER

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Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2025-26	Current Delivery Date	BRAYG Q4 25-26
Page 2 Pwystyn LALI visit Bridgend 2025 (Published Dec 2025)	1- How will the recent changes in the information management system further strengthen the analysis of pupil attendance data to proactively target resources and support to schools	Group Manager (Early Years and Young People)	n/a	<p>The changes to our information management system have strengthened our ability to analyse pupil attendance and provide targeted support to schools.</p> <p>The enhanced centralisation and standardisation of attendance data ensures that all schools are working from a single, consistent dataset. This reduces variability in recording practices and enables more accurate comparisons across clusters, phases, and cohorts. It also improves our capability to identify emerging trends earlier, as live updates provide a more reliable picture of daily attendance patterns.</p> <p>The updated system also enables more sophisticated analytics and reporting. The improved dashboards allow attendance officers and senior leaders to view key indicators, including persistent absenteeism trends, vulnerable group analysis, and school-level fluctuations. These tools help us move from reactive to proactive decision making, directing resources to schools where concerns are beginning to develop.</p> <p>In addition, the system's enhanced filtering functions support deeper analysis of specific groups of learners, such as pupils eligible for free school meals and those with additional learning needs (ALN). This means interventions can be aligned more precisely to need, ensuring equitable and efficient allocation of support.</p>	n/a	BLUE
	2- How well do officers capture and evaluate the impact of their actions within the WESP? For example, the addition of clearly defined timescales and success criteria are likely to sharpen your evaluation processes	Head of Learning	n/a	<p>Officers capture and evaluate the impact of the Welsh in Education Strategic Plan (WESP) through the following steps:</p> <ul style="list-style-type: none"> • Each of the four sub-groups have an annual development plan to set actions under WESP targets and provide updates during termly sub-group meetings. Progress is monitored three times a year using a RAYG system. • Progress is reported monthly to senior managers using STORI. • The full Welsh in Education Forum (WEF) meets once a term to review updates from each sub-group chair. Presentations and meeting notes are shared with all members for all sub-group meetings. • A WESP Annual Review Report which is a comprehensive report on each outcome is presented to Welsh Government on 31 July each year. Following this report, feedback is received from Welsh Government, and a meeting is held with the local authority's WESP link officer to discuss our response. • Progress shared regularly with Cabinet and Scrutiny 	n/a	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2025-26	Current Delivery Date	BRAYG Q4 25-26
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 72</p>	<p>3- How will you ensure that numbers transferring from non-maintained settings into Welsh medium school increase to meet your targets.</p>	<p>Head of Learning</p>	<p>n/a</p>	<p>Transition Plans Following transition data analysis, an action was created to develop a transition plan between Cylchoedd Meithrin and Welsh-medium primary schools. To develop early school links, each Welsh-medium school now has a designated staff member who meets with parents in nursery settings early on to build relationships and provide information. The Welsh-medium cluster has applied for a grant from Mentrau Iaith to fund non-contact time for staff to visit Cylchoedd Meithrin.</p> <p>Health Board Training has been provided to Flying Start Health Visitors on how to talk to parents about the benefits of Welsh-medium education. Promotional material has been shared with the health board and maternity unit which is now available on their app.</p> <p>Welsh-medium childcare hubs Two Welsh-medium childcare hubs have been built. Blodeuol will open in Bettws and Mudiad Meithrin will open in Blackmill to provide early access points into Welsh-medium education within local communities. A further two hubs are planned for the seedling school at Ysgol y Ferch o'r Sgêr and Ysgol Gymraeg Bro Ogwr. To remove travel barriers, we provide free home-to-school transport for nursery-aged children who live more than 1.5 miles from their nearest Welsh-medium school.</p> <p>School applications We use data to identify areas where transition rates are low to arrange a community event, such as 'Miri Mawr', to encourage more families to choose Welsh-medium schools.</p> <p>The impact from the above actions is being seen with 38 more applications received for Reception places in September 2025 compared to the previous year and an increase in Nursery and part-time Nursery in the Maesteg area.</p>	<p>n/a</p>	<p>BLUE</p>

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2025-26	Current Delivery Date	BRAYG Q4 25-26
Page 73	4- How will you continue to promote Welsh language education as an option for parents/carers throughout a child's educational journey?	Head of Learning	n/a	<p>To continue promoting Welsh-medium education throughout a child's educational journey, the local authority has implemented a strategic "Golden Thread" approach that includes the following actions:</p> <p>Early engagement from birth:</p> <ul style="list-style-type: none"> • The local authority is working closely with the health board to promote Welsh-medium education and has information within the maternity app. • Flying Start Health visitors have also trained to discuss the benefits of Welsh-medium education using the "Why choose Welsh-medium education?" booklet. • A strong cluster transition plan is in place which has resulted in 100% of Year 6 pupils transitioning to Year 7 at Ysgol Gyfun Gymraeg Llangynwyd in September 2025. <p>Community-based promotion:</p> <ul style="list-style-type: none"> • The authority is planning to hold 'Miri Mawr'; sessions in local communities to stimulate demand and showcase the Welsh-medium journey. <p>Promotional material</p> <ul style="list-style-type: none"> • It also distributes promotional posters and 'Why Choose Welsh-medium Education?' booklets are distributed to community hubs that include libraries, registry offices, and soft-play centres. • The local authority works closely with Cymraeg i Bawb and the organisation has provided every Welsh-medium school with personalised banners to display outside their buildings and a pop-up banner. • To further increase visibility, the local authority plans to extend this by placing advertisements (posters and banners) in railway stations in Bridgend • A comprehensive 'Welsh-medium education journey' video has been produced to explain the pathway from birth to Post-16. The video has also been made into video shorts which are used on social media. • Comprehensive new webpages have been launched, ensuring that information about Welsh-medium schools and partners is easily accessible. • Menter Bro Ogwr share video shorts featuring past pupils sharing their success stories are also used to promote the benefits of being bilingual. <p>Comms Cymraeg Schedule</p> <ul style="list-style-type: none"> • A strategic communication schedule has been created which ensures that materials to promote Welsh-medium education is shared twice weekly via social media and targeting specific audiences through paid advertising campaigns. This also includes information and messages from WEF partners 	n/a	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2025-26	Current Delivery Date	BRAYG Q4 25-26
Page 74	5- To what extent do you share and learn from practice in other authorities, including authorities with a similar linguistic demographic? For example, Welsh language immersion, and ALN resources through the medium of Welsh.	Head of Learning	n/a	<p>The local authority is an active participant in regional and national networks, such as the 'Cymraeg i Bawb' Partnership and the National Late Immersion Network. The late immersion network meets every half-term to share good practice. Bridgend is hosting the meeting in May 2026 which will be held at Pont Ialith.</p> <p>The WESP Co-ordinator attends regional WESP meetings and works closely with other local authorities to work on projects that support WESP targets. We are currently working with Swansea on case study promotional posters to promote Welsh-medium education.</p> <p>Welsh Government facilitates meetings throughout the year on WESP outcomes which the WESP Co-ordinator and relevant officers attend. The HR Business Development Partner is part of the Outcome 7 Welsh Government working party.</p>	n/a	BLUE
CIW Improvement Check Children's Social Care Services (June 2025)	<p>W3 - Continue to review the quality of assessments and plans and share learning to support practice improvements:</p> <ul style="list-style-type: none"> *Continue to implement the QA framework, MSC and service based audits to identify good practice and areas for development. *Reflective sessions to continue to be held across teams and partners. *CIG to continue to be a forum to promote good practice *Action learning sets to continue to be held across teams 	Principal Officer Social Work Transformation	June 2026	The QA framework is now well embedded into the local authority. Themes being identified are being fed back to teams and via training on areas for improvement. The most significant change model will continue to support this area.	n/a	BLUE
	<p>W5 - Ensure case conference record keeping is in line with the requirements of the WSP:</p> <ul style="list-style-type: none"> *To review the approach to minute taking and that notes are proportionate and reflect the strengths, risks and needs within families clearly. *Training to be provided to business support staff on expectations on minute taking. 	Group Manager Business Strategy, Performance and Improvement	June 2026	Training has been provided to Business Support to ensure minutes are of the expected standard and meet the requirements of the Wales Safeguarding procedures. Business Support staff have also received training on how to support the meetings via the Signs of Safety model. We have a process in place to ensure all minutes are authorised and agreed by the meeting chair to ensure they are an accurate record and any issues regarding the standard of minutes is fed back to the Business Support Team Manager by either the meeting chair or IRO Team Manager, so that additional training and support can be targeted as required.	n/a	BLUE
CIW Inspection of Golygfa'r Dolydd (Sept 2024)	AFI 6- The service provider has not ensured the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Group Manager Placement and Provider Services	Sept 2025	This is no longer an area for improvement as it has been met at the inspection carried out on 03/11/2025	n/a	BLUE

Name of Audit / regulator	Recommendation / proposal for improvement	Responsible Officer	Initial Delivery Date	Action Update Q4 2025-26	Current Delivery Date	BRAYG Q4 25-26
Page 75	AFI 58- The service provider must have arrangements in place to ensure medicines are stored and administered safely.	Group Manager Placement and Provider Services	Sept 2025	This is no longer an area for improvement as it has been met at the inspection carried out on 03/11/2025	n/a	BLUE
Audit Wales, Use of Service User Perspective and Outcomes (Jan 2024)	R1 Information on the perspective of the service user • The Council should strengthen the information it provides to its senior leaders to enable them to understand how well services and policies are meeting the needs of service users.	Corporate Policy and Performance Manager	April 2025	We are participating in the new Welsh Council's Performance Information Community of Practice aimed at enhancing the quality of performance information and providing opportunities to review performance management arrangements, share best practices, and collaborate on data development. We have worked together to develop a guidance document which we will integrate into our performance framework for 2026/27. The findings of the National Resident Survey (WLGA/Data Cymru) have been reported, and we will participate in future surveys. Service user perspectives will also be built into the council's transformation strategy measures of success	April 2026	BLUE
Transformational Leadership Programme Board – Baseline governance Review – Cwm Taf Morgannwg Regional Partnership Board (Aug 2022)	R2 Governance Arrangements The Cross-Cutting Programme Board is yet to be established. It is intended to oversee the development and delivery of regional cross-cutting services and could have a role ensuring a more coherent and impactful integrated community model. The TPLB should establish the programme board to ensure that decision making arrangements are in place to help resolve cross-cutting issues and risks brought to the attention of the RPB	Head of Regional Commissioning Unit	2023-24	The Integrated Leadership Board is in place. The Partnership Leadership Team is also acting as the programme board for the Integrated Community Care Services Programme.	March 2026	BLUE

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Meeting of:	GOVERNANCE AND AUDIT COMMITTEE
Date of Meeting:	21 MAY 2026
Report Title:	CODE OF CORPORATE GOVERNANCE
Report Owner: Responsible Chief Officer / Cabinet Member	CORPORATE DIRECTOR – FINANCE AND TRANSFORMATION
Responsible Officer:	NIGEL SMITH GROUP MANAGER – CHIEF ACCOUNTANT
Policy Framework and Procedure Rules:	The Code of Corporate Governance forms part of the policy framework.
Executive Summary:	<ul style="list-style-type: none"> • The Code of Corporate Governance should be regularly reviewed to ensure it is current. The last update was in April 2025. • There have been minor amendments to the Code to reflect the changes to strengthening senior management capacity and leadership, references to the Budget Research and Evaluation Panel (BREP) being replaced with Scrutiny Budget Working Group, and other minor amendments.

1. Purpose of Report

- 1.1 The purpose of this report is to present to the Governance and Audit Committee the updated Code of Corporate Governance (the Code) for consideration and approval.

2. Background

- 2.1 The Code of Corporate Governance should be reviewed regularly to ensure it is kept up to date. The last update was in April 2025. A function of the Governance and Audit Committee is to review and approve the Council’s Code of Corporate Governance and, as such, this report is to ensure that this function is fulfilled. Any recommendations of the Committee will be considered and the Code amended as necessary. The Code with the proposed changes is attached at **Appendix A** with the amended code at **Appendix B**.

3. Current situation / proposal

- 3.1 The changes to the Code are:

- Throughout the document – amended Corporate Management Board/CMB to Corporate Management Team.
- Page 15 - changed the positioning of the Directorate Business Plans to follow the corporate plan/assessment.
- Page 18 – added in Directorate Self-Evaluation process, to tie in with the new process introduced this year and amended reference to the Budget Research and Evaluation Panel (BREP) to Scrutiny Budget Working Group.
- Page 21 – added in Workforce Strategy to be developed during 2026.
- Page 21/22 – strengthening of senior management capacity and leadership.
- Page 22 – added in the annual appraisal process that sets out how individual employees will contribute to Directorate Business Plans and the Corporate Plan Delivery Plan.
- Page 28 minor amendment to ‘about’ rather than ‘with regard to’.

4. Equality implications (including Socio-economic Duty and Welsh Language)

- 4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

- 5.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

6. Climate Change and Nature Implications

- 6.1 There are no climate change implications arising from this report.

7. Safeguarding and Corporate Parent Implications

- 7.1 There are no safeguarding or corporate parent implications arising from this report.

8. Financial Implications

- 8.1 There are no financial implications arising from this report.

9. Recommendation

- 9.1 It is recommended that the Governance and Audit Committee considers and approves the Council’s updated Code of Corporate Governance at **Appendix B**.

Background documents

None

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BRIDGEND COUNTY BOROUGH COUNCIL

CODE OF CORPORATE GOVERNANCE



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1 Introduction

- 1.1 The Council is committed to the principles of good corporate governance and recognises it is responsible for ensuring that its business is conducted within the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It has a duty to make proper arrangements for the governance of its affairs, secure continuous improvement in the way its functions are discharged and have robust arrangements in place for the management of risk. The development, adoption and continued implementation and monitoring of a Code of Corporate Governance confirms this commitment.
- 1.2 Good governance is about doing the right things, in the right way, for the right people in a timely, inclusive, open, honest and accountable manner.
- 1.3 This Code describes the Council's understanding of corporate governance, and outlines the framework it has put in place to ensure that these arrangements are effective. The Code reflects a joint commitment by Members and senior managers to the principles it contains. This helps to ensure that the principles of corporate governance are not only fully embedded and cascaded throughout the Authority, but that they have the support of the Council, the Chief Executive and the Corporate Management [Board Team](#).

2. What is Corporate Governance?

- 2.1 The Council has a key role in governing and leading our community. Effective local government relies on public confidence in Elected Members and Council Officers.
- 2.2 Corporate governance is a phrase used to describe how organisations direct and control what they do. Effective systems of corporate governance provide confidence in public services. For local authorities this also includes how a council relates to the communities that it serves. Good corporate governance requires local authorities to carry out their services in a way that demonstrates accountability, openness and honesty.

3. Why adopt a Code of Corporate Governance?

- 3.1 Adopting a Code of Corporate Governance is another way in which the Council shows its recognition of the fact that effective local government relies upon establishing and maintaining the confidence of local people in both elected members and Council officials. Good corporate governance underpins credibility and confidence in the leadership and forms the foundation from which all Council services are provided.
- 3.2 Adopting, monitoring and complying with a Code of Corporate Governance helps enhance the Council's legitimacy and acknowledges the trust placed in the Council by local people.

- 3.3 Strong, transparent and responsive governance enables the Council to put citizens first by pursuing its aims and priorities effectively, and by underpinning them with appropriate mechanisms for managing performance and risk. In order to maintain citizens' confidence, these mechanisms must not only be sound, but also be seen to be sound.
- 3.4 Corporate governance comprises the framework within which the Council manages its business; this includes the Council's constitution and the various procedure rules, codes and protocols contained therein. It also includes the systems and processes, and the culture and values by which the activities of the Council are directed and controlled, and how it accounts to and engages with its citizens. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.
- 3.5 Overall, adopting and committing to this Code of Corporate Governance provides a basis for a Council wide commitment to the way in which it intends fulfilling its role in leading and representing the community, providing opportunities for all and ensuring that there is a strong customer focus underpinning everything that the Council does.

4. Why do we need a Code of Corporate Governance?

- 4.1 Corporate governance is important because it supports:

- Provision of high quality public services

Within the UK, governance weaknesses have sometimes led to significant failures in public services. High performing organisations on the other hand, generally, have effective governance arrangements.

- Raising public trust

The public's trust is increased when they perceive the quality of services that they and their families experience to be sound and when organisations are seen to be open and honest in communicating their performance and learning from their mistakes.

- 4.2 The Code of Corporate Governance is based upon the "Delivering Good Governance in Local Government: Framework" (CIPFA/SOLACE, 2016). The Framework positions the attainment of sustainable economic, societal, and environmental outcomes as a key focus of governance processes and structures. Outcomes give the role of local government its meaning and importance, and it is fitting that they have this central role in the sector's governance. Furthermore, the focus on sustainability and the links between governance and public financial management are crucial – local authorities must recognise the need to focus on the long term as required by the Well-being of Future Generations Act. Local authorities have responsibilities to more than their current electors as they must take account of the impact of current decisions and actions on future generations.

4.3 The Framework defines the principles that should underpin the governance of each local government organisation. It provides a structure to help individual authorities with their approach to governance. Whatever forms of arrangements are in place, authorities should therefore test their governance structures and partnerships against the principles contained in the Framework by:

- reviewing existing governance arrangements;
- developing and maintaining an up-to-date local code of governance, including arrangements for ensuring ongoing effectiveness;
- reporting publicly on compliance with their own code on an annual basis and on how they have monitored the effectiveness of their governance arrangements in the year and on planned changes.

5. The Corporate Governance Principles as adopted in Bridgend

5.1 The Framework is based on the following seven Core Principles:

Core Principle	Description
A	Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
B	Ensuring openness and comprehensive stakeholder engagement.
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits.
D	Determining the interventions necessary to optimise the achievement of the intended outcomes.
E	Developing the entity's capacity, including the capability of its leadership and the individuals within it.
F	Managing risks and performance through robust internal control and strong public financial management.
G	Implementing good practice in transparency, reporting, and audit to deliver effective accountability.

5.2 There are also a number of sub-principles below the seven core principles. To achieve good governance, each local authority should be able to demonstrate that its governance structures comply with the core and sub-principles contained in the Framework. It should therefore develop and maintain a local code of governance/governance arrangements reflecting the principles set out. It is also crucial that the Framework is applied in a way that demonstrates the spirit and ethos of good governance which cannot be achieved by rules and procedures alone. Shared values that are integrated

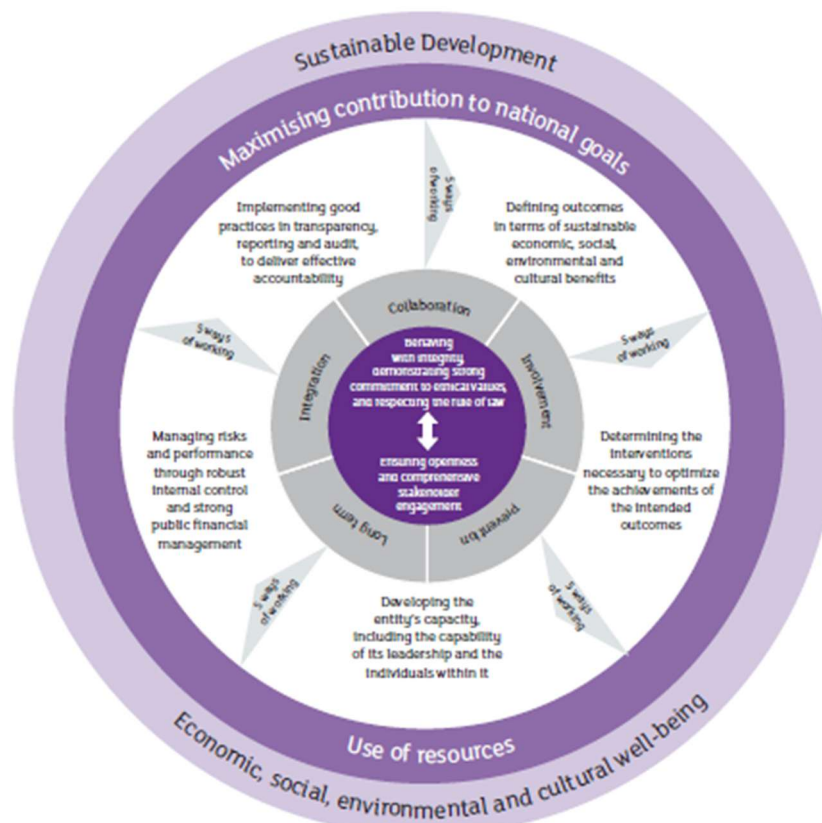
into the culture of an organisation, and are reflected in behaviour and policy, are hallmarks of good governance.

6. The Corporate Governance Principles and the Well-being of Future Generations (Wales) Act 2015

6.1 The Act requires public bodies covered by the Act, including local government, to consider the longer term in making their decisions and to work collaboratively with other public bodies to improve well-being in Wales. The Act sets out seven well-being goals for public bodies and requires them to act in a sustainable way. It also sets out five ways of working that public bodies are required to take into account when applying the sustainable development principle.

6.2 The Act is central to the Welsh Government's long-term policy for the public services and its themes tie in with the *Delivering Governance in Local Government: Framework* (CIPFA/SOLACE, 2016). The Auditor General for Wales has set out a diagram (below) which brings together the International Framework with the requirements of the 2015 Act.

Well-being of Future Generations (Wales) Act 2015 and the International Framework



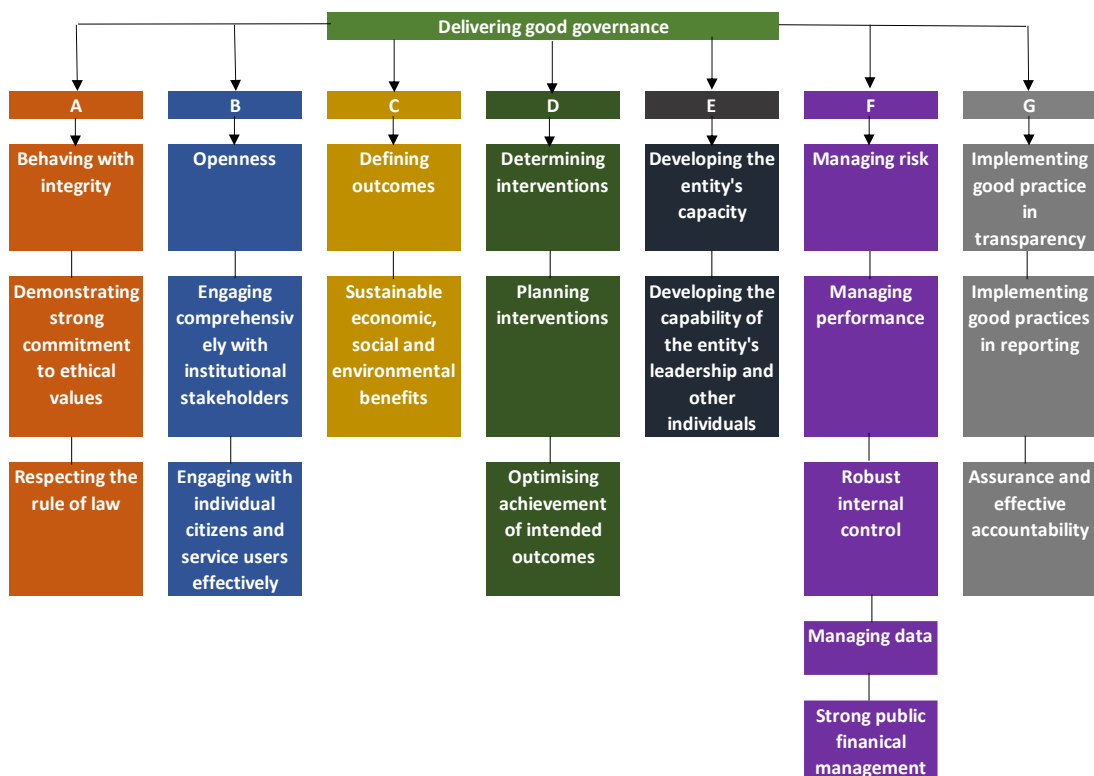
Source: CIPFA Delivering Good Governance Guidance Notes 2016

6.3 The diagram shows sustainable development as all encompassing. The core behaviours of:

- behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law
- ensuring openness and comprehensive stakeholder engagement

need to be applied to the five ways of working. The five ways of working (underpinned by the core behaviours) have to be at the heart of delivering outcomes, which in turn should ensure effective use of resources as public bodies maximise their contribution to the economic, social, environmental and cultural well-being of Wales.

6.4 CIPFA's Delivering Good Governance in Local Government Framework (2016 Edition) identifies the Core Principles A-G as set out in paragraph 5.1 and the Sub-Principles that underpin these.



6.5 In demonstrating good governance the Council will meet the requirements of the core and sub-principles as set out below.

Core Principle A Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law		
Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Behaving with integrity	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	Council's values – Fair, Ambitious, Citizen-focussed, Efficient Codes of Conduct for both Members and Officers Regulatory Committees Modern.gov paperless meeting app with In-App voting, and system of publishing reports and decisions in open and transparent manner Register of Members' Interests
	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	Council's Constitution, including procedure rules Contract Procedure Rules Financial Procedure Rules
	Leading by example and using the above standard operating principles or values as a framework for decision making and other actions	Officers' Code of Conduct Code of Conduct for Members
	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	Council's Constitution
Demonstrating strong	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	Council's Vision & values Standards Committee

commitment to ethical values	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	Members Register of Interests Declaration of Members' Interests at each meeting Resolution Policy
	Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values	Code of Conduct for Members Officers' Code of Conduct Whistleblowing Policy Equality Impact Assessment processes
	Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation	Socially Responsible Procurement Strategy
Respecting the rule of law	Ensuring members and staff demonstrate a strong commitment to the rule of law as well as adhering to relevant laws and regulations	Anti-Fraud and Bribery Policy Anti Money Laundering Policy Anti-Tax Evasion Policy Financial Procedure Rules Contract Procedure Rules Whistleblowing Policy Annual Corporate Fraud Report Socially Responsible Procurement Strategy
	Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	Council's Constitution sets out roles of key officers and Members Scheme of Delegation of Functions for decision making Observation of all legislative requirements
	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	Overview & Scrutiny Committees Governance & Audit Committee Standards Committee

	Dealing with breaches of legal and regulatory provisions effectively	Role of Monitoring Officer Whistleblowing Policy Referrals to Ombudsman and appropriate resolutions
	Ensuring corruption and misuse of power are dealt with effectively	Anti-Fraud and Bribery Policy Anti-Tax Evasion Policy Whistleblowing Policy

Core Principle B Ensuring openness and comprehensive stakeholder engagement

Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Openness	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	Publication of policies, plans, meeting Agenda's, Minutes and Webcasts Publishing decisions and updates via the Council's social media accounts
	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	Holding meetings in public unless there is a good reason not to for confidentiality Annual Statement of Accounts Medium Term Financial Strategy Well-being of Future Generations (Wales) Act 2015 assessments Standard report templates
	Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear	Overview & Scrutiny Committees Standard Report templates Publication of minutes, decisions and reasons
	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/courses of action	Council website Council publications Publication Scheme Citizen's Panel Time to Talk Budget consultation Reports to, and consultation with, School Governing Bodies Forward Work Programmes

		Communications, Marketing & Engagement Strategy
Engaging comprehensively with institutional stakeholders	Effectively engage with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably	Town and Community Councils Other local authorities Engaging with stakeholders including: Lead Local Flood Authorities Environment Agency Natural Resources Wales Highways Authorities Local Community Groups and forums Emergency Services
	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	Public Service Board Well-being Plan 2013-28 in place Regional Partnership Boards Joint Committees South East Wales Corporate Joint Committee – Cardiff Capital Region S33 NHS Wales Act pooled fund arrangements – Integrated Community Equipment; Integrated Community Support Services; Care Home Accommodation Bridgend Association of Voluntary Organisations Valleys to Coast
	Ensuring that partnerships are based on: <ul style="list-style-type: none"> - trust - a shared commitment to change - a culture that promotes and accepts challenge among partners 	Setting Terms of Reference Joint Committee meetings Agreeing voting rights at Joint Committees – South East Wales Corporate Joint Committee as an example

	and that the added value of partnership working is explicit	
Engaging with individual citizens and service users effectively	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes	Citizens Panel
	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	Communications, Marketing and Engagement Strategy Council's website Talktous
	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference for future needs	Council's website, Facebook & Twitter accounts Talktous
	Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account	Feedback and publication of consultation outcomes, including via social media – such as budget consultations. Communications, Marketing and Engagement Strategy in place. The Council has made a commitment to endorse the National Principles for Public Engagement in Wales and has an authority-wide consultation and engagement toolkit to ensure engagement is consistent, robust and effective. Requirements of Local Government and Elections (Wales) Act 2021 to carry out a self-assessment of how the Council is meeting its performance

		requirements, and to publish a report setting out the conclusions of this every year.
	Balance feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity	Consultations shared with Bridgend Community Cohesion and Equalities Forum to ensure different stakeholder groups are included.
	Taking account of the impact of decisions on future generations of tax payers and service users	Requirement to assess decisions under Well-being of Future Generations Act (Wales) 2015 in key decisions of Council

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

Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Defining outcomes	Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions	Council's Corporate Plan Corporate Plan Delivery Plan Annual Statement of Accounts Directorate Business Plans
	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	Directorate Business Plans Corporate Plan Annual Self-Assessment of the Council's Performance <u>Directorate Business Plans</u>
	Delivering defined outcomes on a sustainable basis within the resources that will be available	Council's Medium Term Financial Strategy Council's Annual Budget Book Corporate Performance Assessment Annual Self-Assessment of the Council's Performance
	Identifying and managing risks to the achievement of outcomes	Corporate Risk Register Governance & Audit Committee
	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	Budget Consultation Council's Corporate Plan Medium Term Financial Strategy and current year Budget Book
Sustainable economic, social and	Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision	Equality Impact Assessments for all key decisions Equality Impact Assessment consideration required on all Council reports

environmental benefits		Well-being of Future Generations (Wales) Act 2015 consideration required on all key decisions/reports Net Zero Carbon Strategy and declaration of climate emergency Climate Emergency Response programme Declaration of a nature emergency Safeguarding and Corporate Parent implications on all Council reports. Economic, Social and Environmental policy within Treasury Management Strategy.
	Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	Finance, Legal, Well-being of Future Generations (Wales) Act, Environmental Impact Assessment and Socio-economic duty all considered in decision making process and decision reports.
	Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs	Environmental Impact Assessments
	Ensuring fair access to services	Strategic Equality Plan

Core Principle D Determining the interventions necessary to optimise the achievement of the intended outcomes

Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Determining interventions	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks, therefore ensuring best value is achieved however services are provided	Reporting templates in use to ensure all considerations taken into account All reports require legal and financial comment and approval
	Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	Citizens Panel Complaints process Budget and other consultation outcomes
Planning interventions	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	Corporate Plan Corporate Performance Assessment process Local Development Plan Directorate, Service and Team Business Plans Digital Transformation Plan Schedule of Council and Cabinet meetings
	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	Citizens Panel Time to Talk Budget consultation
	Considering and monitoring risks facing each partner when working collaboratively, including shared risks	Corporate Risk Management Policy and Risk Register

		Monitoring and reporting of Risk to Governance & Audit Committee
	Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances	Regular Committee meetings Delegated Powers to enable appropriate decision-making
	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured	Corporate Performance Assessment process and quarterly review Key Performance Indicators with Directorate Business and Team plans
	Ensuring capacity exists to generate the information required to review service quality regularly	Business planning process, quarterly reporting on performance, self-assessment Directorate Self-Evaluation process
	Preparing budgets in accordance with objectives, strategies and the medium term financial plan	Medium Term Financial Strategy Annual budget setting process
	Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	4-year rolling Medium Term Financial Strategy and 10 Year Capital Programme
Optimising achievement of intended outcomes	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	Medium Term Financial Strategy updated annually to reflect service pressures and efficiency savings
	Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term	Directorate engagement in Medium Term Financial planning process Overview and Scrutiny review of Medium Term Financial Strategy Budget Research and Evaluation Panel Scrutiny Budget Working Group
	Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery	Effective budget monitoring during year, reported to Departmental Management Teams, Corporate

	issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage	Management Board <u>Team</u> , Cabinet, Council and Scrutiny
	Ensuring the achievement of 'social value' through service planning and commissioning	Consideration of all Committee decisions of Well-being of Future Generations (Wales) Act 2015 Outcomes of consultations Feedback from Citizen's Panel

Core Principle E	Developing the entity's capacity, including the capability of its leadership and the individuals within it
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Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Developing the entity's capacity	Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness	Asset Management Plan in place Council operates a Corporate Landlord model Regular budget monitoring process
	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently	Medium Term Financial Strategy (MTFS) delivers a robust financial plan through a rigorous budget setting process. One of the key MTFS Principles is that all services will seek to provide value for money and contribute to public value and will continuously review budgets to identify efficiency savings. On occasions external support is used to provide an independent review of service areas, which may include comparisons to other local authorities. Audit Wales Financial Sustainability Assessment report December 2024
	Recognising the benefits of partnerships and collaborative working where added value can be achieved	The Council participates in a number of collaborative working arrangements including: Shared Regulatory Service Regional Internal Audit Shared Service

		Pooled fund arrangements for Residential Care, day opportunities for people recovering from Mental Health problems; Community Equipment and Integrated Community Support Services
	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	Workforce Plan and Training & Development Plan in place <u>Workforce Strategy to be developed during 2026</u>
Developing the capability of the entity's leadership and other individuals	Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	Council's Constitution sets out roles and responsibilities
	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	Scheme of Delegation of Functions in place
	Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority	Roles set out in Council's Constitution. Section 6 of the Council's Constitution includes information regarding the role of the Leader and Member role descriptions are set out at section 22 of the document. Job descriptions and person specifications for all roles and an appraisal panel for the Chief Executive to review performance.
	Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by:	Member development programme in place Standards Committee Corporate Training & Development Programme Professional job-related training eg CIPFA <u>Strengthened senior strategic capacity through senior management structure approved by</u>

	<ul style="list-style-type: none"> - ensuring members and staff have access to appropriate induction training and development matching individual and organisational requirements is available and encouraged - ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis - ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external 	<p><u>Council November 2025 with a new Corporate Director – Finance and Transformation and 3 new Heads of Service.</u> <u>Development of a leadership development programme and enhanced members training</u></p>
	Ensuring that there are structures in place to encourage public participation	Communication, Marketing & Engagement Strategy Citizens Panel Talktous Social Media
	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	Annual Corporate Self-Assessment process Performance Appraisal process and system Estyn Reviews Care Inspectorate Wales reviews Audit Wales reviews and audits Peer review reports reported to appropriate Committee, eg Audit Wales reports to Governance & Audit Committee
	Holding staff to account through regular performance reviews which take account of training or development needs	Annual Appraisal process <u>that sets out how individual employees will contribute to Directorate Business Plans and the Corporate Plan Delivery Plan.</u>

		Performance Management reporting via Performance Indicators
	Ensuring arrangements are in place to maintain the health and well-being of the workforce and support individuals in maintaining their own physical and mental well-being	Vivup on line staff welfare system Health & Safety Policy and Procedures HR policies and procedures

Core Principle F	Managing risks and performance through robust internal control and strong public financial management
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Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Managing risk	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	Risk Management Policy and Corporate Risk Register in place, and reviewed by CMB Corporate Management Team and Governance & Audit Committee Team plans incorporate risk assessments
	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	Risk Management Policy and Guidance notes published to the intranet and taken to Departmental Management Teams. E-learning module for identified staff
	Ensuring that responsibilities for managing individual risks are clearly allocated	Set out in Risk Management Policy
Managing performance	Monitoring service delivery effectively including planning, specification, execution and independent post implementation review	Corporate Performance Assessment Annual Performance report/Well-being Report Programme Management Project Toolkit
	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	Corporate Report Template – ensuring all necessary aspects are considered – financial; legal; Well-being of Future Generations (Wales)

		Act 2015; Equality Act 2010, Climate Change; Safeguarding and Corporate Parent.
	Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible	Overview and Scrutiny Committees in place
	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	Corporate Performance Assessment process Scrutiny reviews Annual Performance report/Well-being Report
	Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (eg financial statements)	Budget setting, monitoring and outturn reports all based on Council's Directorate structure
Robust internal control	Aligning the risk management strategy and policies on internal control with achieving objectives	Risk based audit plan in place
	Evaluating and monitoring risk management and internal control on a regular basis	Internal Audit undertakes sufficient audit work to provide an annual opinion on the adequacy and effectiveness of the council's framework of governance, risk management and controls
	Ensuring effective counter fraud and anti-corruption arrangements are in place	Anti-fraud and Bribery Policy in place and mandatory e-learning for all staff Whistleblowing Policy Officers' and Member Codes of Conduct Anti Money Laundering Policy
	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	Head of Regional Internal Audit Service provides an annual opinion on the effectiveness of the framework of governance, risk management and control

	<p>Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the governing body:</p> <ul style="list-style-type: none"> - provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment - that its recommendations are listened to and acted upon 	<p>Governance & Audit Committee in place Governance & Audit Committee receive regular updates on the control environment and risk management. The Committee scrutinises the Annual Governance Statement before presenting to Council for approval When Governance & Audit Committee make recommendations, they are acted upon</p>
Managing data	<p>Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data</p>	<p>Information Management Strategy in place Information Governance Board Data Protection Policy ICT Code of Practice Public Sector Broadband Aggregation Memorandum of Understanding with Department for Work and Pensions for data sharing Audit Wales undertake a variety of audits including Statement of Accounts, grants, performance reviews both local and national.</p>
	<p>Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies</p>	<p>Where necessary, information sharing protocols and data processing agreements in place</p>
	<p>Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring</p>	<p>Reports follow an approval process and require Chief Officer/Head of Service, Finance and Legal approval prior to publication. Report authors are responsible for ensuring the accuracy and quality of reports submitted.</p>

Strong public financial management	Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance	The Council formally adopts an annual budget and supporting Medium Term Financial Strategy as well as a 10-year Capital Programme. Regular monitoring reports including forecasted expenditure is provided to Directors, Corporate Management Board Team and quarterly reports are presented to Cabinet and Scrutiny with the outturn report presented to Council.
	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	As set out in the Constitution and Financial Procedure Rules each Chief Officer is responsible for ensuring control of expenditure and income against approved budgets. Chief Officers are responsible for providing the Chief Finance Officer with such information as is required to facilitate and monitor budgetary control. The management of budgets may be delegated to senior officers within the Directorate.

Core Principle G Implementing good practices in transparency, reporting, and audit to deliver effective accountability		
Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Implementing good practice in transparency	Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	All reports follow an agreed template All agenda papers, minutes and supporting documents are available via the Bridgend Council website
	Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	Meetings can be watched via the Bridgend website.
Implementing good practices in reporting	Reporting at least annually on performance, value for money and stewardship or resources to stakeholders in a timely and understandable way	Annual Performance Report/Well-being Report External Audit (Audit Wales) audit of statement of accounts and Council performance and grants. Annual Audit Letter setting out audit work undertaken by external audit and an opinion on the statement of accounts Audit Wales Annual Audit Letter
	Ensuring members and senior management own the results reported	Cabinet and Senior Management are responsible for all aspects of service performance
	Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework	An annual review of the Governance Statement is undertaken, and an action plan of agreed

	have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)	improvements monitored and reported to Corporate Management Board <u>Team</u> and Governance & Audit Committee
	Ensuring that this framework is applied to jointly managed or shared service organisations as appropriate	Setting out Terms of Reference for joint committees and shared services Ensuring Joint Committee structures are appropriate
	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations	Annual Performance Report/Well-being report prepared in line with statutory reporting requirements and on a consistent basis. Annual Statement of Accounts prepared in line with CIPFA requirements and Code of Practice on Local Authority Accounting and audited to give unqualified audit report
Assurance and effective accountability	Ensuring that recommendations for corrective action made by external audit are acted upon	Recommendations are reported to Governance & Audit Committee and acted on to ensure changes implemented Implementation of Regulatory Tracker for Governance & Audit Committee review
	Ensuring an effective internal audit service with direct access to members is in place, providing assurance with regard to <u>about</u> governance arrangements and that recommendations are acted upon	Governance & Audit Committee receive reports at each meeting on the progress on the Internal Audit Plan that has been previously agreed by the Committee. Head of the Regional Internal Audit Service provides an annual opinion on the effectiveness of governance and internal controls which is presented to the Committee and included in the Annual Governance Statement

	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	Regular cycle of inspections from Care Inspectorate Wales, Estyn, Audit Wales. Also new peer assessment requirement under Local Government and Elections (Wales) Act 2021
	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	Risks are contained within the Council's Corporate Risk Assessment, which is underpinned by the Council's Risk Management Policy
	Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met	Collaboration/Service Agreements/Heads of Terms in place for joint arrangements and partnership working, including Awen Trust, Halo Leisure Services; Shared Regulatory Services, Regional Internal Audit Service

7. Monitoring and Review

- 7.1 Good corporate governance requires the active participation of Elected Members and Officers across the Council. These arrangements will be reviewed on an annual basis and the findings of this work will be reported in the Annual Governance Statement. This will help ensure the continuous improvement of the Council's Corporate Governance culture.
- 7.2 The adoption and maintenance of an up-to-date Code of Corporate Governance, including arrangements for ensuring its implementation and ongoing application is an important part of the process.
- 7.3 The Governance and Audit Committee is responsible for monitoring and reviewing the Governance arrangements as described in this Code. The Code of Corporate Governance will be reviewed on an annual basis, the outcome of which will be reported to the Governance and Audit Committee and any changes will be approved by Cabinet.
- 7.4 Through that Committee, the Council will ensure that these arrangements are kept under continual review. This will include consideration of:
- the work undertaken by internal audit;
 - reports prepared by managers with responsibility for aspects of this Code;
 - reports and opinions expressed by external auditors; and
 - reports of other regulatory bodies and Inspectorates.

8. The Annual Governance Statement

- 8.1 Each year the Council will publish an Annual Governance Statement (AGS) which is signed by the Leader of the Council and the Chief Executive. It will provide an overall assessment of the Council's Corporate Governance arrangements, an appraisal of the controls in place to manage the Council's key risks and details of where improvements need to be made.
- 8.2 The AGS will take into consideration any other consultations, reports and reviews undertaken, such as the review of the Council's compliance with CIPFA's Financial Management Code and any actions that arise therefrom.
- 8.3 The AGS will be reviewed by Corporate Management ~~Board~~Team and approved by the Governance and Audit Committee.
- 8.4 The AGS will be published as part of the Council's Annual Statement of Accounts and will be reviewed by our External Auditors.



Glossary

Term	Explanation
CIPFA	The Chartered Institute of Public Finance and Accountability
SOLACE	The Society of Local Authority Chief Executives and Senior Managers
Member	Elected Councillor (including co-opted councillors)
Independent Member	An independent, non-elected individual who contributes to the work of the Council's Governance and Audit Committee
Corporate Management Board <u>Team</u>	The Corporate Management Board <u>Team</u> is the key internal management body of the Council and comprises the Chief Executive, Strategic Directors and Chief Officers.
Officer	Employee of the Council (including secondees)
Constitution	The Council's rules and codes/protocols



BRIDGEND COUNTY BOROUGH COUNCIL

CODE OF CORPORATE GOVERNANCE



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1 Introduction

- 1.1 The Council is committed to the principles of good corporate governance and recognises it is responsible for ensuring that its business is conducted within the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It has a duty to make proper arrangements for the governance of its affairs, secure continuous improvement in the way its functions are discharged and have robust arrangements in place for the management of risk. The development, adoption and continued implementation and monitoring of a Code of Corporate Governance confirms this commitment.
- 1.2 Good governance is about doing the right things, in the right way, for the right people in a timely, inclusive, open, honest and accountable manner.
- 1.3 This Code describes the Council's understanding of corporate governance and outlines the framework it has put in place to ensure that these arrangements are effective. The Code reflects a joint commitment by Members and senior managers to the principles it contains. This helps to ensure that the principles of corporate governance are not only fully embedded and cascaded throughout the Authority, but that they have the support of the Council, the Chief Executive and the Corporate Management Team.

2. What is Corporate Governance?

- 2.1 The Council has a key role in governing and leading our community. Effective local government relies on public confidence in Elected Members and Council Officers.
- 2.2 Corporate governance is a phrase used to describe how organisations direct and control what they do. Effective systems of corporate governance provide confidence in public services. For local authorities this also includes how a council relates to the communities that it serves. Good corporate governance requires local authorities to carry out their services in a way that demonstrates accountability, openness and honesty.

3. Why adopt a Code of Corporate Governance?

- 3.1 Adopting a Code of Corporate Governance is another way in which the Council shows its recognition of the fact that effective local government relies upon establishing and maintaining the confidence of local people in both elected members and Council officials. Good corporate governance underpins credibility and confidence in the leadership and forms the foundation from which all Council services are provided.
- 3.2 Adopting, monitoring and complying with a Code of Corporate Governance helps enhance the Council's legitimacy and acknowledges the trust placed in the Council by local people.

- 3.3 Strong, transparent and responsive governance enables the Council to put citizens first by pursuing its aims and priorities effectively, and by underpinning them with appropriate mechanisms for managing performance and risk. In order to maintain citizens' confidence, these mechanisms must not only be sound but also be seen to be sound.
- 3.4 Corporate governance comprises the framework within which the Council manages its business; this includes the Council's constitution and the various procedure rules, codes and protocols contained therein. It also includes the systems and processes, and the culture and values by which the activities of the Council are directed and controlled, and how it accounts to and engages with its citizens. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.
- 3.5 Overall, adopting and committing to this Code of Corporate Governance provides a basis for a Council wide commitment to the way in which it intends fulfilling its role in leading and representing the community, providing opportunities for all and ensuring that there is a strong customer focus underpinning everything that the Council does.

4. Why do we need a Code of Corporate Governance?

- 4.1 Corporate governance is important because it supports:

- Provision of high quality public services

Within the UK, governance weaknesses have sometimes led to significant failures in public services. High performing organisations on the other hand, generally, have effective governance arrangements.

- Raising public trust

The public's trust is increased when they perceive the quality of services that they and their families experience to be sound and when organisations are seen to be open and honest in communicating their performance and learning from their mistakes.

- 4.2 The Code of Corporate Governance is based upon the "Delivering Good Governance in Local Government: Framework" (CIPFA/SOLACE, 2016). The Framework positions the attainment of sustainable economic, societal, and environmental outcomes as a key focus of governance processes and structures. Outcomes give the role of local government its meaning and importance, and it is fitting that they have this central role in the sector's governance. Furthermore, the focus on sustainability and the links between governance and public financial management are crucial – local authorities must recognise the need to focus on the long term as required by the Well-being of Future Generations Act. Local authorities have responsibilities to more than their current electors as they must take account of the impact of current decisions and actions on future generations.

4.3 The Framework defines the principles that should underpin the governance of each local government organisation. It provides a structure to help individual authorities with their approach to governance. Whatever forms of arrangements are in place, authorities should therefore test their governance structures and partnerships against the principles contained in the Framework by:

- reviewing existing governance arrangements;
- developing and maintaining an up-to-date local code of governance, including arrangements for ensuring ongoing effectiveness;
- reporting publicly on compliance with their own code on an annual basis and on how they have monitored the effectiveness of their governance arrangements in the year and on planned changes.

5. The Corporate Governance Principles as adopted in Bridgend

5.1 The Framework is based on the following seven Core Principles:

Core Principle	Description
A	Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.
B	Ensuring openness and comprehensive stakeholder engagement.
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits.
D	Determining the interventions necessary to optimise the achievement of the intended outcomes.
E	Developing the entity's capacity, including the capability of its leadership and the individuals within it.
F	Managing risks and performance through robust internal control and strong public financial management.
G	Implementing good practice in transparency, reporting, and audit to deliver effective accountability.

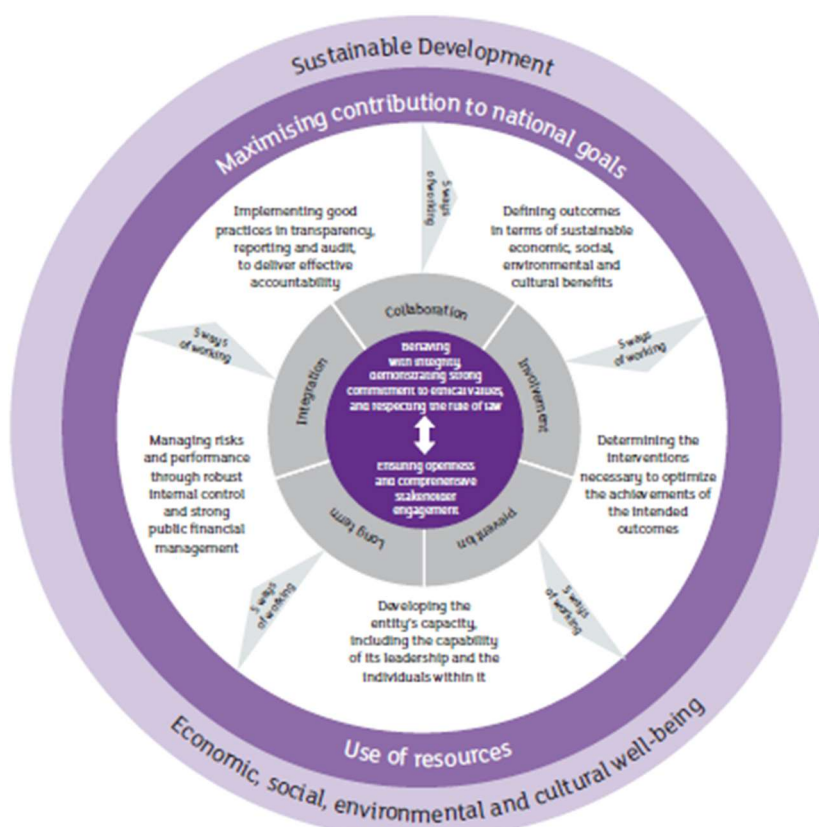
5.2 There are also a number of sub-principles below the seven core principles. To achieve good governance, each local authority should be able to demonstrate that its governance structures comply with the core and sub-principles contained in the Framework. It should therefore develop and maintain a local code of governance/governance arrangements reflecting the principles set out. It is also crucial that the Framework is applied in a way that demonstrates the spirit and ethos of good governance which cannot be achieved by rules and procedures alone. Shared values that are integrated

into the culture of an organisation, and are reflected in behaviour and policy, are hallmarks of good governance.

6. The Corporate Governance Principles and the Well-being of Future Generations (Wales) Act 2015

- 6.1 The Act requires public bodies covered by the Act, including local government, to consider the longer term in making their decisions and to work collaboratively with other public bodies to improve well-being in Wales. The Act sets out seven well-being goals for public bodies and requires them to act in a sustainable way. It also sets out five ways of working that public bodies are required to take into account when applying the sustainable development principle.
- 6.2 The Act is central to the Welsh Government's long-term policy for the public services and its themes tie in with the *Delivering Governance in Local Government: Framework* (CIPFA/SOLACE, 2016). The Auditor General for Wales has set out a diagram (below) which brings together the International Framework with the requirements of the 2015 Act.

Well-being of Future Generations (Wales) Act 2015 and the International Framework



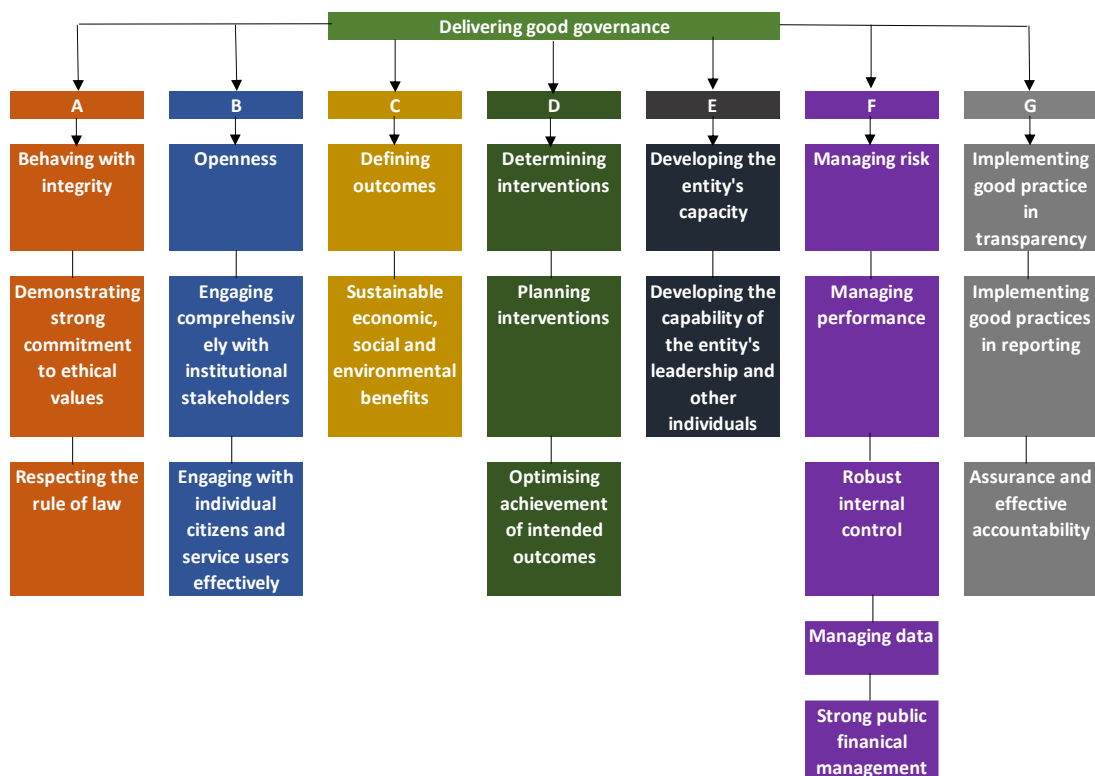
Source: CIPFA Delivering Good Governance Guidance Notes 2016

- 6.3 The diagram shows sustainable development as all encompassing. The core behaviours of:

- behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law
- ensuring openness and comprehensive stakeholder engagement

need to be applied to the five ways of working. The five ways of working (underpinned by the core behaviours) have to be at the heart of delivering outcomes, which in turn should ensure effective use of resources as public bodies maximise their contribution to the economic, social, environmental and cultural well-being of Wales.

6.4 CIPFA's Delivering Good Governance in Local Government Framework (2016 Edition) identifies the Core Principles A-G as set out in paragraph 5.1 and the Sub-Principles that underpin these.



6.5 In demonstrating good governance the Council will meet the requirements of the core and sub-principles as set out below.

Core Principle A Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law		
Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Behaving with integrity	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	Council's values – Fair, Ambitious, Citizen-focussed, Efficient Codes of Conduct for both Members and Officers Regulatory Committees Modern.gov paperless meeting app with In-App voting, and system of publishing reports and decisions in open and transparent manner Register of Members' Interests
	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	Council's Constitution, including procedure rules Contract Procedure Rules Financial Procedure Rules
	Leading by example and using the above standard operating principles or values as a framework for decision making and other actions	Officers' Code of Conduct Code of Conduct for Members
	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	Council's Constitution
Demonstrating strong	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	Council's Vision & values Standards Committee

commitment to ethical values	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	Members Register of Interests Declaration of Members' Interests at each meeting Resolution Policy
	Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values	Code of Conduct for Members Officers' Code of Conduct Whistleblowing Policy Equality Impact Assessment processes
	Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with ethical standards expected by the organisation	Socially Responsible Procurement Strategy
Respecting the rule of law	Ensuring members and staff demonstrate a strong commitment to the rule of law as well as adhering to relevant laws and regulations	Anti-Fraud and Bribery Policy Anti Money Laundering Policy Anti-Tax Evasion Policy Financial Procedure Rules Contract Procedure Rules Whistleblowing Policy Annual Corporate Fraud Report Socially Responsible Procurement Strategy
	Creating the conditions to ensure that the statutory officers, other key post holders, and members, are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	Council's Constitution sets out roles of key officers and Members Scheme of Delegation of Functions for decision making Observation of all legislative requirements
	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	Overview & Scrutiny Committees Governance & Audit Committee Standards Committee

	Dealing with breaches of legal and regulatory provisions effectively	Role of Monitoring Officer Whistleblowing Policy Referrals to Ombudsman and appropriate resolutions
	Ensuring corruption and misuse of power are dealt with effectively	Anti-Fraud and Bribery Policy Anti-Tax Evasion Policy Whistleblowing Policy

Core Principle B	Ensuring openness and comprehensive stakeholder engagement
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Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Openness	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	Publication of policies, plans, meeting Agenda's, Minutes and Webcasts Publishing decisions and updates via the Council's social media accounts
	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	Holding meetings in public unless there is a good reason not to for confidentiality Annual Statement of Accounts Medium Term Financial Strategy Well-being of Future Generations (Wales) Act 2015 assessments Standard report templates
	Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear	Overview & Scrutiny Committees Standard Report templates Publication of minutes, decisions and reasons
	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/courses of action	Council website Council publications Publication Scheme Citizen's Panel Time to Talk Budget consultation Reports to, and consultation with, School Governing Bodies Forward Work Programmes

		Communications, Marketing & Engagement Strategy
Engaging comprehensively with institutional stakeholders	Effectively engage with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably	Town and Community Councils Other local authorities Engaging with stakeholders including: Lead Local Flood Authorities Environment Agency Natural Resources Wales Highways Authorities Local Community Groups and forums Emergency Services
	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	Public Service Board Well-being Plan 2013-28 in place Regional Partnership Boards Joint Committees South East Wales Corporate Joint Committee – Cardiff Capital Region S33 NHS Wales Act pooled fund arrangements – Integrated Community Equipment; Integrated Community Support Services; Care Home Accommodation Bridgend Association of Voluntary Organisations Valleys to Coast
	Ensuring that partnerships are based on: <ul style="list-style-type: none"> - trust - a shared commitment to change - a culture that promotes and accepts challenge among partners 	Setting Terms of Reference Joint Committee meetings Agreeing voting rights at Joint Committees – South East Wales Corporate Joint Committee as an example

	and that the added value of partnership working is explicit	
Engaging with individual citizens and service users effectively	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve communities, individual citizens, service users and other stakeholders to ensure that service (or other) provision is contributing towards the achievement of intended outcomes	Citizens Panel
	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	Communications, Marketing and Engagement Strategy Council's website Talktous
	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference for future needs	Council's website, Facebook & Twitter accounts Talktous
	Implementing effective feedback mechanisms in order to demonstrate how views have been taken into account	Feedback and publication of consultation outcomes, including via social media – such as budget consultations. Communications, Marketing and Engagement Strategy in place. The Council has made a commitment to endorse the National Principles for Public Engagement in Wales and has an authority-wide consultation and engagement toolkit to ensure engagement is consistent, robust and effective. Requirements of Local Government and Elections (Wales) Act 2021 to carry out a self-assessment of how the Council is meeting its performance

		requirements, and to publish a report setting out the conclusions of this every year.
	Balance feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity	Consultations shared with Bridgend Community Cohesion and Equalities Forum to ensure different stakeholder groups are included.
	Taking account of the impact of decisions on future generations of tax payers and service users	Requirement to assess decisions under Well-being of Future Generations Act (Wales) 2015 in key decisions of Council

Core Principle C Defining outcomes in terms of sustainable economic, social and environmental benefits		
Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Defining outcomes	Having a clear vision, which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provide the basis for the organisation's overall strategy, planning and other decisions	Council's Corporate Plan Corporate Plan Delivery Plan Annual Statement of Accounts Directorate Business Plans
	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	Corporate Plan Annual Self-Assessment of the Council's Performance Directorate Business Plans
	Delivering defined outcomes on a sustainable basis within the resources that will be available	Council's Medium Term Financial Strategy Council's Annual Budget Book Corporate Performance Assessment Annual Self-Assessment of the Council's Performance
	Identifying and managing risks to the achievement of outcomes	Corporate Risk Register Governance & Audit Committee
	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	Budget Consultation Council's Corporate Plan Medium Term Financial Strategy and current year Budget Book
Sustainable economic, social and environmental benefits	Considering and balancing the combined economic, social and environmental impact of policies and plans when taking decisions about service provision	Equality Impact Assessments for all key decisions Equality Impact Assessment consideration required on all Council reports Well-being of Future Generations (Wales) Act 2015 consideration required on all key decisions/reports

		<p>Net Zero Carbon Strategy and declaration of climate emergency</p> <p>Climate Emergency Response programme</p> <p>Declaration of a nature emergency</p> <p>Safeguarding and Corporate Parent implications on all Council reports.</p> <p>Economic, Social and Environmental policy within Treasury Management Strategy.</p>
	<p>Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints</p>	<p>Finance, Legal, Well-being of Future Generations (Wales) Act, Environmental Impact Assessment and Socio-economic duty all considered in decision making process and decision reports.</p>
	<p>Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs</p>	<p>Environmental Impact Assessments</p>
	<p>Ensuring fair access to services</p>	<p>Strategic Equality Plan</p>

Core Principle D	Determining the interventions necessary to optimise the achievement of the intended outcomes	
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Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Determining interventions	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and associated risks, therefore ensuring best value is achieved however services are provided	Reporting templates in use to ensure all considerations taken into account All reports require legal and financial comment and approval
	Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	Citizens Panel Complaints process Budget and other consultation outcomes
Planning interventions	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	Corporate Plan Corporate Performance Assessment process Local Development Plan Directorate, Service and Team Business Plans Digital Transformation Plan Schedule of Council and Cabinet meetings
	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	Citizens Panel Time to Talk Budget consultation
	Considering and monitoring risks facing each partner when working collaboratively, including shared risks	Corporate Risk Management Policy and Risk Register Monitoring and reporting of Risk to Governance & Audit Committee

	Ensuring arrangements are flexible and agile so that the mechanisms for delivering goods and services can be adapted to changing circumstances	Regular Committee meetings Delegated Powers to enable appropriate decision-making
	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured	Corporate Performance Assessment process and quarterly review Key Performance Indicators with Directorate Business and Team plans
	Ensuring capacity exists to generate the information required to review service quality regularly	Business planning process, quarterly reporting on performance, self-assessment Directorate Self-Evaluation process
	Preparing budgets in accordance with objectives, strategies and the medium term financial plan	Medium Term Financial Strategy Annual budget setting process
	Informing medium and long term resource planning by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	4-year rolling Medium Term Financial Strategy and 10 Year Capital Programme
Optimising achievement of intended outcomes	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	Medium Term Financial Strategy updated annually to reflect service pressures and efficiency savings
	Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term	Directorate engagement in Medium Term Financial planning process Overview and Scrutiny review of Medium Term Financial Strategy Scrutiny Budget Working Group
	Ensuring the medium term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period	Effective budget monitoring during year, reported to Departmental Management Teams, Corporate Management Team, Cabinet, Council and Scrutiny

	in order for outcomes to be achieved while optimising resource usage	
	Ensuring the achievement of 'social value' through service planning and commissioning	Consideration of all Committee decisions of Well-being of Future Generations (Wales) Act 2015 Outcomes of consultations Feedback from Citizen's Panel

Core Principle E Developing the entity's capacity, including the capability of its leadership and the individuals within it		
Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Developing the entity's capacity	Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness	Asset Management Plan in place Council operates a Corporate Landlord model Regular budget monitoring process
	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently	Medium Term Financial Strategy (MTFS) delivers a robust financial plan through a rigorous budget setting process. One of the key MTFS Principles is that all services will seek to provide value for money and contribute to public value and will continuously review budgets to identify efficiency savings. On occasions external support is used to provide an independent review of service areas, which may include comparisons to other local authorities. Audit Wales Financial Sustainability Assessment report December 2024
	Recognising the benefits of partnerships and collaborative working where added value can be achieved	The Council participates in a number of collaborative working arrangements including: Shared Regulatory Service Regional Internal Audit Shared Service Pooled fund arrangements for Residential Care, day opportunities for people recovering from

		Mental Health problems; Community Equipment and Integrated Community Support Services
	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	Workforce Plan and Training & Development Plan in place Workforce Strategy to be developed during 2026
Developing the capability of the entity's leadership and other individuals	Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	Council's Constitution sets out roles and responsibilities
	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	Scheme of Delegation of Functions in place
	Ensuring the leader and the chief executive have clearly defined and distinctive leadership roles within a structure whereby the chief executive leads in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority	Roles set out in Council's Constitution. Section 6 of the Council's Constitution includes information regarding the role of the Leader and Member role descriptions are set out at section 22 of the document. Job descriptions and person specifications for all roles and an appraisal panel for the Chief Executive to review performance.
	Developing the capabilities of members and senior management to achieve effective leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks by: <ul style="list-style-type: none"> - ensuring members and staff have access to appropriate induction training and development 	Member development programme in place Standards Committee Corporate Training & Development Programme Professional job-related training eg CIPFA Strengthened senior strategic capacity through senior management structure approved by Council November 2025 with a new Corporate

	<p>matching individual and organisational requirements is available and encouraged</p> <ul style="list-style-type: none"> - ensuring members and officers have the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities and ensuring that they are able to update their knowledge on a continuing basis - ensuring personal, organisational and system-wide development through shared learning, including lessons learnt from governance weaknesses both internal and external 	<p>Director – Finance and Transformation and 3 new Heads of Service. Development of a leadership development programme and enhanced members training</p>
	<p>Ensuring that there are structures in place to encourage public participation</p>	<p>Communication, Marketing & Engagement Strategy Citizens Panel Talktous Social Media</p>
	<p>Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections</p>	<p>Annual Corporate Self-Assessment process Performance Appraisal process and system Estyn Reviews Care Inspectorate Wales reviews Audit Wales reviews and audits Peer review reports reported to appropriate Committee, eg Audit Wales reports to Governance & Audit Committee</p>
	<p>Holding staff to account through regular performance reviews which take account of training or development needs</p>	<p>Annual Appraisal process that sets out how individual employees will contribute to Directorate Business Plans and the Corporate Plan Delivery Plan. Performance Management reporting via Performance Indicators</p>

	Ensuring arrangements are in place to maintain the health and well-being of the workforce and support individuals in maintaining their own physical and mental well-being	Vivup on line staff welfare system Health & Safety Policy and Procedures HR policies and procedures
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Core Principle F	Managing risks and performance through robust internal control and strong public financial management
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Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Managing risk	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	Risk Management Policy and Corporate Risk Register in place, and reviewed by Corporate Management Team and Governance & Audit Committee Team plans incorporate risk assessments
	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	Risk Management Policy and Guidance notes published to the intranet and taken to Departmental Management Teams. E-learning module for identified staff
	Ensuring that responsibilities for managing individual risks are clearly allocated	Set out in Risk Management Policy
Managing performance	Monitoring service delivery effectively including planning, specification, execution and independent post implementation review	Corporate Performance Assessment Annual Performance report/Well-being Report Programme Management Project Toolkit
	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	Corporate Report Template – ensuring all necessary aspects are considered – financial; legal; Well-being of Future Generations (Wales) Act 2015; Equality Act 2010, Climate Change; Safeguarding and Corporate Parent.

	Ensuring an effective scrutiny or oversight function is in place which provides constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible	Overview and Scrutiny Committees in place
	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	Corporate Performance Assessment process Scrutiny reviews Annual Performance report/Well-being Report
	Ensuring there is consistency between specification stages (such as budgets) and post implementation reporting (eg financial statements)	Budget setting, monitoring and outturn reports all based on Council's Directorate structure
Robust internal control	Aligning the risk management strategy and policies on internal control with achieving objectives	Risk based audit plan in place
	Evaluating and monitoring risk management and internal control on a regular basis	Internal Audit undertakes sufficient audit work to provide an annual opinion on the adequacy and effectiveness of the council's framework of governance, risk management and controls
	Ensuring effective counter fraud and anti-corruption arrangements are in place	Anti-fraud and Bribery Policy in place and mandatory e-learning for all staff Whistleblowing Policy Officers' and Member Codes of Conduct Anti Money Laundering Policy
	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	Head of Regional Internal Audit Service provides an annual opinion on the effectiveness of the framework of governance, risk management and control

	<p>Ensuring an audit committee or equivalent group/function, which is independent of the executive and accountable to the governing body:</p> <ul style="list-style-type: none"> - provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment - that its recommendations are listened to and acted upon 	<p>Governance & Audit Committee in place Governance & Audit Committee receive regular updates on the control environment and risk management. The Committee scrutinises the Annual Governance Statement before presenting to Council for approval When Governance & Audit Committee make recommendations, they are acted upon</p>
Managing data	<p>Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data</p>	<p>Information Management Strategy in place Information Governance Board Data Protection Policy ICT Code of Practice Public Sector Broadband Aggregation Memorandum of Understanding with Department for Work and Pensions for data sharing Audit Wales undertake a variety of audits including Statement of Accounts, grants, performance reviews both local and national.</p>
	<p>Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies</p>	<p>Where necessary, information sharing protocols and data processing agreements in place</p>
	<p>Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring</p>	<p>Reports follow an approval process and require Chief Officer/Head of Service, Finance and Legal approval prior to publication. Report authors are responsible for ensuring the accuracy and quality of reports submitted.</p>

Strong public financial management	Ensuring financial management supports both long term achievement of outcomes and short-term financial and operational performance	The Council formally adopts an annual budget and supporting Medium Term Financial Strategy as well as a 10-year Capital Programme. Regular monitoring reports including forecasted expenditure is provided to Directors, Corporate Management Team and quarterly reports are presented to Cabinet and Scrutiny with the outturn report presented to Council.
	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	As set out in the Constitution and Financial Procedure Rules each Chief Officer is responsible for ensuring control of expenditure and income against approved budgets. Chief Officers are responsible for providing the Chief Finance Officer with such information as is required to facilitate and monitor budgetary control. The management of budgets may be delegated to senior officers within the Directorate.

Core Principle G Implementing good practices in transparency, reporting, and audit to deliver effective accountability		
Sub Principle	Actions that Demonstrate Good Governance	Evidence that supports the Actions
Implementing good practice in transparency	Writing and communicating reports for the public and other stakeholders in a fair, balanced and understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	All reports follow an agreed template All agenda papers, minutes and supporting documents are available via the Bridgend Council website
	Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	Meetings can be watched via the Bridgend website.
Implementing good practices in reporting	Reporting at least annually on performance, value for money and stewardship or resources to stakeholders in a timely and understandable way	Annual Performance Report/Well-being Report External Audit (Audit Wales) audit of statement of accounts and Council performance and grants. Annual Audit Letter setting out audit work undertaken by external audit and an opinion on the statement of accounts Audit Wales Annual Audit Letter
	Ensuring members and senior management own the results reported	Cabinet and Senior Management are responsible for all aspects of service performance
	Ensuring robust arrangements for assessing the extent to which the principles contained in this Framework	An annual review of the Governance Statement is undertaken, and an action plan of agreed

	have been applied and publishing the results on this assessment, including an action plan for improvement and evidence to demonstrate good governance (the annual governance statement)	improvements monitored and reported to Corporate Management Team and Governance & Audit Committee
	Ensuring that this framework is applied to jointly managed or shared service organisations as appropriate	Setting out Terms of Reference for joint committees and shared services Ensuring Joint Committee structures are appropriate
	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other, similar organisations	Annual Performance Report/Well-being report prepared in line with statutory reporting requirements and on a consistent basis. Annual Statement of Accounts prepared in line with CIPFA requirements and Code of Practice on Local Authority Accounting and audited to give unqualified audit report
Assurance and effective accountability	Ensuring that recommendations for corrective action made by external audit are acted upon	Recommendations are reported to Governance & Audit Committee and acted on to ensure changes implemented Implementation of Regulatory Tracker for Governance & Audit Committee review
	Ensuring an effective internal audit service with direct access to members is in place, providing assurance about governance arrangements and that recommendations are acted upon	Governance & Audit Committee receive reports at each meeting on the progress on the Internal Audit Plan that has been previously agreed by the Committee. Head of the Regional Internal Audit Service provides an annual opinion on the effectiveness of governance and internal controls which is presented to the Committee and included in the Annual Governance Statement

	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	Regular cycle of inspections from Care Inspectorate Wales, Estyn, Audit Wales. Also new peer assessment requirement under Local Government and Elections (Wales) Act 2021
	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	Risks are contained within the Council's Corporate Risk Assessment, which is underpinned by the Council's Risk Management Policy
	Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met	Collaboration/Service Agreements/Heads of Terms in place for joint arrangements and partnership working, including Awen Trust, Halo Leisure Services; Shared Regulatory Services, Regional Internal Audit Service

7. Monitoring and Review

- 7.1 Good corporate governance requires the active participation of Elected Members and Officers across the Council. These arrangements will be reviewed on an annual basis and the findings of this work will be reported in the Annual Governance Statement. This will help ensure the continuous improvement of the Council's Corporate Governance culture.
- 7.2 The adoption and maintenance of an up-to-date Code of Corporate Governance, including arrangements for ensuring its implementation and ongoing application is an important part of the process.
- 7.3 The Governance and Audit Committee is responsible for monitoring and reviewing the Governance arrangements as described in this Code. The Code of Corporate Governance will be reviewed on an annual basis, the outcome of which will be reported to the Governance and Audit Committee and any changes will be approved by Cabinet.
- 7.4 Through that Committee, the Council will ensure that these arrangements are kept under continual review. This will include consideration of:
- the work undertaken by internal audit;
 - reports prepared by managers with responsibility for aspects of this Code;
 - reports and opinions expressed by external auditors; and
 - reports of other regulatory bodies and Inspectorates.

8. The Annual Governance Statement

- 8.1 Each year the Council will publish an Annual Governance Statement (AGS) which is signed by the Leader of the Council and the Chief Executive. It will provide an overall assessment of the Council's Corporate Governance arrangements, an appraisal of the controls in place to manage the Council's key risks and details of where improvements need to be made.
- 8.2 The AGS will take into consideration any other consultations, reports and reviews undertaken, such as the review of the Council's compliance with CIPFA's Financial Management Code and any actions that arise therefrom.
- 8.3 The AGS will be reviewed by Corporate Management Team and approved by the Governance and Audit Committee.
- 8.4 The AGS will be published as part of the Council's Annual Statement of Accounts and will be reviewed by our External Auditors.



Glossary

Term	Explanation
CIPFA	The Chartered Institute of Public Finance and Accountability
SOLACE	The Society of Local Authority Chief Executives and Senior Managers
Member	Elected Councillor (including co-opted councillors)
Independent Member	An independent, non-elected individual who contributes to the work of the Council's Governance and Audit Committee
Corporate Management Team	The Corporate Management Team is the key internal management body of the Council and comprises the Chief Executive, Strategic Directors and Chief Officers.
Officer	Employee of the Council (including secondees)
Constitution	The Council's rules and codes/protocols

Meeting of:	GOVERNANCE AND AUDIT COMMITTEE
Date of Meeting:	21 MAY 2026
Report Title:	SELF-ASSESSMENT APPROACH FOR 2025/26
Report Owner / Corporate Director:	CORPORATE DIRECTOR – FINANCE AND TRANSFORMATION
Responsible Officer:	KATE PASK POLICY AND PERFORMANCE MANAGER
Policy Framework and Procedure Rules:	The Performance Framework (of which self-assessment is part) forms part of the Policy Framework.
Executive Summary:	This report outlines an approach to the development of the Council’s self-assessment 2025/26.

1. Purpose of Report

1.1 The purpose of this report is to reflect on the self-assessment 2024/25 and present the Governance and Audit Committee (GAC) with an outline of the approach to the development of the self-assessment 2025/26.

2. Background

2.1 The Local Government and Elections (Wales) Act 2021 set out a new local government improvement regime. One of the requirements of the Act is for the Council to make and publish a self-assessment report once each financial year. The self-assessment report has to set out conclusions on whether the Council met the ‘performance requirements’ during that financial year, and actions needed to improve. The ‘performance requirements’ focus on -

- Are we exercising our functions effectively;
- Are we using our resources economically, efficiently and effectively;
- Is our governance strong.

2.2 The Council published its first self-assessment in October 2022 based on performance in 2021/22. The process was new, but based on existing data, reports and meeting fora where possible. Feedback on the report was generally positive in terms of the honesty and transparency of ratings, length of the report and simplicity of the language. Some members felt that annual performance data should have been published alongside the self-assessment.

- 2.3 The second self-assessment was published in December 2023 based on performance in 2022/23. Reflecting on the first self-assessment, some changes were made, including –
- Using information from the newly developed regulatory tracker
 - Publishing performance information alongside the self-assessment
 - Adding case studies to the document
- 2.4 The third self-assessment published in October 2024 was based on performance in 2023/24. This was the first time that the self-assessment reviewed performance against the Council's new Corporate Plan 2023-28. Reflecting on the second self-assessment, some changes were made, including –
- More comprehensive information on major consultation and engagement activity around the Council throughout the year
 - Scoring wellbeing objectives and aims using a more objective and agreed process
 - A section on how well we performed against improvement activities from the previous self-assessment
 - Embedding self-assessment in the quarterly performance process so that large parts of the report write themselves and are familiar to members.
- 2.5 Since 1 April 2024 the Council has been subject to the Social Partnership duty under the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act). As the information required for the Social Partnership Annual Report was so closely aligned with the existing self-assessment report format, the fourth self-assessment published in October 2025 based on 2024/25 was also the Council's first Social Partnership Annual Report. In order to cover the additional information required the consultation and engagement section was extended slightly to cover –
- Evidence of work with staff and Trade Unions on how the Council has achieved its wellbeing objectives in the year (particularly budget setting)
 - Evidence of how the council worked with staff and Trade Unions to agree last year's self-assessment
 - How frequently the Council met with Trade Unions as part of its Social Partnership duty
 - Any training provided to employees / trade union representatives on how the Social Partnership Duty was implemented; and
 - Any interesting case studies of work related to the Social Partnership Duty.

3. Current situation / proposal

- 3.1 It is proposed that the performance section of the self-assessment report for 2025/26 follows the same process as in 2024/25 but with the addition of more qualitative data in the form of case studies, regulator views and resident views where possible and pertinent to the wellbeing objective -

- A performance overview summarising performance against the whole corporate plan, using two graphs showing -
 - How are we doing on our commitments / projects?
 - How are we doing on our performance indicators?
 - A performance section for each wellbeing objective to include -
 - A single graph that shows to illustrate how are we doing on our commitments / projects and our performance indicators (PIs) as set out in the Corporate Plan Delivery Plan for 2025/26
 - A summary of the aims with a Red Amber Yellow Green (RAYG) rating for each and a short narrative section
 - Case Studies and any other qualitative data linked directly to the wellbeing objective
 - Regulator assurances from inspections/audits conducted during 2025/26 including our first Panel Performance Assessment which took place in September 2025.
 - Consultation and Engagement Activities (to include a more in-depth consideration of work alongside staff and trade unions to fulfil the Council's social partnership duty reporting requirement)
 - What will we do to improve?
- 3.2 It is proposed that we use the same methodology as we have done for the previous two years to develop an initial quantitative RAYG rating for each of the wellbeing objectives and their aims. This means that the RAYG would be objective and based on performance on the commitments and PIs. This would provide useful information to the public about how we are doing at a strategic level (but beyond the Wellbeing Objective level).
- 3.3 The approach gives a score to each commitment and PI based on their RAYG rating. The individual scores are then combined to give an overall score for the aim (as a proportion of the maximum), using the approach provided in the performance framework. This methodology has worked well for the previous two years. After a score for each aim is developed, a narrative for each aim will be developed pulling information on commitments and PIs directly from the end of year performance dashboards.
- 3.4 Slightly different for this year we will present additional qualitative data where possible if it provides additional insight into how we are performing against the wellbeing objective, for example recent regulator views and any service user perspective data. This will be looked at in conjunction with the quantitative score to form a final more balanced score which will be tested with Heads of Service and Corporate Management Team (CMT).
- 3.5 It is proposed that our assessment of progress against the second performance requirement on use of resources follows the same process as last year. Firstly, it is proposed that the seven use of resources templates are reviewed and updated by the lead officers. All of the seven areas have been included in the work of Audit Wales in the past four years, and in many cases reviewed, discussed and followed up by the Governance and Audit Committee or Corporate Overview and Scrutiny Committee, so there is significant additional evidence to draw on. These seven will then be collated by the performance team for scrutiny and challenge.

- 3.6 The third performance requirement, on governance, is largely covered by the Annual Governance Statement (AGS) which is scrutinised by the Governance and Audit Committee. We propose that this document will be summarised by the performance team as in previous years.
- 3.7 The draft findings from each of the three performance requirements will be brought together into a single presentation for officer scrutiny and challenge in the first instance. This will be discussed and moderated by Heads of Service at their meeting on 24 June 2026 and CMT on 1 July 2026.
- 3.8 The moderated findings will then be brought together into a single draft report for Cabinet/CMT (CCMT) on 14 July and Corporate Overview and Scrutiny Committee (COSC) on 27 July (provisional date) and considered alongside the detailed end of year performance dashboards and presentation, providing significant levels of challenge and scrutiny. Governance and Audit Committee members are able to observe this COSC meeting if they are keen to see how the detailed performance scrutiny role plays out in practice.
- 3.9 Comments and changes from CCMT will be used to inform the draft self-assessment report, which it is proposed will be presented to the Governance and Audit Committee on 16 July (provisional date) with the short performance summary report that will be published alongside the self-assessment. This will give GAC a better understanding of the Council's performance against each Wellbeing Objective, Aim, PI and Commitment that underpins the self-assessment judgements. This should give GAC additional reassurance about the fairness and accuracy of the process.
- 4. Equality implications (including Socio-economic Duty and Welsh Language)**
- 4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.
- 5. Wellbeing of Future Generations implications and connection to Corporate Wellbeing Objectives**
- 5.1 This report proposes an approach to reviewing the following corporate well-being objectives under the Well-being of Future Generations (Wales) Act 2015 that form part of the Council's Corporate Plan 2023-28:-
1. A prosperous place with thriving communities
 2. Creating modern, seamless public services
 3. Enabling people to meet their potential
 4. Supporting our most vulnerable
- 5.2 The 5 ways of working set out in the Well-being of Future Generations (Wales) Act 2015 have also contributed to the Council developing its own five ways of working. The ways of driving and measuring those ways of working is also contained in the Corporate Plan Delivery Plan.

6. Climate Change and Nature Implications

6.1 There are no specific implications of this report on climate change. However, the self-assessment will help us assess the Council's performance on areas including climate change.

7. Safeguarding and Corporate Parent Implications

7.1 There are no specific implications of this report on safeguarding or corporate parenting. However, the self-assessment will help us assess the Council's performance on areas including safeguarding and corporate parenting.

8. Financial Implications

8.1 There are no financial implications arising from this report.

9. Recommendations

9.1 It is recommended that the Governance and Audit Committee: -

- Note the proposed approach to preparing the annual self-assessment for 2025-26.

Background documents

None

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Meeting of:	GOVERNANCE AND AUDIT COMMITTEE
Date of Meeting:	21 MAY 2026
Report Title:	REGIONAL INTERNAL AUDIT SERVICE CHARTER 2026-27
Report Owner: Responsible Chief Officer / Cabinet Member	HEAD OF THE REGIONAL INTERNAL AUDIT SERVICE
Responsible Officer:	ANDREW WATHAN HEAD OF THE REGIONAL INTERNAL AUDIT SERVICE
Policy Framework and Procedure Rules:	The proposals in this report are in accordance with the policy framework and budget.
Executive Summary:	<ul style="list-style-type: none"> • The Regional Internal Audit Service (RIAS) Charter establishes the position of internal audit activity within each Council along with reporting lines. It is a formal document that defines the purpose, authority and responsibility of internal audit activities. • The Head of Internal Audit is responsible for reviewing the Charter and presenting it to each Council's Governance and Audit Committee annually for review and approval in line with the Global Internal Audit Standards (GIAS). • One of the key roles which demonstrate the Governance and Audit Committee's oversight is the approval of the Internal Audit Charter. • The Regional Internal Audit Service (RIAS) Charter has been reviewed for 2026-27 to ensure it reflects the requirements of the Global Internal Audit Standards (GIAS) and that it remains applicable to all partners involved in the RIAS. • The Global Internal Audit Standards came into effect in the public sector in the UK from 1st April 2025; they replaced the Public Sector Internal Audit Standards. • The GIAS is complemented by The Chartered Institute of Public Finance and Accountancy's Application Note and Code on the Governance of Internal Audit.

1. Purpose of Report

- 1.1 To present to Members the Regional Internal Audit Service Charter for 2026-27 for consideration and approval.

2. Background

- 2.1 The Regional Internal Audit Service (RIAS) Charter establishes the position of internal audit activity within each Council along with reporting lines. It is a formal document that defines the purpose, authority and responsibility of internal audit activities across Bridgend, Merthyr Tydfil and the Vale of Glamorgan Councils.
- 2.2 The Charter was fully reviewed and amended for 2020-21 to be consistent with the objectives of the Shared Service, that is, to eliminate duplication and apply best practice. It was further updated for 2025-26 to align with the Global Internal Audit Standards.
- 2.3 The Charter sets out the authorisation of access to records, personnel, and physical property relevant to the performance of audit work and defines the scope of internal audit activities.
- 2.4 The Head of Internal Audit is responsible for reviewing the Charter and presenting it to each Council's Governance and Audit Committee annually for review and approval in line with the Global Internal Audit Standards (GIAS) requirements.
- 2.5 The Standards (GIAS) are applicable to all internal audit teams across the world. Within the public sector in the UK, these standards became effective from 1st April 2025. They are complemented by The Chartered Institute of Public Finance and Accountancy's (CIPFA) Application Note and Code on the Governance of Internal Audit. The GIAS replaced the Public Sector Internal Audit Standards which RIAS previously complied with.
- 2.6 The Regional Internal Audit Shared Service is committed to meeting the standards laid down in the Global Internal Audit Standards Framework and any significant deviations from the Standards will be reported to the Governance and Audit Committee.
- 2.7 The Charter is split into the following sections:
 - Purpose, Authority and Responsibility;
 - Independence and Objectivity;
 - Proficiency and Due Professional Care;
 - Quality Assurance and Improvement Programme;
- 2.8 The Charter also has three annexes containing a Glossary of Terms, a summary of Domain 2 of GIAS – Ethics and Professionalism and the Chartered Institute of Public Finance and Accountancy's (CIPFA's) Application Note; CIPFA's Application Note also includes links to the GIAS and the CIPFA documentation referred to and outlines that staff must also comply with the Seven Principles of Public Life as well as Vale of Glamorgan Council's Code of Corporate Governance.
- 2.9 The roles of the Governance and Audit Committee in relation to internal audit are to:
 - Oversee its independence, objectivity, performance and professionalism;

- Support the effectiveness of the internal audit process;
- Promote the effective use of internal audit within the assurance framework

2.10 One of the key roles which demonstrate the Governance and Audit Committee's oversight is the approval of the Internal Audit Charter.

3. Current situation/ proposal

3.1 The Global Internal Audit Standards (GIAS) requires the Head of Internal Audit to review the Charter periodically, but final approval resides with the Governance and Audit Committee.

3.2 The Regional Internal Audit Charter for 2026-27 is attached at **Appendix A** and has been reviewed to ensure it continues to reflect the requirements of the GIAS and that it remains applicable to all three Councils involved in the Shared Service. For reference and information, the changes made are shown below.

3.3 The Charter has been updated to provide further details of Internal Audit's Authority within its Mandate, by referring more specifically to the Accounts and Audit (Wales) Regulations 2014 and the Local Government Measure 2011 as amended by the Local Government and Elections (Wales) Act 2021 as follows:

“To be effective and to meet the requirements of professional standards, internal audit's authority must be established. In local government in the UK, internal audit's authority has statutory backing through the regulations issued by national UK governments. In Wales, the statutory nature of Internal Audit is established by the following legislation: The Accounts and Audit (Wales) Regulations 2014 state:

- (1) *A relevant body must maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control.*
- (2) *Any officer or member of that body must, if the body requires*
 - (a) *make available such documents of the body which relate to its accounting and other records as appear to that body to be necessary for the purpose of the audit;*
 - (b) *supply the body with such information and explanation as that body considers necessary for that purpose.*
- (3) *A larger relevant body must, at least once in each year, conduct a review of the effectiveness of its internal audit.*
- (4) *The findings of the review referred to in paragraph (3) must be considered, as part of the consideration of the system of internal control referred to in regulation 5(3), by the committee or body referred to in that paragraph.*

Furthermore, the Local Government (Wales) Measure 2011, as amended by the Local Government and Elections (Wales) Act 2021 requires the appointment of a Governance and Audit Committee to oversee the authority's internal and external audit arrangements.”

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 If the Global Internal Audit Standards are not met, the provision of an adequate and effective Internal Audit function is put at risk which in turn could compromise the work of the Governance and Audit Committee. This could undermine the positive contribution that both Internal Audit and the Governance and Audit Committee make to both short and long term service improvement and the Council's Well-Being Objectives.

6. Climate Change and Nature Implications

6.1 There are no climate change or nature implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no safeguarding or corporate parent implications arising from this report.

8. Financial Implications

8.1 There are no resource implications as a direct consequence of this report.

9. Recommendation

9.1 Members of the Governance and Audit Committee are requested to consider and approve the Regional Internal Audit Service Charter for 2026-27 as attached in **Appendix A** to this report.

Background documents

None

Internal Audit Charter 2026-27

Bridgend County Borough Council



Merthyr Tydfil County Borough Council



Vale of Glamorgan Council



**REGIONAL INTERNAL AUDIT SERVICE /
GWASANAETH ARCHWILIO MEWNOL RHANBARTHOL**



**March 2023
Updated June 2023
Updated May 2024**

May 2025

Reviewed and updated April 2026

Review and Approval of the Internal Audit Charter

This Internal Audit Charter defines the purpose, authority and responsibility of the Internal Audit Service.

This Internal Audit Charter is in conformance with the Global Internal Audit Standards (GIAS) including the Public Sector requirements, CIPFA's Code of Practice and CIPFA's Application Note. It has been updated to reflect the fact that the GIAS have replaced the Public Sector Internal Audit Standards with effect from 1st April 2025.

The Internal Audit Charter is a formal document that defines the purpose, authority and responsibility of Internal Audit activities. The Internal Audit Charter establishes Internal Audit's position within the organisation; authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of Internal Audit activities.

A professional, independent and objective Internal Audit Service is one of the key elements of good governance, as recognised throughout the UK Public Sector.

The purpose of this Regional Internal Audit Service Charter is to define the purpose, authority and responsibilities of the Regional Internal Audit Service (RIAS) across Bridgend, Merthyr Tydfil and the Vale of Glamorgan Councils.

The Charter establishes the position of internal audit activity within each Council along with reporting lines, authorising access to records, personnel and physical property relevant to the performance of audit work and defines the scope of internal audit activities.

The Head of Internal Audit is responsible for reviewing the charter and presenting it to each Council's Governance & Audit Committee annually for review and approval.

Mandate of Internal Audit

The mandate for internal audit within Local Government within Wales comes from the Accounts and Audit (Wales) Regulations 2014

To be effective and to meet the requirements of professional standards, internal audit's authority must be established. In local government in the UK, internal audit's authority has statutory backing through the regulations issued by national UK governments. In Wales, the statutory nature of Internal Audit is established by the following legislation: The Accounts and Audit (Wales) Regulations 2014 state:

- (1) A relevant body must maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control.
- (2) Any officer or member of that body must, if the body requires:
 - (a) make available such documents of the body which relate to its accounting and other records as appear to that body to be necessary for the purpose of the audit
 - (b) supply the body with such information and explanation as that body considers necessary for that purpose.
- (3) A larger relevant body must, at least once in each year, conduct a review of the effectiveness of its internal audit.
- (4) The findings of the review referred to in paragraph (3) must be considered, as part of the consideration of the system of internal control referred to in regulation 5(3), by the committee or body referred to in that paragraph.

Furthermore, the Local Government (Wales) Measure 2011, as amended by the Local Government and Elections (Wales) Act 2021 requires the appointment of a Governance and Audit Committee to oversee the authority's internal and external audit arrangements.

Mission of Internal Audit

To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight.

Internal auditing strengthens the organisation's ability to create, protect and sustain value by providing the board and management with independent, risk based and objective assurance, advice, insight and foresight.

Internal auditing enhances the organisation's:

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

Definition of Internal Auditing

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

- A. In each of the partner Councils, the role of the Board, as defined within the Global Internal Audit Standards, will be the responsibility of each Council's Governance & Audit Committee and any reference made throughout this document relating to the Governance & Audit Committee assumes the responsibilities of the Board as defined and referred to within the Standards.
- B. The Internal Audit Charter defines the terms Board, Chief Audit Executive and Senior Management in relation to the work of internal audit. For the purposes of internal audit work the roles are defined as follows:
- Board
 - Highest level body charged with governance; the Governance and Audit Committee; authorised to provide the internal audit function
 - Chief Audit Executive
 - The leadership role responsible for effectively managing all aspects of the internal audit function and ensuring the quality performance of internal audit services is in accordance with Global Internal Audit Standards
 - The role of the Chief Audit Executive is undertaken by the Head of the Regional Internal Audit Service.
 - Senior Management
 - The highest level of executive management of an organisation that is ultimately accountable to the board for executing the organisation's strategic decisions, typically a group that included the Chief Executive officer – Senior Management is defined as those officers designated as Chief Officers as set out in each Council's Constitution.

These definitions are set out within the glossary of the GIAS.

- C. The Global Internal Audit Standards became effective for the public sector in the UK from the 1st of April 2025; they replace the Public Sector Internal Audit Standards. The GIAS is made up of 5 Domains, 15 guiding principles and 55 Standards. The 5 Domains are:
- Purpose
 - Ethics & Professionalism
 - Governing
 - Managing
 - Performing

Conformance with the Standards is mandatory.

The RIAS is committed to meeting, and conforming with, the standards laid down in the Global Internal Audit Standards; any significant deviations from the Standards will be reported to the Governance & Audit Committee.

- D. The Charter is split into the following sections;
1. Purpose, Authority and Responsibility;
 2. Independence and Objectivity;
 3. Proficiency and Due Professional Care;
 4. Quality Assurance and Improvement Programme.

1. Purpose, Authority and Responsibility

- 1.1 Internal Audit is an assurance function that primarily provides an independent and objective opinion to management and Members (including lay members) on the control environment comprising risk management, internal control and governance by evaluating its effectiveness in achieving the Council's objectives.
- 1.2 It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.
- 1.3 It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance issues.
- 1.4 In addition, the other objectives of the function are to:
- Support the Chief Finance Officer in each Council to discharge their Section 151 duties;
 - Contribute to and support the organisation with the objective of ensuring the provision of, and promoting the need for, sound financial systems;

- Investigate allegations of fraud or irregularity to help safeguard public funds in consultation with relevant Council Services;
 - Support the work of the relevant Governance & Audit Committees; and
 - Provide an annual audit opinion on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control.
- 1.5 These objectives will be delivered through maintaining a high quality RIAS function that meets the needs of each Council, supporting the relevant Section 151 Officers and the Governance & Audit Committees in discharging their responsibilities and meeting the requirements of the Global Internal Audit Standards.
- 1.6 Internal Audit is a statutory service. Part 3 of The Accounts and Audit (Wales) Regulations 2014 concerns financial management and internal control. Regulation 5 (responsibility for internal control and financial management) of Part 3 directs that:
'The relevant body must ensure that there is a sound system of internal control which facilitates the effective exercise of that body's functions and which includes:
Arrangements for the management of risk, and
Adequate and effective financial management.'
- 1.7 Regulation 7 (Internal Audit) of Part 3 directs that:
'A relevant body must maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control.'
- 1.8 The work of Internal Audit forms part of the assurance framework, however, the existence of Internal Audit does not diminish the responsibility of management to establish systems of internal control to ensure that activities are conducted in a secure, efficient and well-ordered manner.
- 1.9 Section 151 of the Local Government Finance Act 1972 requires every local authority to designate an officer to be responsible for the proper administration of its financial affairs. In each Council it is the Chief Finance Officer/Head of Finance/Director of Finance or equivalent.

Scope

- 1.10 The scope for Internal Audit work includes the control environment comprising risk management, control and governance.
- 1.11 This effectively means that Internal Audit has the remit to independently access and review all the Council's operations, resources, services and processes in place to:

- Establish and monitor the achievement of Council objectives;
 - Identify, assess and manage the risks to achieving the Council's objectives;
 - Facilitate policy and decision making;
 - Ensure the economical, effective and efficient use of resources;
 - Ensure compliance with established policies, procedures, laws and regulations;
 - Safeguard assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption; and
 - Ensure the integrity and reliability of information, accounts and data, including internal and external reporting.
- 1.12 All the Council's activities, funded from whatever source, and indeed the entire control environment fall within the remit of Internal Audit.
- 1.13 Internal Audit will consider the adequacy of controls necessary to secure propriety, economy, efficiency and effectiveness in all areas. It will seek to confirm that management have taken all necessary steps to achieve these objectives.
- 1.14 The scope of Internal Audit work should cover all operational and management controls and should not be restricted to the audit of systems and controls necessary to form an opinion on the financial statements. This does not imply that all systems will necessarily be reviewed, but that all will be included in the audit needs assessment and hence considered for review following the assessment of risk. The Internal Audit activity is free from interference in determining the scope of internal auditing, performing work and communicating results.
- 1.15 It is not the remit of Internal Audit to challenge the appropriateness of Policy decisions. However, Internal Audit is required to examine the management arrangements of the Council by which such decisions are made, monitored and reviewed.
- 1.16 The following are definitions for assurance and advisory / consultancy work:
- Assurance

Statement intended to increase the level of stakeholders' confidence about an organisation's governance, risk management and control processes.
 - Assurance Services

An objective, independent assessment on **governance, risk management and internal control** for the organisation to provide assurance. Examples may include financial, performance, compliance,

system security and due diligence engagements. **This work will usually result in an opinion** being provided. (These Services may also be provided to other parties and organisations).

- **Advisory / Consulting Services**

Provision of advice without providing assurance (an opinion) or taking on management responsibilities; the nature and scope of which are agreed with the client, are intended to add value and improve an organisation's **governance, risk management and internal control**. Examples include counsel, advice on design of new systems, acting as a 'critical friend' on Project Boards, facilitation and training.

- 1.17 The core aim of the work undertaken is to establish a risk based annual Internal Audit Plan that is balanced and covers the control environment of the Council as far as is practicable. In order to undertake a balanced workload, Internal Audit plans to complete a mix of assurance and consultancy work, the outcomes of which contribute to the Internal Audit Annual Report where it concludes with an opinion on the Council's overall risk, governance and control environment. The Head of Internal Audit should share information, coordinate activities and consider relying upon the work of other internal and external assurance and consulting service providers to ensure proper coverage and minimise duplication of efforts.

Rights of Access

- 1.18 Internal Audit has right of access to all of the Council's records, information and assets that it considers necessary to fulfil its responsibilities, including those of partner organisations. Internal Audit staff shall have unrestricted access to all Council activities and records (whether manual or computerised systems), personnel, cash, stores, other assets and premises, including those of partner organisations and have authority to obtain such information and explanations as considered necessary to fulfil Internal Audit's responsibilities.
- 1.19 All staff are required to give complete co-operation to Internal Audit staff to enable the undertaking of an audit.
- 1.20 All partners/agents contracted to provide services on the Council's behalf are also required to co-operate with Internal Audit staff and make available all necessary information. Rights of access to other bodies funded by the Council should be set out in conditions of funding or contract documents.

Anti-Fraud

- 1.21 Internal Audit are responsible for evaluating the potential for the occurrence of fraud and how the organisation manages fraud risk. Each Council's Corporate

Fraud Officer (or equivalent) works closely with the Internal Audit team. The team will work in line with, and positively promote, each of the partner's Counter Fraud Strategy & Framework, Anti Fraud, Bribery and Corruption Policy, Enforcement Policy, Anti-Money Laundering Policy along with the Whistleblowing Policy.

1.22 Each partner has a zero-tolerance culture to fraud, bribery and corruption.

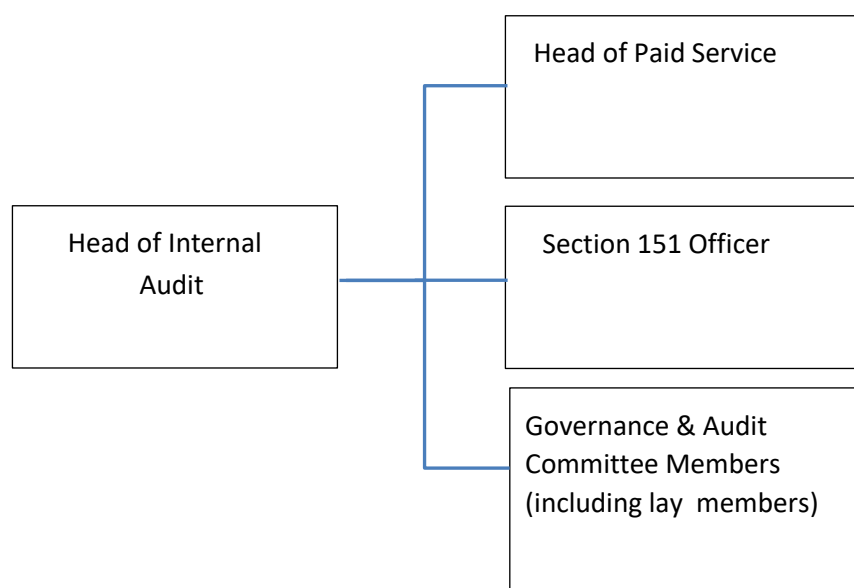
2. Independence and Objectivity

2.1 The main determinant of the effectiveness of Internal Audit is that it is seen to be independent and that Internal Auditors must be objective in performing their work. To ensure this, Internal Audit operates within a framework that allows:

- The Head of Internal Audit direct access to the Chief Executive, the Section 151 Officer and Monitoring Officer;
- Unrestricted access to Directors, Heads of Service, Managers and Staff;
- Unrestricted access to Members (including the Leader, Cabinet Members and Governance & Audit Committee (including lay members));
- Unrestricted access to Audit Wales (i.e. the Council's External Auditor);
- Reporting in its own name; and
- Internal Audit is free from interference when determining the scope of audit reviews, performing the work and communicating the results.

2.2 This is achieved through a reporting relationship in each Council as shown in Figure 1 below:

Figure 1 – Internal Audit reporting arrangements



Section 151 Officer

- 2.3 The Section 151 Officer has overall responsibility for the proper administration of the Council's financial affairs. Internal Audit assists the Section 151 Officer by providing an opinion on the overall control environment and by regular assurance testing of the key financial systems.

Governance & Audit Committee

- 2.4 Each partner Council operates a Governance & Audit Committee that meets on a cyclical basis. It monitors the performance of Internal Audit in relation to productivity, efficiency and quality. It receives regular reports from Internal Audit including progress in delivering the Annual Audit Plan and is attended by the Head of Internal Audit¹ as well as Officers from the Council.
- 2.5 In addition, the Governance & Audit Committee receives the Internal Audit Annual Report that provides a summary of all assurance and consultancy work undertaken and concludes by giving an opinion on the overall control environment within the Council. If a qualified or unfavourable annual internal audit opinion is issued, the reasons to support this will be stated within the Internal Audit Annual Report.
- 2.6 The Head of Internal Audit has unrestricted access to the Chair of Governance & Audit Committee.

Senior Management

- 2.7 Each Council is divided into various Services, and it is the role of the Chief Executive and each Director, Head of Service or equivalent to ensure delivery and operation of the service areas falling within their remit.

Relationships with Key Stakeholders and Service Managers

- 2.8 The Internal Audit Service develops constructive working relationships with Managers at all levels within the Council in terms of:
- Planning work;
 - Carrying out audit assignments; and
 - Agreeing action plans arising from the work undertaken.
- 2.9 Whilst maintaining its independence, the Internal Audit Service recognises that it must work with Managers to agree improvements that are deemed necessary.

¹ Head of Internal Audit – denotes the Head of the Regional Internal Audit Service

External Auditors

- 2.10 The aim of the relationship between internal and external auditors is to achieve mutual recognition and respect, leading to a joint improvement in performance and to avoid, wherever possible, duplication of work.
- 2.11 The Head of Internal Audit liaises regularly with Audit Wales to consult on audit plans, discuss matters of mutual interest and to seek opportunities for co-operation in the conduct of audit work.

Elected Members and Lay Members

- 2.12 The Head of Internal Audit will aim to have sound working relationships and channels of communication with Elected Members and Lay Members and in particular, Governance & Audit Committee, Cabinet and Scrutiny Committees.

Internal Audit Standards

- 2.13 There is a statutory requirement for Internal Audit to work in accordance with the “proper audit practices”. These are set out in the Global Internal Audit Standards.
- 2.14 The Global Internal Audit Standards (GIAS) became effective from April 2025. They replaced the UK Public Sector Internal Auditing Standards (PSIAS). The Relevant Internal Audit Standard Setters within the public sector within the UK (CIPFA for local government) have set out interpretations and requirements which need to be applied to the GIAS requirements, in order that these form a suitable basis for internal audit practice in the UK public sector. CIPFA have published an Application Note – Global Internal Audit Standards in the UK Public Sector, and a Code of Practice for the Governance of Internal Audit in UK Local Government. These are also applicable to all internal audit service providers providing internal audit services to the UK public sector.
- 2.15 Internal Audit Staff will;
- Comply with relevant auditing standards (GIAS & CIPFA);
 - Comply and promote compliance throughout the Council with all Council rules and policies;
 - Be expected at all times to adopt a professional, reliable, independent and innovative approach to their work; and
 - It is essential that Internal Audit staff are seen to be impartial. All Internal Audit staff are required to complete an annual declaration of their interests which must be kept up to date. This is reviewed as part of the annual appraisal and is in line with professional ethics. The Head of Internal Audit is responsible for ensuring that audit staff are not assigned to operational areas or investigations that could compromise their independence (including previous and / or secondary employment elsewhere in the relevant Council or organisation being audited).

- 2.16 The RIAS conforms with the GIAS Ethics and Professionalism Domain 2 (Annex 2). This domain replaced the Chartered Institute of Internal Auditors (IIA)'s former Code of Ethics. Where members of the RIAS have attained membership with other professional bodies such as CIPFA or the Institute of Chartered Accountants in England and Wales (ICAEW), those officers also comply with their relevant bodies' ethical requirements.
- 2.17 Each member of the Team will receive a copy of the Internal Audit Charter and sign up to an annual declaration to confirm that they will work in compliance with this, the GIAS as well as the Council's standards and policies such as the Code of Conduct. Where potential areas of conflict may arise during the year, the auditor will also be required to disclose this. It is critical that all Auditors maintain high standards of integrity, independence, objectivity, confidentiality and competence.
- 2.18 In addition to the Ethics and Professionalism Domain, staff must comply with the Seven Principles of Public Life as set out in CIPFA's Application Note – 'Global Internal Audit Standards in the UK Public Sector – 9A Ethics and standards in public life' (Annex 3) and the Council's Code of Corporate Governance which are referred to in Annex 3 – Additional Requirements.

Explanations of potential non-compliance with the GIAS

- 2.19 For clarification, RIAS is involved in the collation of the Annual Governance Statement (AGS) for each partner authority.
- a. In Bridgend RIAS provides data and information to the Chief Accountant who compiles the AGS.
 - b. In Merthyr Tydfil and the Vale RIAS facilitates the co-ordination and collation of the AGS, compiles the final document and takes relevant reports to Governance and Audit Committee, albeit, with a strong emphasis that this document has shared ownership amongst key operational staff.

Shared Service

- 2.20 Internal Audit is delivered through a shared regional service between Bridgend, Merthyr Tydfil and the Vale of Glamorgan Councils. The host authority for the delivery of the RIAS is the Vale of Glamorgan Council. The governance of the provision of the shared regional service is carried out by the Regional Board. This is made up of the Chief Finance Officers of each Authority or their nominated substitutes who shall be responsible for the strategic direction of the Service.
- 2.21 The activities of the Regional Board shall include but not be limited to:
- Determining the strategic direction of the RIAS;

- Monitoring and reviewing standards;
- Determining the Authority Charging Rate on the basis of reasonable information provided by the Head of Internal Audit;
- Providing general supervision of the provision of the Service; and,
- Resolving conflicts between competing interests amongst the authorities collectively and individually relating to RIAS, the Regional Board and / or the Service.

2.22 The Governance & Audit Committee for each Council reviews the performance and effectiveness of audit activity, including that of the RIAS.

3. Proficiency and Due Professional Care

3.1 Directors, Heads of Service and Service Managers are responsible for ensuring that internal control arrangements are sufficient to address the risks facing their Service including the risk of fraud and corruption.

3.2 The Head of Internal Audit is required to manage the provision of an internal audit service to each Council which will include reviewing the systems of internal control operating throughout each Council, and will adopt a combination of system based, risk based, regularity, computer and contract audit approaches in addition to the investigation of fraud.

3.3 In discharge of this duty, the Head of Internal Audit will:

- Prepare an annual strategic risk based audit plan for approval and ratification by the relevant Governance & Audit Committee; and
- The Annual Audit Plan will be regarded as flexible and may be revised to reflect changing services and risk assessments; elements of the annual plan are also based on items within Corporate or Strategic Risk Registers.
- Significant changes to the plan will be brought to the attention of the Governance and Audit Committee.

Resources and Proficiency

3.4 For the RIAS to fulfil its responsibilities, the service must be appropriately staffed in terms of numbers, professional qualifications, skills and experience. Resources must be effectively developed and deployed to achieve the approved risk-based plan. The Head of Internal Audit is responsible for ensuring that there is access to the full range of knowledge, skills, qualifications and experience to deliver the audit plan and meet the requirements of the GIAS.

- 3.5 The Head of Internal Audit must hold a full professional qualification, defined as CCAB, CMIIA or equivalent professional membership and adhere to professional values and Doman II of GIAS, Ethics and Professionalism. They must have sufficient skill, experience and competencies to work with Directors, Heads of Service, and other Managers and the Governance & Audit Committee to influence the risk management, governance and internal control of the Councils.
- 3.6 The current Head of RIAS is CIPFA qualified and has significant public sector experience within internal audit. Before starting with RIAS in April 2023, he had been a Chief Internal Auditor since May 2001, providing the service successfully across two unitary authorities on a collaboration basis since October 2005.
- 3.7 Each job role within the RIAS structure details the prerequisite skills and competencies required for that role and these will be assessed annually in line with Council policy and the GIAS. Any development and training plans will be regularly reviewed, monitored and agreed with officers.
- 3.8 All Auditors are also required to maintain a record of their continual professional development in line with their professional body.

Due Professional Care

- 3.9 Internal Auditors must exercise due professional care by considering the:
- Extent of work needed to achieve the assignment objectives;
 - Relative complexity, materiality or significance of matters to which assurance procedures are applied;
 - Adequacy and effectiveness of governance, risk management and control processes;
 - Probability of significant error, fraud, or non-compliance;
 - Cost of assurance in relation to potential benefits; and
 - Considering various data analysis techniques and being alert to significant risks that may affect the objectives.

Relationships

- 3.10 All stakeholders will be treated with respect, courtesy, politeness and professionalism. Any confidential or sensitive issues raised with or reported to Internal Audit staff will be dealt with in an appropriate manner.

Internal – Our main contacts are with:

- Elected Members and Lay Members

- Chief Officers (as defined in the Council's Constitution)
- Corporate Directors and Section 151 Officers
- Heads of Service and Headteachers
- Group Managers / Operational Managers and line supervisors
- Front line employees delivering services to the public
- Back office support staff, in particular Financial Services, Legal Services, ICT and HR.

External – Our main contacts are with:

- The Council's External Auditors - Internal and External Audit work together to ensure audit resources are used to best advantage for the benefit of the Council. The External Auditors have regard to the work performed by Internal Audit when undertaking their final accounts audit.
- Various Government Agencies and Inspectorates.

4. Quality Assurance and Improvement Programme

- 4.1 To enable the Head of Internal Audit to assess the RIAS's activities with conformance to the GIAS and to aid in the annual assessment of the RIAS's efficiency and effectiveness and identify opportunities for improvement, a Quality Assurance and Improvement Programme (QAIP) has been developed.
- 4.2 The QAIP includes both internal and external assessments in accordance with the Standards.
- 4.3 Assessment against QAIP forms part of the annual assessment of the effectiveness of internal audit (as contained within the Head of Internal Audit's Annual Opinion Report) which is presented to the relevant Governance & Audit Committee.
- 4.4 Where there are instances of non-conformance to the GIAS this will be reported to the Governance & Audit Committee and the Regional Board with any significant deviations being detailed within the Annual Governance Statement (AGS). RIAS will also confirm its conformance with the GIAS within the AGS.

Internal Assessment

- 4.5 All Auditors have access to up to date business processes, working instructions, the Internal Audit Charter, Council policies, the GIAS, journals, publications and other relevant articles and electronic training material and websites. Where staff are members of bodies such as CIPFA and/or CIIA further guidance is available.

- 4.6 To maintain quality, work is allocated to staff with appropriate skills, competence and experience. All levels of staff are supervised. Work is monitored for progress, assessed for quality and to allow for coaching and mentoring.
- 4.7 Targets are set for individual auditors (such as completion of an audit within a set number of days) as well as for the team. Audit targets and performance indicators will be agreed with the Regional Board and reported to the relevant Governance & Audit Committee.
- 4.8 In addition to the QAIP, progress made against the annual audit plan and any emerging issues (i.e. fraud risks or governance issues) are reported regularly to the relevant Governance & Audit Committee.
- 4.9 Ongoing assessment of individuals is carried out through regular on-going reviews, one to one meetings, feedback from clients via the Post Audit Questionnaires and formally in the annual personal development review process.

External Assessment

- 4.10 In compliance with the GIAS, external assessment will be carried out once every five years by a qualified, independent assessor or assessment team from outside of the RIAS Councils.
- 4.11 A comprehensive and detailed self-assessment against the PSIAS was carried out in 2022 and shared with the external assessors in November 2022. The external assessment of the RIAS was reported to the partners' Governance and Audit Committees during 2023, stating that RIAS currently fully conformed with the PSIAS.

Annex 1 - Glossary of Terms

Charter

The internal audit charter is a formal document that defines the internal audit activity's purpose, authority and responsibility. The internal audit charter establishes the internal audit activity's position within the organisation; authorises access to records, personnel and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities.

Chief Audit Executive

Chief Audit Executive describes the role of a person in a senior position responsible for effectively managing the internal audit activity in accordance with the internal audit charter and the mandatory elements of the International Professional Practices Framework. The chief audit executive or others reporting to the chief audit executive will have appropriate professional certifications and qualifications. The specific job title and/or responsibilities of the Chief Audit Executive may vary across organisations. In the context of the RIAS this is the Head of Internal Audit.

Code of Ethics

The Code of Ethics of the Chartered Institute of Internal Auditors (CIIA) is now incorporated at Domain 2 of the GIAS which are Principles relevant to the profession and practice of internal auditing and Rules of Conduct that describe behaviour expected of internal auditors. This applies to both parties and entities that provide internal audit services.

The purpose of this Domain is to promote an ethical culture in the global profession of internal auditing.

Compliance

Adherence to policies, plans, procedures, laws, regulations, contracts, or other requirements.

Conflict of Interest

Any relationship that is, or appears to be, not in the best interest of the organisation. A conflict of interest would prejudice an individual's ability to perform his or her duties and responsibilities objectively.

Control

Any action taken by management, the board and other parties to manage risk and increase the likelihood that established objectives and goals will be achieved. Management plans, organises and directs the performance of sufficient actions to provide reasonable assurance that objectives and goals will be achieved.

Control Environment

The control environment provides the discipline and structure for the achievement of the primary objectives of the system of internal control. The control environment includes the following elements:

- Integrity and ethical values;
- Management's philosophy and operating style;
- Organisational structure;
- Assignment of authority and responsibility;
- Human resource policies and practices; and
- Competence of personnel.

Fraud

Any illegal act characterised by deceit, concealment or violation of trust. These acts are not dependent upon the threat of violence or physical force. Frauds are perpetrated by parties and organisations to obtain money, property or services; to avoid payment or loss of services; or to secure personal or business advantage.

Governance

The combination of processes and structures implemented by the board to inform, direct, manage and monitor the activities of the organisation toward the achievement of its objectives.

Independence

The freedom from conditions that threaten the ability of the internal audit activity to carry out internal audit responsibilities in an unbiased manner.

Internal Auditing

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

Overall Opinion

The rating, conclusion and/or other description of results provided by the chief audit executive addressing, at a broad level, governance, risk management and/or control processes of the organisation. An overall opinion is the professional judgement of the chief audit executive based on the results of a number of individual engagements and other activities for a specific time interval.

Risk

The possibility of an event occurring that will have an impact on the achievement of objectives. Risk is measured in terms of impact and likelihood.

Risk Appetite

The level of risk that an organisation is willing to accept.

Risk Management

A process to identify, assess, manage and control potential events or situations to provide reasonable assurance regarding the achievement of the organisation's objectives.

Annex 2

Domain 2 - Ethics and Professionalism

This Domain outlines the behavioural expectations for professional internal auditors; including the chief audit executive and others that provide internal audit services. Conformance instils trust in the profession of internal auditing, creates an ethical culture within the internal audit function and provides the basis for reliance on internal auditors' work and judgement.

Principle 1 – Demonstrate Integrity

Integrity is behaviour characterised by adherence to moral and ethical principles including demonstrating honesty and the courage to act based on relevant facts. Internal auditors are expected to tell the truth and do the right thing even when it is uncomfortable or difficult.

Integrity is the foundation of the other principles of ethics & professionalism; the integrity of internal auditors is essential to establishing trust and earning respect.

Standard 1.1 – Honesty & Professional Courage

Standard 1.2 – Organisation's Ethical Expectations

Standard 1.3 – Legal & Ethical Behaviour

Principle 2 – Maintain Objectivity

Objectivity is an unbiased mental attitude that allows internal auditors to make professional judgements, fulfil their responsibilities and achieve the Purpose of Internal Auditing without compromise. An independently positioned internal audit function supports internal auditors' ability to maintain objectivity.

Standard 2.1 – Individual Objectivity

Standard 2.2 – Safeguarding Objectivity

Standard 2.3 – Disclosing Impairments to Objectivity

Principle 3 – Demonstrate Competency

Demonstrating competency requires developing and applying the knowledge, skills and abilities to provide internal audit services. Competencies needed by individual auditors will vary due to the diverse array of services provided. In addition, internal

auditors improve the effectiveness and quality of services by pursuing professional development.

Standard 3.1 – Competency

Standard 3.2 – Continuing Professional Development

Principle 4 – Exercise Due Professional Care

Internal auditors apply due professional care in planning and performing internal audit services. This is achieved with due diligence, judgement and scepticism possessed by prudent and competent internal auditors.

Standard 4.1 – Conformance with the GIAS

Standard 4.2 – Due Professional Care

Standard 4.3 – Professional Scepticism

Principle 5 – Maintain Confidentiality

Internal auditors use and protect information appropriately.

Internal auditors have unrestricted access to data, records and other information necessary to do their work which is often confidential or personally identifiable. Internal auditors must respect the value and ownership of this only use it for professional purposes, protecting it from unauthorised access or disclosure, internally and externally.

Standard 5.1 – Use of Information

Standard 5.2 – Protection of Information

Annex 3 – Additional Requirements

CIPFA Application Note on the Global Internal Audit Standards in the UK Public Sector

Ethics and Standards in Public Life

The GIAS generally and GIAS 1.2 (Organisation’s Ethical Expectation) specifically describe the importance of internal auditors encouraging and promoting an ethics based culture alongside personal adherence to the ethical expectations of their organisation. This need for ethical behaviour is especially relevant in the UK Public Sector where those delivering public services are both servants of the public and stewards of public resources. The government has set out Seven Principles of Public Life (Nolan Principles) that apply to all public servants including contractors working in the public service).

Staff must comply with the Seven Principles of Public Life and the Council’s Code of Corporate Governance.

The Seven Principles of Public Life (also known as the Nolan Principles) apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the Civil Service, local government, the police, courts and probation services, non-departmental public bodies (NDPBs), and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public resources. The principles also apply to all those in other sectors delivering public services.

1.1 Selflessness

Holders of public office should act solely in terms of the public interest.

1.2 Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

1.3 Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

1.4 Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

1.5 Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

1.6 Honesty

Holders of public office should be truthful.

1.7 Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

More information is available via this link:

www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2;

Code of Corporate Governance

Staff also need to be aware of and comply with the Council's Code of Corporate Governance which is part of the Constitution.

For example:

Vale of Glamorgan Council

<https://www.valeofglamorgan.gov.uk/Documents/Committee%20Reports/Committee%20Information/Constitution/November-2022/22-11-10-Section-23.pdf>;

Link:

[Global Internal Audit Standards](#)

[Global Internal Audit Standards in the UK Public Sector | CIPFA](#)

[Governance of Internal Audit in Local Government | CIPFA](#)

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Meeting of:	GOVERNANCE AND AUDIT COMMITTEE
Date of Meeting:	21 MAY 2026
Report Title:	GOVERNANCE AND AUDIT COMMITTEE SELF-ASSESSMENT
Report Owner: Responsible Chief Officer / Cabinet Member	HEAD OF THE REGIONAL INTERNAL AUDIT SERVICE
Responsible Officer:	ANDREW WATHAN HEAD OF THE REGIONAL INTERNAL AUDIT SERVICE
Policy Framework and Procedure Rules:	The proposals in this report are in accordance with the policy framework and budget.
Executive Summary:	<ul style="list-style-type: none"> • The Governance and Audit Committee is a key component of the Authority’s governance framework. Their purpose is to provide independent and high-level focus on the adequacy of the Authority’s governance, risk and control arrangements. • The Chartered Institute of Public Finance and Accountancy (CIPFA) has produced a Position Statement (2022) setting out their view on audit committee practice and principles that local government bodies in the UK should adopt as well as additional guidance to support the establishment and effective operation of audit committees. • The two interactive tools for Governance and Audit Committees to assess their effectiveness and impact have been completed; initially by an Internal Auditor and then discussed with Governance and Audit Committee members. • The exercise resulted in the Governance and Audit Committee scoring 90% (180/200) on the Self-Assessment of Good Practice tool, indicating that the Committee demonstrates a high level of performance against CIPFA’s good practice principles. • The Governance and Audit Committee also demonstrated a sufficient impact, within their scope of influence, on the promotion of good governance and effective public reporting, supporting effective risk management arrangements, and contributing to

	<p>the development of an effective control environment across the Council.</p> <ul style="list-style-type: none"> • In addition, four low priority recommendations have been made and accepted which will also strengthen the Governance and Audit Committee’s conformance with CIPFA’s best practice guidance.
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1. Purpose of Report

- 1.1 The purpose of this report is to provide assurance that the Council’s Governance and Audit Committee (GAC) can demonstrate its effectiveness against the good practice principles set by the Chartered Institute of Public Finance and Accountancy (CIPFA) using the self-assessment tools provided.

2. Background

- 2.1 The Governance and Audit Committee is a key component of the Authority’s governance framework. Their purpose is to provide independent and high-level focus on the adequacy of the Authority’s governance, risk and control arrangements.

- 2.2 The Chartered Institute of Public Finance and Accountancy (CIPFA) has produced a Position Statement (2022) setting out their view on audit committee practice and principles that local government bodies in the UK should adopt. CIPFA’s Position Statement sets out the purpose, model, core functions and membership of the audit committee which supplements the requirements of the Local Government and Elections (Wales) Act 2021.

- 2.3 CIPFA have also published additional guidance to support the establishment and effective operation of audit committees. This includes “*The Audit Committee Member in a Local Authority*” to support elected and lay members in understanding their responsibilities and Guiding the Audit Committee for those that support committee.

- 2.4 CIPFA’s additional guidance includes two interactive tools for Governance and Audit Committees to assess their effectiveness:

- The Self-Assessment of Good Practice tool allows Governance and Audit Committees to complete a high-level review of their performance against the good practice principles set out within the CIPFA’s Position Statement and guidance.
- The Improvement Tool supports Governance and Audit Committees to evaluate their impact and effectiveness. This tool identifies 10 broad areas where an Audit Committee will have an impact, and each area is then assessed against:
 - Examples of what the committee might do to have an impact within these areas.
 - Key indicators that might be expected to be in place if arrangements are effective. These indicators are not directly within the control of the Audit Committee.

3. Current situation/ proposal

- 3.1 To provide assurance that the Council's Governance and Audit Committee (GAC) can demonstrate its effectiveness against the good practice principles set by the Chartered Institute of Public Finance and Accountancy (CIPFA) the following was initially completed by an Internal Auditor on behalf of the Committee:
- CIPFA's GAC Self-Assessment of Good Practice tool.
 - Evaluating the impact and effectiveness of GAC for the following areas:
 - Good Governance
 - Effective Control Environment
 - Management of Risk
 - Reporting to Stakeholders and Community
- 3.2 The Auditor worked through the self-assessment tool questions, collected evidence and reviewed GAC meetings to answer the questions posed.
- 3.3 A draft document was collated and a session held in March 2026 with GAC members to discuss the self-assessment questions, reflect on the Auditor's responses and make further observations and comments.
- 3.4 **Appendix A** is the internal audit report including the completed self-assessment tool and the self-evaluation of the impact and effectiveness of the GAC across the 4 areas highlighted above. The internal audit report also includes comments made by the GAC members.
- 3.5. The audit report at **Appendix A** identifies a number of strengths and areas of good practice which have been identified as follows:
- The Governance and Audit Committee scored 90% (180/200) on the Self-Assessment of Good Practice tool, indicating that the Committee demonstrates a high level of performance against CIPFA's good practice principles.
 - The Governance and Audit Committee has demonstrated a sufficient impact, within their scope of influence, on the promotion of good governance and effective public reporting, supporting effective risk management arrangements, and contributing to the development of an effective control environment across the Council.
- 3.6 In addition, during the audit, 4 low priority recommendations were made to strengthen the Governance and Audit Committee's conformance with CIPFA's best practice guidance. These are contained within the report at **Appendix A** and have been accepted by Officers and will be implemented.
- 4. Equality implications (including Socio-economic Duty and Welsh Language)**
- 4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not

necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

6. Climate Change and Nature Implications

6.1 There are no climate change or nature implications arising from this report.

7. Safeguarding and Corporate Parent Implications

7.1 There are no safeguarding or corporate parent implications arising from this report.

8. Financial Implications

8.1 There are no resource implications as a direct consequence of this report.

9. Recommendation

9.1 Members of the Governance and Audit Committee are recommended to note the outcome of the self-assessment of the effectiveness of the Governance and Audit Committee.

Background documents

None

Professional, Approachable, Independent

Internal Audit Report



EFFECTIVENESS OF GOVERNANCE & AUDIT COMMITTEE

2025/26

Draft Report Issued
Final Report Issued

9th April 2026
5th May 2026

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**REGIONAL INTERNAL AUDIT SERVICE /
GWASANAETH ARCHWILIO MEWNOL RHANBARTHOL**



AUDIT OPINION	RECOMMENDATION SUMMARY	
	High Priority	0
	Medium Priority	0
	Low Priority	4
	Total	4

REASONABLE ASSURANCE

There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

STRENGTHS & AREAS FOR IMPROVEMENT

During the audit a number of strengths and areas of good practice were identified as follows:

- Governance & Audit Committee scored 90% (180/200) on the Self-Assessment of Good Practice tool, indicating that the committee demonstrates a high level of performance against CIPFA’s good practice principles.
- Governance & Audit Committee has demonstrated a sufficient impact, within their scope of influence, on the promotion of good governance and effective public reporting, supporting effective risk management arrangements, and contributing to the development of an effective control environment across the council.

During the audit, 6 low priority actions were identified which have resulted in 4 recommendations to strengthen Governance & Audit Committee’s conformance with CIPFA’s best practice guidance.

1. INTRODUCTION & BACKGROUND

An audit of the Effectiveness of Governance and Audit Committee has been undertaken in accordance with the 2025/26 Internal Audit Plan.

This report sets out the findings of the audit and provides an opinion on the adequacy and effectiveness of internal control, governance and risk management arrangements in place. Where controls are not present or operating satisfactorily, recommendations have been made to allow Management to improve internal control, governance and risk management to ensure the achievement of objectives.

Governance and Audit Committee is a key component of the Authority’s governance framework. Their purpose is to provide independent and high-level focus on the adequacy

of the Authority's governance, risk and control arrangements.

The Chartered Institute of Public Finance & Accountancy (CIPFA) has produced a Position Statement (2022) setting out their view on audit committee practice and principles that local government bodies in the UK should adopt. CIPFA's Position Statement sets out the purpose, model, core functions and membership of the audit committee which supplements the requirements of the Local Government & Elections (Wales) Act 2021.

CIPFA have also published additional guidance to support the establishment and effective operation of audit committees. This includes *The Audit Committee Member in a Local Authority* to support elected and lay members in understanding their responsibilities and *Guiding the Audit Committee* for those that support committee.

CIPFA's additional guidance includes two interactive tools for Governance and Audit Committees to assess their effectiveness:

- **The Self-Assessment of Good Practice tool** allows Governance and Audit Committees to complete a high-level review of their performance against the good practice principles set out within the CIPFA's Position Statement and guidance.
- **The Improvement Tool** supports Governance and Audit Committees to evaluate their impact and effectiveness. This tool identifies 10 broad areas where an audit committee will have an impact, and each area is then assessed against:
 - Examples of what the committee might do to have an impact within these areas.
 - Key indicators that might be expected to be in place if arrangements are effective. These indicators are not directly within the control of audit committee.

2. OBJECTIVES & SCOPE OF THE AUDIT

The purpose of the audit was to provide assurance on the adequacy and effectiveness of the internal control, governance and risk management arrangements in respect of the effectiveness of Governance & Audit Committee.

Audit testing has been undertaken in respect of financial year(s) 2024/25 & 2025/26.

The internal control, governance and risk management arrangements have been evaluated against the following audit objectives:

To provide assurance that the Council's Governance and Audit Committee (G&AC) can demonstrate its effectiveness against the good practice principles set by the Chartered Institute of Public Finance and Accountancy (CIPFA). This has been achieved by completing:

- CIPFA's G&AC Self-Assessment of Good Practice tool.
- Evaluating the impact and effectiveness of G&AC for the following areas:
 - Good Governance
 - Effective Control Environment
 - Management of Risk
 - Reporting to Stakeholders and Community

3. AUDIT APPROACH

Fieldwork has taken place following agreement of the audit objectives.

A draft report has been prepared and provided to Governance & Audit Committee members and Officers for review and comment with an opportunity given for discussion or clarification.

The final report incorporates Governance & Audit Committee comments together with a Management Action Plan for the implementation of recommendations.

Governance & Audit Committee will be advised of the outcome of the audit and may receive a copy of the Final Report.

Management will be contacted and asked to provide feedback on the status of each agreed recommendation, once the target date for implementation has been reached.

Any audits concluded with a *No Assurance* or *Limited Assurance* opinion will be subject to a follow-up audit.

4. ACKNOWLEDGMENTS

A number of staff gave their time and co-operation during the course of this review. We would like to record our thanks to all of the individuals concerned.

The work undertaken in performing this audit has been conducted in conformance with the Global Internal Audit Standards.

The findings and opinion contained within this report are based on sample testing undertaken. Absolute assurance regarding the internal control, governance and risk management arrangements cannot be provided given the limited time to undertake the audit. Responsibility for internal control, governance, risk management and the prevention and detection of fraud lies with Management and the organisation.

Any enquires regarding the disclosure or re-issue of this document to third parties should be sent to the Head of the Regional Internal Audit Service via awathan@valeofglamorgan.gov.uk.

FINDINGS & RECOMMENDATIONS

1. SELF ASSESSMENT OF GOOD PRACTICE

Control Objective:

Governance and Audit Committee have a high degree of performance against CIPFA’s good practice principles, indicating that the committee is soundly based and has a knowledgeable membership.

Findings:

Governance & Audit Committee scored 90% (180/200) on the Self-Assessment of Good Practice tool, indicating that the Committee demonstrates a high level of performance against CIPFA’s good practice principles. The complete self-assessment is attached at **Appendix A**.

A summary of the self-assessment of good practice is as follows:

Audit Committee Purpose & Governance

- The Governance & Audit Committee operates independently, is not combined with any other functions, and reports directly to Full Council whilst maintaining an advisory role.
- Where appropriate, the committee promptly escalates issues and concerns with senior management.
- Senior council officers consistently attend committee meetings, actively contribute to discussions and respond effectively to questions, demonstrating a clear understanding of the committee’s role and purpose and providing effective support to the committee in fulfilling its objectives.
- The 2024/25 G&AC Annual Report, outlining the work delivered by the committee in line with its terms of reference, was presented and endorsed by Full Council on the 11th of March of 2026.

Ref. & Priority	Finding / Weakness	Risk	Recommendation
<p>1.1 Low</p>	<p>Although the purpose of the Committee is detailed as separate functions within its terms of reference, there is no explicit statement of purpose as suggested in CIPFA's Position Statement.</p>	<p>The lack of an explicit alignment with CIPFA's position statement and guidance limits the clarity of responsibility for members and does not fully reflect CIPFA good practice expectations.</p>	<p>Consideration should be given to reviewing the Governance and Audit Committee's terms of reference to bring it more explicitly in line with CIPFA's Position Statement and guidance.</p>
<p>1.2 Low</p>	<p>The Committee's Annual Report for 2024/25 does not explicitly state that the Committee complies with the CIPFA 2022 Position statement and in addition there is also an omission of the development work undertaken and planned improvements.</p>	<p>The Governance & Audit Committee annual report does not fully reflect CIPFA good practice expectations.</p>	<p>In line with CIPFA guidance, consideration should be given to including the following information within Governance & Audit Committee's Annual Report:</p> <ul style="list-style-type: none"> • A conclusion on the compliance with the CIPFA Position Statement. • Any development work undertaken and any planned improvements following Members knowledge and skills self-assessment questionnaire.

Functions of the Committee			
<ul style="list-style-type: none"> All core functions of the CIPFA Position Statement are reflected within the committee’s terms of reference, and there is evidence that each function is considered through the committee’s meetings and activities across the year. The committee’s agendas consistently reflect the core functions, with occasional wider governance items included. The opportunity for the committee to hold private meetings with external auditors and the Head of Internal Audit, are available. 			
2.1 Low	<p>The committee's functions as set out in the Terms of Reference state that they will "consider the Council's Annual Governance Statement", however, it does not explicitly state that it should be satisfied that it "properly reflects the risk environment and the actions required to improve it" nor how it should "demonstrate how governance supports the achievement of the Council's objectives".</p>	<p>The lack of an explicit alignment with CIPFA's position statement and guidance limits the clarity of responsibility for members and does not fully reflect CIPFA good practice expectations.</p>	<p>As per recommendation 1.1</p> <p><i>Consideration should be given to reviewing the Governance and Audit Committee's terms of reference to bring it more explicitly in line with CIPFA's Position Statement and guidance.</i></p>
2.2 Low	<p>There is no mention within the Terms of Reference of the Committee's responsibility for internal and external audit for "overseeing its independence and objectivity".</p>	<p>The lack of an explicit alignment with CIPFA's position statement and guidance limits the clarity of responsibility for members and does not fully reflect CIPFA good practice expectations.</p>	<p>As per recommendation 1.1</p> <p><i>Consideration should be given to reviewing the Governance and Audit Committee's terms of reference to bring it more explicitly in line with CIPFA's Position Statement and guidance.</i></p>

Membership & Support

- A training programme has been developed to support Members in understanding the roles and responsibilities associated with Committee membership.
- Administrative support is effective in ensuring Members receive agendas and relevant reports, allowing for review and meeting preparation.
- A positive and effective working relationship exists between Members and Officers across the Council, enabling robust challenge and constructive review of operational activities.

Effectiveness of the Committee

- The Committee Chair is knowledgeable and effective in keeping discussions focused on agenda items while promoting continuous improvement across the Council.
- There is a high level of engagement from all Committee members, which enables constructive discussion and supports continuous improvement in governance, risk and control.
- A wide range of senior officers regularly attend committee meetings, including the Chief Executive Officer, Chief Finance Officer, Audit Wales and the Head of Internal Audit, supporting effective challenge and informed discussion.

2. EVALUATING THE IMPACT AND EFFECTIVENESS OF GOVERNANCE & AUDIT COMMITTEE

Control Objective:

Governance and Audit Committee is effective in respect of the contribution it makes to and beneficial impact it has on the Authority's business.

Findings:

The impact and effectiveness of Governance and Audit Committee have been evaluated for four broad areas where the committee will have an impact. The complete evaluation is attached at **Appendix B**.

A summary of the evaluation of the impact and effectiveness of Governance and Audit Committee is as follows:

Impact: Promoting the principles of good governance and their application to decision making

Examples of how Governance and Audit Committee has demonstrated its impact:

- The Committee have supported the development of the Code of Governance and the Corporate self-assessment by reviewing drafts, providing constructive feedback.
- Support for the Council's governance arrangements is demonstrated by the committee's inclusion and approval of relevant audits within the annual Internal Audit plan.
- There is evidence of a robust review of the Annual Governance Statement against the 7 principles of "CIPFA: Delivering Good Governance Guidance" with this being published within the Code of Corporate Governance.

The key indicators of effective arrangements:

- Officers, Senior Management, and several Members demonstrate a good understanding of governance principles and the Council's local governance arrangements.
- An up-to-date Code of Corporate Governance is in place clearly setting out local governance arrangements and was reviewed by the Governance and Audit Committee, providing independent scrutiny and assurance.

- The Head of Internal Audit has provided a ‘Reasonable’ annual assurance opinion, indicating that governance arrangements are generally sound and operating effectively.

Impact: Contributing to the development of an effective control environment

Examples of how Governance and Audit Committee has demonstrated its impact:

- Committee Members provide robust challenge to Senior Management during report discussions and reinforce the need for appropriate Officers to take ownership of internal controls.
- Quarterly Internal Audit recommendation monitoring reports are presented to the committee, providing an opportunity for Members to review and discuss any outstanding recommendations.
- Where significant issues are identified the committee invites the responsible managers to attend meetings to provide updates on outstanding recommendations.

Key indicators of effective arrangements:

- The Head of Internal Audit has provided a ‘Reasonable’ annual assurance opinion, indicating that internal control arrangements are generally sound and operating effectively.
- A review of the Financial Management Code control framework in 2025/26 indicated a high level of compliance, providing assurance over the Council’s financial management arrangements.
- Control frameworks covering key areas are in place, and reviews of these areas were incorporated into the 2025/26 Internal Audit Plan.

Impact: Supporting the establishment of arrangements for the governance of risk and for effective arrangements to manage risk

Examples of how Governance and Audit Committee has demonstrated its impact:

- Weaknesses in risk management are escalated to the relevant Officers, and assurance is proactively sought to ensure appropriate action

	<p>is taken.</p> <p>Key indicators of effective arrangements:</p> <ul style="list-style-type: none"> The Committee has engaged in robust and constructive discussions on the Corporate Risk Policy 		
Ref. & Priority	Finding / Weakness	Risk	Recommendation
4.1 Low	<p>The Governance & Audit Committee's Forward Work Programme schedules the Corporate Risk Assessment, including the Risk Register, for review twice yearly. However, in 2025/26 it was reviewed only once due to postponements.</p>	<p>Limited review activity reduces the committee's ability to provide effective oversight and support continuous improvement.</p>	<p>The Corporate Risk Assessment should be reviewed at the frequencies established in the Forward Work Programme to ensure consistent oversight.</p>
	<p><u>Impact: Promoting effective public reporting to the authority's stakeholders and local community, and measures to improve transparency and accountability.</u></p> <p>Examples of how Governance and Audit Committee has demonstrated its impact:</p> <ul style="list-style-type: none"> Members have requested improvements to reports to enhance clarity and support understanding for both Members and the public. The Council has consistently produced and published an annual Governance & Audit Committee report for each of the last two municipal years. <p>Key indicators of effective arrangements:</p> <ul style="list-style-type: none"> An unqualified opinion on the 2024/25 Statement of Accounts was issued by External Audit and has been published on the Council's website along with the required regulatory notices. 		

Ref. & Priority	Finding / Weakness	Risk	Recommendation
<p>5.1 Low</p>	<p>Evidence of the robust review of the AGS is not included within the AGS itself. Instead, this evidence is referenced within the Code of Corporate Governance. As the Code of Corporate Governance for 2023/24 was not updated, clear or up-to-date evidence of the AGS's robust review could not be evidenced.</p>	<p>Risk that a lack of transparency may undermine trust in governance processes.</p>	<p>The Council should consider including the details of the AGS review against the 7 Principles within the AGS itself to ensure transparency where Local Code of Governance is not updated.</p>

DEFINITIONS

AUDIT ASSURANCE CATEGORY CODE	
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

RECOMMENDATION CATEGORISATION	
Risk may be viewed as the chance, or probability, one or more of the systems of governance, risk management or internal control being ineffective. It refers both to unwanted outcomes which might arise, and to the potential failure to realise desired results. The criticality of each recommendation is as follows:	
High Priority	Action that is considered imperative to ensure that the organisation is not exposed to high risks.
Medium Priority	Action that is considered necessary to avoid exposure to significant risks.
Low Priority	Action that is considered desirable and should result in enhanced control.



Governance & Audit Committee Self-Assessment of Good Practice

Based on CIPFA's Audit Committees: Practical Guidance for Local Authorities and Police (2022) Appendix E Self-Assessment of Good Practice

Good Practice Questions		Does not comply	Partially complies and extent of improvement needed*			Fully Complies	Auditor's Comments
		Major Improvement	Significant Improvement	Moderate Improvement	Minor Improvement	No further Improvement	
Weighting of Answers		0	1	2	3	5	
Audit Committee Purpose and Governance							
1	Does the authority have a dedicated audit committee that is not combined with other functions (i.e., standards, ethics, scrutiny)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: Committee is not combined with any other functions.</p> <p>Auditor comments: The BCBC Constitution has recorded the G&AC as a standalone committee with none of the functions include the running of any other committee.</p>
2	Does the audit committee report directly to the governing body (PCC and chief constable/full council/full fire authority, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: The Committee reports directly to Full Council.</p> <p>Auditor comments: The BCBC Constitution states that Full Council are to receive reports from the Council's committees thus reporting directly to Full Council.</p>
3	Has the committee maintained its advisory role by not taking on any decision-making powers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: The Committee maintains an advisor role and does not take-on any decision-making roles.</p> <p>Auditor comments: The BCBC Constitution does allow for committee's to be given decision making powers, however, the G&AC committee has not been given any executive functions as is laid out in "Responsibility for Executive Functions section of the constitution.</p>
4	Do the terms of reference clearly set out the purpose of the committee in accordance with CIPFA's 2022 Position Statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: The Committee's terms of reference are in line with the Local Government Elections Act and is embedded within the constitution and so the committee is in compliance.</p> <p>Auditor comments: Although the purpose of the committee is implied within the functions of the Committee, there is no explicit statement of "the purpose of the GAC Committee" as suggested in CIPFA's Position Statement.</p> <p>Proposed actions: Consider reviewing the Committee's terms of reference to bring it more explicitly in line with CIPFA's Position Statement and guidance.</p>
5	Do all those charged with governance and in leadership roles have a good understanding of the role and purpose of the Committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Committee comments: There may be a lack of understanding of the role and purpose of this Committee by members outside of the</p>

							Committee and amongst some officers and some reinforcement and training may be required. Auditor comments: The Section 151 Officer, Deputy Head of Finance and Chief Accountant, are regularly in attendance at GAC meetings and show a clear understanding of the role the Committee has and contributes to discussions and questions raised in support of the Committee's objectives.
6	Does the audit Committee escalate issues and concerns promptly to those in governance and leadership roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: Where there are issues with audit opinions these issues are raised with the respective managers in formal meetings. Auditor comments: There is clear evidence within several meetings reviewed that the Committee regularly escalate issues and concerns with senior management.
7	Does the governing body hold the Audit Committee to account for its performance at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: A report is produced and sent to Full Council for endorsement with all the relevant information in which to be judged. Auditor comments: The 24/25 annual was presented to GAC in Oct 2025 and was endorsed by full council on the 11 th of March 2026.
8	Does the Committee publish an annual report in accordance with the 2022 guidance, including:						Committee response: Agreement that all elements of the annual report are in accordance with the 2022 guidance. Auditor comments: Compliance with the CIPFA statement is not explicitly stated and the development work and planned improvements have not been covered. Proposed actions: In line with CIPFA guidance, consideration should be given to including the following information within Governance & Audit Committee's Annual Report: <ul style="list-style-type: none"> • A conclusion on the compliance with the CIPFA Position Statement. • Any development work undertaken and any planned improvements following Members knowledge and skills self-assessment questionnaire.
	- Compliance with the CIPFA Position Statement 2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
	- Results of the annual evaluation, development work undertaken and planned improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
	- How it has fulfilled its terms of reference and the key issues escalated in the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See above
Functions of the Committee							
9	Do the Committee's terms of reference explicitly address all the core areas identified in CIPFA's Position Statement as follows?						Committee comments: Generally, all these aspects are met through reports to be received from the finance team, AGS includes input from members, an assurance framework that is in place, receive internal & external audit reports. There may, however, be some improvement to the value for money element where the Committee may not have got into the granular details of value for money. Auditor comments: Although all the core areas of the CIPFA Position Statements are covered within the Committees Terms of Reference, there are elements of CIPFA guidance where the terms of reference

							do not explicitly align which could hinder the clarity of responsibility required by members. Proposed actions: See proposed actions in question 4 above.
	Governance Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auditor comments: Compliance evidenced.
	Risk management arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auditor comments: Compliance evidenced.
	Internal control arrangements, including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Auditor comments: Compliance evidenced.
	- Financial management						Auditor comments: Compliance evidenced.
	- Value for money						Committee comments: Some additional work may be needed to provide more detailed assurance that value for money is being obtained. Auditor comments: There is no explicit mention of the monitoring arrangements for value for money, however, this is implied within statements such as "Review, scrutinise and issue reports and recommendations in relation to the Authority's financial affairs"
	- Ethics and standards						Auditor comments: Compliance evidenced.
	- Counter fraud and corruption						Auditor comments: Compliance evidenced.
	Annual Governance Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auditor comments: The annual review of the AGS does not explicitly state that it is reviewed so that it "properly reflects the risk environment and the actions required to improve it", nor how it should "demonstrate how governance supports the achievement of the Council's objectives."
	Financial Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auditor comments: Compliance evidenced.
	Assurance Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auditor comments: Compliance evidenced.
	Internal Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auditor comments: 1) There is mention of the overseeing of the IA's performance, however, there is no mention of the Committee's "oversight of the IA functions independence and objectivity" .
	External Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auditor comments: There is no mention of the "monitoring of management action plans in response to issues raised by external audit" .
10	Over the last year, has adequate consideration been given to all core areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: Consideration has been given to all core areas. Auditor comments: The Committee's forward work programme has allowed for the core areas to be covered within meetings across the year,
11	Over the last year, has the Committee only considered agenda items that align with its core functions or selected wider functions, as set out in the 2022 guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: Agenda items do align with the core functions of the Committee's terms of reference, however, there are occasions where requests for information and assurance lead the Committee into an area that could be considered outside of the remit; however, the original intention would have sat within remit. Auditor comments: The Committee's agenda items reflect CIPFA's core functions for G&AC.
12	Has the Committee met privately with the external auditors and head of internal audit in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: No meetings are being held on a regular basis, however, the opportunity to do so is always available to members. Some care and consideration for implementing pre-meetings is required to ensure that any issues of transparency are mitigated.

							Auditor comments: No regular meetings take place between the Committee and auditors, however, there is the opportunity to do so.
Membership & Support							
13	Has the Committee been established in accordance with the 2022 guidance as follows?						
	- Separation from executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: There are no members of the executive sitting on the Committee ensuring this separation. Auditor comments: No cabinet members currently sit on the GAC Committee.
	- A size that is not unwieldy and avoids use of substitutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: The Committee is not unwieldy, and no substitutes are utilised on this Committee. Auditor comments: Although the Council has more members than other local councils in the region, meeting lengths are comparable. No substitutes are utilised by the Committee.
	- Inclusion of lay/co-opted independent members in accordance with legislation or CIPFA recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: The Committee has the correct number of lay members in accordance with Local Government Elections Act. Auditor comments: The correct proportion of lay member sit on the Committee.
14	Have all Committee members been appointed or selected to ensure a Committee membership that is knowledgeable and skilled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not applicable due to the membership being appointed by the political parties Committee comments: Maybe consideration for more ongoing skill identification approach to inform training and development needs.
15	Has an evaluation of knowledge, skills and the training needs of the chair and Committee members been carried out within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Committee comments: An evaluation has been done in the past; however, a new evaluation is required to ensure we are up to date. Auditor comments: The last self-assessment of skills and knowledge was carried out in Sept 2024 and is within expected timeframes.
16	Have regular training and support arrangements been put in place covering the areas set out in the 2022 guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Committee comments: The fundamentals of a training programme is in place, but there is always more that can be done and this can be informed by a training needs analysis. Auditor comments: Training was provided in Jan and Sept of 2025 and there is also a planned training programme covering the core functions of Risk Management, Assurance and Value, Financial Reporting and Statement of Accounts, Counter Fraud and Whistleblowing, Performance, value for money has been developed and training is due to be provided.
17	Across the Committee membership, is there a satisfactory level of knowledge, as set out in the 2022 guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Committee comments: There are newly elected members on this Committee and coming in halfway through a term means that there is work to be done to bring them up to speed on the fundamentals of this Committee through training. Auditor comments: A self-assessment was conducted in 2024/25 where the outcome showed that 89% of Committee members felt that they have either good satisfactory knowledge in which to perform their roles.

18	Is adequate secretariat and administrative support provided to the Committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: There is adequate secretariat support for meetings.</p> <p>Auditor comments: Administrative support is provided by the Democratic Services team to ensure that members are properly informed of meeting contents, reports made available whilst also providing technical and procedural support during meetings.</p>
19	Does the Committee have good working relations with key people and organisations, including external audit, internal audit and the CFO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: There are good working relationships between the Committee and key members of staff within the Council.</p> <p>Auditor comments: The good working relationship between the Committee and key officers within the Council is evidenced through meeting recordings and is supported within the inclusion of the Committee's appreciation within the annual governance statement.</p>
Effectiveness of the Committee							
20	Has the Committee obtained positive feedback on its performance from those interacting with the Committee or relying on its work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Committee comments: The feedback received from the chair and lay members, who are experienced professionals are used as a guide to the performance of the Committee. However, the Committee does not seek to obtain feedback and assume that no feedback is a sign of a job being done well, when this may not be the case.</p> <p>Auditor comments: No feedback is currently being collated from Officers or stakeholders who engage with the Committee. CIPFA's Audit Committee Practical Guidance (2022) states that seeking feedback from those interacting with the committee is a possible improvement option where there are potential difficulties or barriers in the committee fulfilling their potential effectiveness.</p> <p>Proposed actions: There have been no notable difficulties or barriers in the Committee's effectiveness however, the Committee should consider the possibility of obtaining feedback from those it interacts with should such difficulties arise in the future..</p>
21	Are meetings well chaired, ensuring key agenda items are addressed with a focus on improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: Meetings are very well chaired, and agenda items are addressed on the whole, however, there is room for improvement in the length of agenda's, maybe considering more meetings allow for greater discussions.</p> <p>Auditor comments: The chair maintains a neutral position, is effective in directing the Committee towards decisions that improve outcomes, the agenda has been stuck to, any digression is challenged and diverted to the correct section of the agenda or to other Committee's that are best suited.</p>
22	Are meetings effective with a good level of discussion and engagement from all the members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: Meetings are very effective with members regularly participating in discussions.</p> <p>Auditor comments: Members regularly participate in constructive discussions to ensure that meetings are effective.</p>
23	Has the Committee maintained a non-political approach to discussions throughout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: On the whole meetings are conducted in a non-political manner and where these standards have not been maintained during discussions there is challenge and opportunities to develop further understanding but there may be some need to develop training on this matter for newly elected members.</p>

							Auditor comments: Participation within meetings are done so without mention of political affiliation, discussions are kept non-political as evidenced through the viewing of several meetings, however, a recent meeting did introduce some additional politically affiliated discussion.
24	Does the Committee engage with a wide range of leaders and managers, including discussion of audit findings, risks and action plans with the responsible officers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: There is a wide range of officers including the Chief Executive, and the Leader who are often present and contribute to meetings. However, there may be scope for improvement with the responses to questions from members coming from officers more involved with procedures providing additional context.</p> <p>Auditor comments: Attendance records from meeting minutes show that a variety of staff attend meetings on a regular basis and there have been requests for specific directors be present to update the Committee regarding recommendations raised that had not been implemented.</p>
25	Does the Committee make recommendations for the improvement of governance, risk and control arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Committee comments: Recommendations are raised by the Committee to improve the governance, risk and control arrangements.</p> <p>Auditor comments: Using the meeting minutes from Jan 2025 to Nov 2025 there is clear evidence of recommendations and improvements being requested by the Committee.</p>
26	Do audit Committee recommendations have traction with those in leadership roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Committee comments: Formal recommendations raised by the Committee are taken into consideration by management, however, informal recommendations raised by the Committee can be more difficult to evidence that any traction is made with management as these are not recorded in action logs.</p> <p>Auditor comments: Where actions are required, a record is kept and an update from the relevant officer is obtained in advance of the next meeting. Where actions were required by a certain date sufficient update and progress made by responsible officers was evident support that recommendations raised do have traction with Committee members.</p>
27	Has the Committee evaluated whether and how it is adding value to the organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Committee comments: Although there is no formal evaluation process of where the Committee are adding value to the organisation, but by the fact that the Committee receive referrals and reports which are discussed by the Committee and recommendations for improvements are made, value is being added, however, this is not formally analysed and could be developed into a value added framework to be reviewed annually.</p> <p>Auditor comments: The conclusion to the 2024/25 GAC Committee annual report on its performance states that the Committee has reviewed and challenged a range of topic areas, held senior management to account for making improvements, sought clarification and progress reports and this review concludes that the Committee has delivered its workplan and responsibilities. However, no specific value-added record is being retained.</p>
28	Does the Committee have an action plan to improve any areas of weakness?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Committee comments: No formal action plan for improvements and weaknesses is in place but could be developed, potentially using this self-assessment as the basis in which to develop our own maturity.</p> <p>Auditor comments: No action plans for the improvement of weaknesses identified is in place.</p>

29	Has this assessment been undertaken collaboratively with the audit Committee members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Committee comments: Self-assessment completed by members of the Committee.
	Subtotal Score	0	0	4	21	155	
	Total Score						180
	Maximum Possible Score						200**
Form Completed By: Internal Audit							
Date Form Completed: March 2026							

*Where the Committee does not fully comply with an element, three options are available to allow distinctions between aspects that require significant improvement and those only requiring minor changes.

**40 questions/sub questions multiplied by 5



Evaluating the Impact and Effectiveness of Governance & Audit Committee

Based on CIPFA's Audit Committees: Practical Guidance for Local Authorities and Police (2022) Appendix F Evaluating the impact and effectiveness of audit Committee

Area where the Governance and Audit Committee can have impact by supporting improvement: 1) Promoting the principles of good governance and their application to decision making		
Examples of how the Governance and Audit Committee can demonstrate its impact:	Evaluation	Any Proposed Actions
Supporting the development of a local code of governance	The GAC Committee are involved in the review and approval of the Code of Corporate Governance (Local Code of Governance) as part of the functions set out in their ToR. This report (2024/25) was reviewed in the meeting dated 24.04.25. Members requested that the document be included with the importance of the Nature Emergency as declared by the Senedd in 2021.	n/a
Providing a robust review of the AGS and the assurances underpinning it	The GAC Committee are involved in the review and approval of the Annual Governance Statement as part of the functions set out in their ToR. This report was reviewed in the meetings dated 17.07.25 where the report was agreed to be included within the Statement of Accounts and a half yearly review was also undertaken in Nov 2025. In reviewing the meeting recording, no questions or comments were raised for the meeting in July, however, there were questions and comments on the half yearly 2025/26 AGS regarding assurance on value for money, Waste Services, and evaluations of the workings of the budget working group etc. The sources of assurance underpinning the AGS, as set out within the Delivering Good Governance Framework, are all included within the AGS and supporting notes evidencing the review that has taken place is included in more detail within the Corporate Code of Governance. The Code should be reviewed annually; and it was last reviewed and approved in April 2025.	n/a
Supporting reviews / audits of governance arrangements	Audits were built into the IA plan for 2025/26 covering - " Good Governance ", " Risk Management ", " Corporate Performance " along with further audits that would include a review of the governance arrangements and as part of the functional role of the GAC Committee is to agree the IA plan. Question by vice chair (lay member) asking for more clarification on priorities and timelines on planned audits are displayed so members are better informed. Another member asked about process for audits not completed and if they are carried over.	n/a
Participating in self-assessments of governance arrangements	The development approach to the annual Self-assessment for 2024/25 was brought to the GAC Committee on 24.04.25 where members offered improvement recommendations such as adding visualisations, advising that it would be more beneficial that the scrutiny Committee looked at this in more detail before it comes to GAC. The draft self-assessment was presented to the Committee on 17.07.25 for their views. Members contributed to the report in areas such as the inclusion of health outcomes, ALN pupil targets, and well-being objective scoring. The GAC Committee self-assessment for 2024/25 (completed in March 2026) is to be put to the GAC Committee on 24.03.26.	n/a

Working with partner audit Committees to review governance arrangements in partnerships	n/a	n/a
Key indicators of effective arrangements (These are not directly within the control of G&AC but expected if arrangements are effective)	Evaluation	Any Proposed Actions
Elected members, the leadership team and senior managers all share a good understanding of governance, including the key principles and local arrangements	There is a good level of understanding of Governance and local arrangement amongst elected members, leadership team and senior managers. Members frequently ask for clarification on responsibility for actions and for helping to evidence that value for money is being obtained. Leadership and Managers frequently provide reports to Committee for full or prior approval and respond to recommendations or requests for alterations or progress updates etc thus evidencing their understanding of governance arrangements.	n/a
Local arrangements for governance have been clearly set out in an up-to-date local code	The Council publishes its Code of Corporate Governance, which sets out its governance arrangements, principles, frameworks, and review mechanisms in 2023. A review has been identified for April 2025 that was approved by GAC.	n/a
The authority's scrutiny arrangements are forward looking and constructive	The scrutiny methods used by the Council include consultation requests by cabinet on future decisions and policies. Reviewing how decisions are made, in advance of them being made. The Committees will review and monitor strategies and action plans and look at how the Council has performed against the corporate plan, raising reports for Cabinet where necessary. There is evidence of the constructiveness within meeting minutes, where recommendations and requests for more information are raised. There is also an annual Forward Work Programme that sets out a list of key decisions that will be made in a 1-to-4-month period.	n/a
Appropriate governance arrangements established for all collaborations and arm's-length arrangements	1) The Cardiff Capital Region City Deal (CCRCD) is made up of 10 authorities and the governance arrangements for this are held within the Terms of Reference last revised in Dec 2020. 2) Cwm Taf Public Services Board is made up of 3 Councils, the University Health Board, Natural Resources Wales and SW Fire and Rescue Services and its governance arrangements are held within its terms of reference.	n/a
The head of internal audit's annual opinion on governance is satisfactory (or similar wording)	The 2024/25 IA report for BCBC is " Reasonable ".	n/a
2) Contributing to the development of an effective control environment		
Examples of how the Governance & Audit Committee can demonstrate its impact:	Evaluation	Any Proposed Actions
Encouraging ownership of the internal control framework by appropriate managers	There have been several occasions where managers have been called into Committee to discuss areas identified as a weakness or where recommendations have long passed their implementation date. This is supported by the IA annual report regarding internal controls where a reasonable assurance outcome for 24/25 was given.	n/a
Actively monitoring the implementation of recommendations from auditors	Recommendation monitoring is carried out on a quarterly basis where all recommendations raised by auditors that have a future date, are outstanding or if the deadline has been revised is provided to the Committee and discussed with recommendations to bring senior management and directors into meetings for updates as required.	n/a
Raising significant concerns over controls with appropriate senior managers	Through regular reports such as the quarterly IA rec monitoring reports, the Committee regularly raise concerns identified with the chair and request that certain recommendations be raised with the relevant directors and the CMB asking for progress reports.	n/a
Key indicators of effective arrangements (These are not directly within the control of G&AC but expected if arrangements are effective)	Evaluation	Any Proposed Actions
The head of internal audit's annual opinion over internal control is that arrangements are satisfactory	The 2024/25 IA report for BCBC is " Reasonable ".	n/a
Assessments against control frameworks such as CIPFA's FM Code have been completed and a high level of compliance identified	An assessment against the CIPFA FM Code was conducted by RIAS Dec 2025 with a "Substantial Assurance" opinion being granted.	n/a

Control frameworks are in place and operating effectively for key control areas i.e., information security or procurement	The Council has several control frameworks / policies in place for areas such as Data Protection, Digital Strategy, Procurement and CPR's. In the 2025/26 audit plan the following audits were completed, Frameworks & Corporate Contracts, Key Financial Systems, ICT, Shared Prosperity Funding, Vehicle Management etc and in the IA annual report a "Reasonable Assurance" opinion was given of the Council's framework of governance, risk management and controls.	n/a
3) Supporting the establishment of arrangements for the governance of risk and for effective arrangements to manage risks		
Examples of how the Governance & Audit Committee can demonstrate its impact:	Evaluation	Any Proposed Actions
Reviewing risk management arrangements and their effectiveness i.e., risk management maturity or benchmarking	The GAC Committee review the "Going Concern, "The Corporate Risk Assessment" and the "Corporate Risk Policy" . However, there is no review of the risk management maturity, and this is supported by the Audit Wales report (Finding 10, Nov 2025) where it states that the Risk Management Policy and Framework "is not supported by a mature and effective risk management culture" . In addition, no benchmarking has been undertaken which is also backed up by the Audit Wales report (Nov 2025, finding 20) where it says that "there is no evidence that the Council evaluated the overall effectiveness of its risk management arrangements, including learning from other organisations."	n/a
Monitoring improvements to risk management	"The Corporate Risk Assessment" which contains the risk register is due to be reviewed by GAC twice yearly however, for 2025/26 the Assessment was pushed back several times and was only reviewed by the Committee once on 29.01.26 alongside the "Corporate Risk Policy" . However, a part of the functions of the GAC Committee is "to consider reports from Internal Audit on the adequacy of Internal Control" and this is conducted via IA Progress Reports and IA Recommendation Monitoring on a quarterly basis. Questions are raised with the IA function about recommendations outstanding and those with revised dates.	Corporate Risk Assessment to be reviewed in line with Forward Work Programme frequencies.
Reviewing accountability of risk owners for major/strategic risk	The Committee are scheduled to review the Regulatory Risk register on a 6 monthly basis. A meeting due held being in July 2025 was moved to Oct 2025. Within this meeting no members raised any questions or comments, however, the chair commented that there is a lack of oversight for CIW and Estyn recommendations from the GAC Committee and there was concern over who was managing the outstanding risks. The second tracker review was due to be held on 29.01.26, however, this was not held and is not yet rescheduled within next meeting agendas. The previous year's reviews were completed within the forward work programme timetable.	Risk owner accountability through the regulatory tracker should be reviewed in line with the forward work programme.
Key indicators of effective arrangements (These are not directly within the control of G&AC but expected if arrangements are effective)	Evaluation	Any Proposed Actions
A robust process for managing risk is evidenced by independent assurance from internal audit or external review	1) A "Corporate Risk Management" audit was conducted by the IA function in Nov 2025, however, only "Limited Assurance" was provided. 2) A "Risk Management" review was also conducted by Audit Wales in Nov 2025 with this outcome confirming that the Council's risk management arrangements are not working effectively. The 2024/25 corporate risk policy and assessment was robustly discussed in a meeting held at GAC on 29.01.26.	Close monitoring of Internal Audit & external audit recommendation implementation.
4) Promoting effective public reporting to the authority's stakeholders and local community and measures to improve transparency and accountability		
Examples of how the Governance & Audit Committee can demonstrate its impact:	Evaluation	Any Proposed Actions
Working with key members/the PCC and chief constable to improve their understanding of the AGS and their contribution to it	A training programme has been developed and will include training on the Annual Governance Statement, including elements such as what good governance looks like, a review of how the AGS is prepared and the Committee's role in approving it and the reviewing and challenging the AGS.	n/a

Improving how the authority discharges its responsibilities for public reporting i.e., better targeting the audience and use of plain English	There is evidence in meetings where councillors and lay members make requests of report owners to include additional information to support the reading and understanding of reports.	n/a
Reviewing whether decision making through partnership organisations remains transparent and publicly accessible and encourages greater transparency	n/a	n/a
Publishing an annual report from the Committee	A GAC annual report is published on the Council's website annually.	n/a
Key indicators of effective arrangements (These are not directly within the control of G&AC but expected if arrangements are effective)	Evaluation	Any Proposed Actions
The authority meets the statutory deadlines for financial reporting with accounts for audit of an appropriate quality	The draft unaudited statement of accounts was approved and signed by the responsible Finance Officer on 30th June and the draft audited accounts put to the GAC Committee in July 2025. However, the statutory deadline for unaudited accounts to be sent to Audit Wales to be audited is May 31st and if not a Regulation 10 notice must be issued. This deadline was missed and the required Reg 10 notice was issued.	n/a
The external auditor completed the audit of the financial statements with minimal adjustments and an unqualified opinion	The Financial Statements were completed in October 2025 by Audit Wales with " no significant matters to report " and no " uncorrected misstatements " and was issued with an unqualified opinion.	n/a
The authority has published its financial statements and AGS in accordance with statutory guidelines	The Council's financial statement of accounts along with the necessary regulation 10 notices are published on the Council's website. In addition, the AGS statement is included within the statement of accounts.	n/a
The AGS is underpinned by a robust evaluation and is an accurate assessment of the adequacy of governance arrangements	The AGS has been evaluated using the 7 principles of Delivering Good Governance, however, the evidence to support this is not stated within the document itself but is in the Code of Corporate Governance.	Consideration for review details to be included in AGS.
Form Completed By: Internal Audit		
Date Form Completed: March 2026		

Meeting of:	GOVERNANCE AND AUDIT COMMITTEE
Date of Meeting:	21 MAY 2026
Report Title:	FORWARD WORK PROGRAMME 2026-27
Report Owner: Responsible Chief Officer / Cabinet Member	CORPORATE DIRECTOR – FINANCE AND TRANSFORMATION
Responsible Officer:	JOANNE NORMAN ACTING DEPUTY HEAD OF FINANCE
Policy Framework and Procedure Rules:	There is no impact on the policy framework and procedure rules.
Executive Summary:	<ul style="list-style-type: none"> • The Governance and Audit Committee has a number of core functions and responsibilities within its remit. • It receives a number of reports and presentations throughout the year to enable it to carry out those core functions and responsibilities effectively and to provide it with confidence in the financial governance of the Authority. • To enable the Committee to provide this assurance and to ensure it is covering its range of responsibilities, a Forward Work Programme (FWP) is presented at each meeting, setting out the reports to be presented at future meetings, for approval or amendment as necessary. • The updated Forward Work Programme (FWP) for 2026-27 is at Appendix A. • Committee is requested to approve the updated FWP or request changes for future meetings.

1. Purpose of Report

1.1 The purpose of this report is to seek approval for the updated Forward Work Programme for 2026-27.

2. Background

2.1 The core functions of an effective Governance and Audit Committee include the responsibility to:

- review, scrutinise and issue reports and recommendations in relation to the Authority's financial affairs.
- consider the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting, governance processes, performance assessment and complaints arrangements.
- seek assurances that action is being taken on risk-related issues identified by auditors and inspectors.
- consider the effectiveness of the Council's anti-fraud and corruption arrangements.
- be satisfied that the Council's assurance statements properly reflect the risk environment and any actions required to improve it.
- oversee the work of internal audit (including the annual plan and strategy) and monitor performance.
- review summary internal audit reports and the main issues arising and seek assurance that action has been taken where necessary.
- receive the annual report of the Head of Internal Audit.
- consider the reports of external audit and inspection agencies, where applicable.
- ensure that there are effective relationships between external and internal audit, inspection agencies and other relevant bodies, and that the value of the audit process is actively promoted.
- review and approve the financial statements, external auditor's opinion and reports to Members, and monitor management action in response to the issues raised by external audit.
- review and make any recommendations for change to the Council's draft self-assessment report.
- consider panel performance assessment reports into how the Council is meeting its performance requirements.

2.2 Effective Governance and Audit Committees help to raise the profile of governance, internal control, risk management and financial reporting issues within an organisation, as well as providing a forum for the discussion of issues raised by internal and external auditors. They enhance public trust and confidence in the financial governance of an authority.

3. Current situation / proposal

3.1 In order to assist the Committee in ensuring that due consideration is given to all aspects of their core functions the updated Forward Work Programme for 2026-27 is attached at **Appendix A**. Committee Members are asked to endorse this schedule, confirm the list of people they would like to invite for each item (if appropriate), and indicate whether any additional information or research is required.

- 3.2 Shown below are the items scheduled to be presented at the next meeting, to be held on 18 June 2026.

Proposed Agenda Items – 18 June 2026	
1	Governance and Audit Committee Action Record
2	Audit Wales Governance and Audit Committee Reports
3	Going Concern Assessment
4	Audit Enquiries Letter
5	Corporate Risk Assessment
6	Annual Internal Audit Report 2025-26
7	Internal Audit Shared Service Charter
8	Internal Audit Annual Strategy and Audit Plan 2026-27
9	Updated Forward Work Programme

- 3.3 The schedule of items for discussion at specific meetings may be subject to change, to take into account other items that need to be considered, and operational factors.

4. Equality implications (including Socio-economic Duty and Welsh Language)

- 4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

- 5.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

6. Climate Change and Nature Implications

- 6.1 There are no climate change implications arising from this report.

7. Safeguarding and Corporate Parent Implications

- 7.1 There are no safeguarding or corporate parent implications arising from this report.

8. Financial Implications

- 8.1 There are no financial implications arising from this report.

9. Recommendation

- 9.1 That the Committee considers and approves the updated Forward Work Programme for 2026-27.

Background documents

None

GOVERNANCE AND AUDIT COMMITTEE FORWARD WORK PROGRAMME 2026-27	Frequency	18 June 2026	16 July 2026	24 September 2026	19 November 2026	28 January 2027	22 April 2027
Standing Items							
Governance and Audit Committee Action Record	Each meeting	✓	✓	✓	✓	✓	✓
Audit Wales Governance and Audit Committee Reports	Each meeting	✓	✓	✓	✓	✓	✓
Updated Forward Work Programme	Each meeting	✓	✓	✓	✓	✓	✓
Annual Accounts							
Statement of Accounts 2025-26 (unaudited)	Annually		✓				
Porthcawl Harbour Return 2025-26(unaudited)	Annually		✓				
Going Concern Assessment	Annually	✓					
Audit Enquiries Letter	Annually	✓					
Audit Wales Audit of Accounts Report (included with Audited Statement of Accounts Report item)	Annually			✓			
Audited Statement of Accounts (including final Annual Governance Statement)	Annually			✓			
Porthcawl Harbour Return (audit letter)	Annually			✓			
Statement of Accounts 2025-26: Lessons Learned	Annually				✓		
Governance							
Draft Annual Governance Statement	Annually		✓				
Half Year Review of the Annual Governance Statement	Annually				✓		
Code of Corporate Governance	Annually						✓
Audit Wales Annual Audit Plan (included in Audit Wales Governance and Audit Committee Reports item)	Annually						✓
Annual Audit Summary (included in Audit Wales Governance and Audit Committee Reports item)	Annually					✓	
Internal Audit Reports							
Annual Internal Audit Report 2025-26	Annually	✓					
Internal Audit Shared Service Charter	Annually	✓					✓
Internal Audit Annual Strategy and Audit Plan 2026-27	Annually	✓					
Self-Assessment of the Governance and Audit Committee	Annually					✓	
Internal Audit Progress Reports	Quarterly			✓		✓	✓
Internal Audit Recommendation Monitoring Report	Quarterly			✓		✓	✓
Governance and Audit Committee Annual Report	Annually (unless revised)			✓			
Treasury Management							
Treasury Management Outturn Report 2025-26	Annually		✓				
Treasury Management Half Year Report 2026-27	Annually				✓		
Treasury Management Strategy 2027-28	Annually					✓	
Risk Assurance							
Corporate Risk Assessment	6 monthly	✓				✓	
Corporate Risk Policy	Annually					✓	
Counter Fraud							
Corporate Fraud Report 2025-26	Annually		✓				
Anti-Tax Evasion Policy (to be considered April 2027, then April 2029)	Biennially						
Anti-Fraud, Bribery and Corruption Policy (June 2027, then June 2029)	Biennially						
Anti-Money Laundering Policy (June 2027, then June 2029)	Biennially						
Performance Related							
Complaints Process	Annually				✓		
Regulatory Tracker (by exception only in January and July)	Quarterly		✓	✓		✓	✓
Annual Self-Assessment of the Council's Performance (Corporate Self-Assessment)	Annually with approach report in April		✓				✓

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