

Annual Governance Statement

2024-2025



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1. Executive Summary

The Annual Governance Statement is an assessment of the Council's governance arrangements and is used as a tool for corporate improvement, to evaluate strengths and weaknesses in the governance framework and as part of an annual action plan.

The review of the 2024/25 AGS was assessed by the Chief Internal Auditor (Corporate Manager - Internal Audit on the 10th of February 2025 and provided **Substantial** assurance that there was a sound system of scrutiny and robustness in place and that the systems and procedures in preparing and scoring the Governance Framework are satisfactory.

The Council is assessed as having a satisfactory framework of governance, risk management and internal controls in place to manage the achievement of the organisation's objectives during the year, based on:

- the number, scope and assurances from internal and external sources during the year to 31 March 2025, and
- the acceptance of actions by management (where available).

The annual governance framework review measures progress against the CIPFA/SOLACE Delivering Good Governance Framework (2016) and overall governance arrangements were found to be acceptable or good. The Council achieved this by:

- Acknowledging the responsibility of ensuring that there is a sound system of governance (incorporating the system of internal control) and reference to the authority's governance framework
- Referencing and assessing the effectiveness of key elements of the governance framework and the role of those responsible for the development and maintenance of the governance environment.

The Council has made good progress during the year with recorded achievements against each of the seven core principles. The Governance Framework brings together all the governance arrangements in one document and assures that there are clear governance arrangements in place. The governance arrangements will continue to evolve by considering changes to the corporate strategy.

Areas outlined for improvement are shown at the end of the document in an action plan for completion for 2024/25.

In consideration of the evidence presented to it, the Leadership Group has also concluded the Council’s governance arrangements and internal controls are considered good.

The Governance and Audit Committee concluded that on its meeting on 14th of April 2025 based upon the evidence presented to it during 2024/25, the Council’s governance arrangements and internal controls are considered **XXXXXX**

The Leader of the Council and Chief Executive both acknowledge the importance of having a solid foundation of good governance and sound financial management.

They acknowledge the assessment outlined above and pledge their commitment to address the matters highlighted in this AGS and to further enhance the Council’s governance arrangements.

The Leader and Chief Executive confirm they have been advised of the implications of the review by Leadership Group Furthermore, the Governance and Audit Committee is satisfied that the steps outlined in this AGS will address the areas for improvement.

Signed on behalf of **Ceredigion County Council**

Leader of the Council

Chief Executive

Date: xx/xx/xxxx

Date: xx/xx/xxxx

2. Governance Process

What is Governance?

“Governance is at the heart of public services. It underpins how resources are managed, how decisions are made, how services are delivered and the impact they have, now and in the future. It also infuses how organisations are led and how they interact with the public. Governance needs to be robust, but it must also be proportionate. Well-governed organisations are dynamic and take well-managed risks; they are not stagnant and bureaucratic.” Corporate governance is the system by which an organisation is directed and controlled.

A good governance structure will include as a minimum:

- Clear governance standards by which an organisation will be governed
- Governance roles and responsibilities
- A mechanism for measuring an organisation's performance against its governance standards.

To be successful an organisation must have a solid foundation of good governance and sound financial management.

What is an Annual Governance Statement?

The Council is required, each year, to produce an Annual Governance Statement (‘AGS’) (this document), which explains how the Council has complied with the seven core principles and sub-principles contained in its Governance Framework and also meets the requirement of The Accounts and Audit (Wales) Regulations 2014, as amended by the Accounts and Audit (Wales) (Amendment) Regulations 2018.

The Annual Governance Statement is an assessment of the Council’s governance arrangements and can be used as a tool for corporate improvement, to evaluate strengths and weaknesses in the governance framework and as part of an annual action plan. Ceredigion County Council (‘the Council’) acknowledges the responsibility for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for, and used economically, efficiently, and effectively.

Governance Framework

The [Governance Framework](#) comprises the arrangements put in place to ensure that the intended outcomes for all our stakeholders are defined and achieved, whilst ensuring that we always act in the public interest. It also sets out the way the Council meets that commitment in order to achieve the Council's vision and Corporate Well-being Objectives, brings together all governance arrangements and provides assurance that there are clear governance arrangements in place.

Constitution

The Council's [Constitution](#) sets out the governance arrangements (Standing Orders) for the Council and is revised regularly.

Corporate Strategy

The Council's [Corporate Strategy](#) sets out the Council's Corporate Well-being Objectives, which aim to improve and enhance the social, economic, environmental and cultural wellbeing of the citizens of Ceredigion and into which the Council will direct its resources.

The Council's vision is to deliver value for money, sustainable bilingual public services, that support a strong economy and healthy environment, while promoting well-being in the people and communities of Ceredigion. This is to be achieved by fulfilling Corporate Well-being Objectives, which can be found in the [Corporate Strategy](#).

The steps the Council plans to take to achieve its Corporate Well-being Objectives will help improve outcomes for local people and maximise its contribution to the 7 National Well-being Goal. The 7 goals are: -

1. A globally responsible Wales
2. A prosperous Wales
3. A resilient Wales
4. A healthier Wales
5. A more equal Wales
6. A Wales of cohesive communities
7. A Wales of vibrant culture and thriving Welsh Language

The process of producing the Annual Governance Statement begins with a Governance Framework Review which is a workshop held by Governance and audit members also attended by officers. The Council's Governance Framework review serves to appraise the

Council's governance arrangements to ensure that the Council is achieving the intended outcomes for its stakeholders/service users. The Framework is based upon the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016, *International Framework: Good Governance in the Public Sector* (CIPFA/IFAC,2014)

The Annual Governance Framework review measures progress against the new CIPFA/SOLACE Delivering Good Governance Framework (2016). The review confirmed that the Council's governance arrangements are effective and fit for purpose.

Each year the Council produces the Annual Governance Statement ('AGS'), which explains how the Council has complied with the seven core principles and sub-principles contained in its Governance Framework and meets the requirement of The Accounts and Audit (Wales) Regulations 2014, as amended by the Accounts and Audit (Wales) (Amendment) Regulations 2018.

The Council's governance arrangements for the year 2024/25 have been reviewed in line with the governance framework review. The governance framework is a public statement that sets out the way the Council will meet that commitment in order to achieve its governance arrangements.

3. Assessment of the effectiveness of key elements of the Governance Framework

The Council is committed to demonstrating that it has the necessary corporate governance arrangements in place to perform effectively.

The Leader of the Council provides clear strategic direction, and the Constitution clearly defines the roles of Councillors and Officers. Internal and External Audit, Ethics and Standards Committee, and the Governance and Audit Committee are committed to ensuring the governance arrangements are effective and robust.

The Council has conducted an annual review of the effectiveness of its governance against the CIPFA/SOLACE Delivering Good Governance Framework (2016). The review held on the 8th of November 2024 involved a member/officer workshop in which the Council's Governance Framework Review was analysed and reviewed, with further changes made after the workshop reported to the Governance and Audit Committee. Contributions were made to the review by the following Members: The Chair of the Governance and Audit Committee along with councillor and lay members of the Committee.

During the workshop each behaviour was introduced and scored against a scoring mechanism, as follows:

1	2	3	4	5
Unacceptable Immediate action required	Below satisfactory - urgent Action Required (within 3-6 months)	Satisfactory - Action Required (before end of year 9-12 months)	Acceptable Minor adjustments may be required	Good - Overall governance considered to be good and meets best practice no further action required

The Governance Framework Review is reviewed by officers, who have governance/management responsibilities within the Council, and by the Council's Leadership Group.

The Leadership Group, which consists of the Chief Executive, Corporate Directors, and Corporate Lead Officers, concluded in their review that the **Council's governance arrangements and internal controls are considered good.**

Following the Governance Framework review, overall governance arrangements are considered to be **good** on the basis that the majority of scores applied were 4/5. Based on the evidence presented to the Governance and Audit Committee during 2024/25, including during the annual Workshop, the Governance and Audit Committee concluded that the Council does have effective governance arrangements in place.

The Governance and Audit Committee report on the adequacy of the authority's risk management and internal control arrangements, and comment of their effectiveness. The Governance and Audit Committee follow up on risks identified by internal and external auditors reports on risk and these come to every committee. The Governance and Audit Committee also has access to reports from regulators where risks are identified. All reports from auditors and regulators are shared the Governance and Audit Committee as a matter of course.

Actions recommended by the Governance and Audit Committee are included and monitored through the Committee's Actions Log.

The effectiveness of the governance framework review draws on evidence and assurances from:

- Internal and External Audit and Inspection;
- Financial Controls;
- Risk and Performance Management;

- Legal and Ethical Standards;
- Corporate Directors and Other Senior Management, including the S.151 Officer and the Monitoring Officer;
- The Governance and Audit Committee; and
- Overview and Scrutiny Committees.

Internal Audit

The Chief Internal Auditor (Corporate Manager - Internal Audit) undertakes an independent review of the Annual Governance Statement and the method of scoring and evidence, on an annual basis.

The review of the 2024/25 AGS was completed on 10th of February 2025 and provided **substantial** assurance that there was a sound system of scrutiny and robustness in place and that the systems and procedures in preparing and scoring the Governance Framework are satisfactory.

The system of internal control is a significant part of the Governance Framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The CIPFA Financial Management Code sets the standards of financial management for local authorities. It is designed to support effective practice in financial management and to assist local authorities in demonstrating their budgetary sustainability.

4. Corporate Governance Achievements for 2024-25

The Governance Framework sets out the Council's commitment to the principles of good governance. The following sections provide a summary of the Council's main Corporate Governance achievements during the year (consideration of the achievements in full having been considered during the Framework review carried out between relevant Officers and Governance and Audit Committee members as part of the review process).

To avoid unnecessary repetition, included below is a summary of evidence of the Council's work *during 2024-2025 only* relevant to each of the A-G principles.

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

Council Members and Officers must comply with the Codes of Conduct, as set out in the Constitution which set out responsibilities and duties. Mandatory training is provided on the Code of Conduct and ethics to Members, as well as training on Ethics/Fraud Awareness for all Council officers.

Members are required to update the Register of Interests in accordance with the Code of Conduct, annually, which is an opportunity to reference any close personal associates/roles, etc. Additionally, declarations of interest are made by members at meetings. This includes lay/independent members. Regular updates on employee declarations of interest and hospitality were published on the Council's CeriNet site.

The Ethics & Standards Committee champions ethical compliance to ensure that the public has trust and confidence that Members and Officers work to the highest ethical and moral standards. It considers member standards and conduct matters, and the Committee provides an Annual Report to Council.

The Council has several policies and strategies in place to prevent fraud and the Governance and Audit Committee was presented with Internal Audit's Annual Report on Counter Fraud.

The Politically Restricted Post Register for Officers is maintained, and the Political Restrictions on Local Government Employees Policy is available to employees on CeriNet.

[The Constitution](#) is subject to regular reviews, with ongoing updates as required, including presenting proposed changes to the Cross-Party Constitution Working Group, and making recommendations on changes to the Constitution to Council. MO/Governance Officer reports to Council to update delegations in the Constitution.

The Governance and Audit Committee, which is chaired by a Lay Person and has a 1/3 Lay Person/Member make-up, formed part of the AGS review process during the annual governance framework workshop. The Governance and Audit Committee also undertakes a self-assessment annually and the Chair produces a Chair's annual report outlining the work and the achievements on the GAC.

B. Ensuring openness and comprehensive stakeholder engagement

Consulting and engagement with citizens are important to the Council. Consultations are published on the Council's website and are promoted on social media. Consultations carried out during 2024-2025 can be found on [Engagement and Consultations - Ceredigion County Council](#)

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

The Council's Corporate Well-being Objectives are included in the Council's [Corporate Strategy](#) and are reviewed each year and reported in the Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report published on the Ceredigion County Council website. The purpose and the vision of the Council have been determined by the Council and is contained in the Corporate Strategy 2022-2027. This strategy illustrates how the authority will support and promote the well-being of the citizens of Ceredigion.

All Annual Business Planning arrangements reflect the Golden Thread and make the links to corporate plans including a Business Plan, Strategic Plan, Corporate Performance Management Reporting, and Well-being and Improvement Objectives.

Performance information is outlined in the Council's Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report.

Business Plans are prepared on an annual basis and are monitored quarterly by a Performance Board, which includes Cabinet members and the Chairs and Vice Chairs of the Overview and Scrutiny Committees, and the Chair of the Governance and Audit Committee.

Budget setting is subject to detailed scrutiny by the five Overview and Scrutiny Committees.

Sustainable economic, social, and environmental benefits

The appointed Auditor considers the Council's arrangements to secure economy, efficiency, and effectiveness. In his letter, he stated that the Council has complied with its responsibilities to the use of its resources. The most recent audit report of the Council's Improvement Plan was issued in November 2020. The report concluded positively that the Council discharged its duties and has acted in accordance with Welsh Government guidance sufficiently to discharge its duties.

A capital appraisal form is completed for new capital projects, which covers the requirement for the project, and is used to assess value for money and the revenue implications of major projects. Capital Investment Strategy is contained within the Medium Term Financial Strategy.

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

Determining interventions

To determine the interventions necessary to optimise the achievement of the intended outcomes the Council has an IIA tool and guidance available and training has been rolled out for Officers and Members. Also, a corporate project management group has been established to formalise project development and management. As well as this Organisational Awareness training is available as an optional module of the Corporate Manager Programme, which includes information relating to the decision-making process, Well-being of Future Generations, Equalities, Welsh Language, and the use of the IIAs, Head of Democratic Services and MO (CLO-Legal & Governance) advise as necessary.

Planning interventions

The Corporate Performance Management arrangements ensure planning interventions include weekly Leadership Group meetings, quarterly reporting of progress against level 1 Business Plans, quarterly Performance Board meetings; and quarterly Executive Panel Meetings.

All major collaboration projects have established governance and management arrangements including risk management.

All projects are considered by the Corporate Project Management Panel, which is also attended by IA and is an effective forum for advice/challenge and highlighting risks as Service areas develop projects, including collaboration projects.

The Corporate Project Management Panel helps ensure projects give early consideration to the Well Being of Future Generations Act; to other guidance; to finance, procurement, governance and legal arrangements; to HR implications; Health & Safety; and Audit. Improves project arrangements prior to reporting to the Development Group and other authorisation processes. This also helps identify capital requirements for inclusion in future capital programmes.

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

Developing the entity's capacity

To develop the entity's capacity, corporate and line management, corporate induction and Corporate Manager development plans were introduced. CeriNet is the Human Resources intranet and resource to Staff and management, this is regularly reviewed and updated for effectiveness.

The Corporate Performance Management arrangements provide the forum for performance management's needs and thereafter prepare action plans for delivery of corporate improvements in the performance review of Staff. These have been further strengthened with the introduction of annual appraisals for all Staff via the Ceri HR system. The Ceri HR system has ensured that meaningful, current data on Staff is now available to Managers on a monthly basis in order to monitor costs turnover and absence.

Developing the capability of the entity's leadership and other individuals

The Leadership and Senior Officer structure has defined these roles, including how they integrate with each other. This has been done by:

- Job descriptions clearly define the roles and responsibilities required of posts.
- The Constitution sets out the roles and responsibilities of Members (Part 3.4 Table 4) and senior Officers (part 2 Article 2)
- Learning and Development opportunities are offered to those within a Leadership role or who are aspiring leaders.
- A Scheme of Delegation (The Constitution Part 3.5) exists and clearly sets out responsibilities for Members and Officers.
- Protocols are in place for working relationships between Members and Officers (e.g. Officer-Member Protocol).
- Codes of Conduct for Officers and Members are in place.
- Contract Procedure Rules ('CPR') (Part 4 Document G Constitution) are reviewed on a regular basis.
- The Council's Constitution sets out the functions and responsibilities of the Leader and Chief Executive.

F. Managing risks and performance through robust internal control and strong financial management

Managing risk

Good risk management is a key tool in assisting the organisation to manage uncertainty and to enable the organisation to better achieve the outcome of its objectives. Risk management is intended to be a planned and systematic approach to the identification,

assessment and management of the risks facing the organisation. Steps must be taken to effectively manage those risks. Risk management supports innovative solutions as it carefully considers benefits, alongside the risks, that may occur.

The Council considers all potential risks around supply and service delivery when preparing for procurement and mitigate these through due diligence questions in tenders and appropriate measures in contracts. Subsequent contract management, monitoring of key contracts and good relationships with suppliers allow for early identification of risks arising during the lifetime of the contract, and for appropriate action to be taken when necessary.

All organisations exist to achieve their objectives. The purpose of risk management is to manage the barriers to achieving these objectives through the coordination of identification, assessment, management and reporting of risks.

The traditional means of protecting against the more obvious risks has been through insurance. However, there are many risks which cannot be insured against, and which must be addressed in different ways. Even in the case of those risks which are insurable, action can be taken to reduce the potential risks with consequent savings of premiums and disruption of work. More information on risks can be found on: [Risk Management Policy](#)

A risk report is presented at every Governance and Audit Committee and any amendment to the risk register is reported to the committee.

Managing performance

Corporate performance management is linked to the Well-being and Improvement Objectives, Corporate Strategy 2022-2027 and the PSB's plans. The Council also has many local indicators which helps it determine whether it has achieved the priorities in its Corporate Strategy 2022-2027. Council approved the Self-assessment and Annual Review of Performance and Well-being Objectives Annual Report 2023-2024.

IA undertake an annual self-assessment and have a 5-yearly independent external assessment / peer review as required by the PSIAS. EQA completed May 2022, report & resulting action plan presented to Governance & Audit Committee 27.9.22 along with the CMIA's Internal Audit Self-Assessment. The external assessor concluded that Ceredigion County Council's Internal Audit function generally conforms with the PSIAS. With the function currently conforming to 50 of the best practice areas, partial conformance in six areas and no areas of nonconformance. The resulting Quality Assurance Improvement Plan is included in IA's progress reports to GAC and the CMIA's Annual Report.

A Corporate Performance Management Panel meets quarterly. All Corporate Lead Officers report to this Panel and the dates for reporting are published in the report. The Chairs and Vice Chairs of the Overview and Scrutiny Committees attend with the principle that they can identify areas that require inclusion on their respective Forward Work Programmes.

An additional piece of work that has been undertaken in 2024-25 is a Panel Performance Assessment Report. The report found that:

- Considering the current high service demands and very challenging financial pressures, Ceredigion County Council is a well-run local authority.
- The Council has clear and effective leadership with strong relationships across the political and officer executive and wider structures and that the Council is delivering its functions effectively in-light of the significant financial, strategic and operational pressures the Council is dealing with on a daily basis.
- The Council has effective governance and reporting arrangements in place but there is an opportunity to further strengthen the relationships between the Council's executive and back bench members in the decision-making processes and priorities the Council will need to take going forward.
- The Council has established and developing areas of innovation including Well-being Centres, ICT, and hybrid working.
- Opportunities for improvement have been identified, which will enhance the arrangements in place, to support effective communication, relationship management and collective ownership of current and future challenges.

A link to the Cabinet paper is here: [Report- Final Panel Performance Assessment Report.pdf](#)

A link to the Report on our website is here: [Ceredigion County Council Panel Performance Assessment](#)

Robust internal control

Risk Management Policy and Strategy and the Risk Management Framework were approved by Cabinet on 20th February 2024 and can be found on [risk-mangement-policy-and-strategy.pdf \(ceredigion.gov.uk\)](#) and [risk-mangement-framework.pdf \(ceredigion.gov.uk\)](#). The policy and strategy outline what the Council does to ensure robust internal control.

The Internal Audit (IA) function also ensures robust internal control and is headed by a CMIA who CIA is qualified, has considerable local government experience and is supported by a team with appropriate knowledge and skills. One further member of the IA team is CIA qualified.

IA evaluates and improves the effectiveness of risk management, control & governance processes in accordance with PSIAS, which is self-assessed and reported to Governance and Audit Committee annually along with any improvements required. IA provides an individual assurance to managers after each audit review – these are then used to provide an overall opinion of assurance annually, which feeds in to the AGS.

Managing data An ICT and Digital strategy has been created and approved and more information can be found on:

[ICT and Digital Strategy](#).

There is an up-to-date Data Protection & GDPR Policy Information Security Policy; and records Management Policy.

As well as the policies there are also key roles and scrutiny of Information Assets as follows:

- An IT Security Officer ('ITSO') who advises on data security, external advisers and consultants are employed from time to time to test and advise on the Authority's security arrangements;
- An Information and Records Management Officer ('IRMO') advises on legal compliance and ensures that policies and procedures are in place and are being adhered to;
- Corporate Data Protection (known internally as Corporate Data Protection / FOI / EIR Group Meeting) meets quarterly and is chaired by the Head of Service Policy (Deputy HOS ICT&CS); and
- Annual Reports as required to the Council's Governance and Audit Committee.

Additionally:

- ITSO is the Vice-chair of Wales National Public Sector Security Forum (CymruWARP) which meets quarterly.
- IRMO Chairs the Information and Records Management Society Wales/Cymru and arranges events across Wales.

- IRMO is part of the WASPI - Mid and West Wales Quality Assurance Panel.

Strong public financial management

There is a policy framework for setting the budgets annually as well as a three-year plan. The latest version of the [Medium Term Financial Strategy](#) ('MTFS') is approved by Full Council.

The S.151 Officer has undertaken a self-assessment review and is satisfied that the Council is compliant with the code.

The MTFS features as a corporate risk that is updated at least three times a year. The annual budget setting also included a risk assessment. The Council is responding to the proposal in the 2016 Wales Audit Office (now Audit Wales) Annual Improvement Report and considering the report in light of the MTFS by ensuring that the Council's financial management arrangements are sufficiently robust to meet the significant challenges ahead.

A Strategic Plan has been developed and has improved the programme of work necessary to consider service priorities whilst addressing financial constraints.

G. Implementing Good Practices in transparency, reporting and audit to deliver effective accountability

Implementing good practice in transparency

The Council ensures good practice in transparency by having a website with up-to-date committee papers and minutes. Council and Cabinet meetings are broadcasted on the website and through social media and papers are published promptly. Councillors' contact details and committee membership are published on the website as well as declarations of interest for all members.

Consulting and engagement with citizens is important to the Council. Consultations are published on the Council's website and are promoted on social media. Consultations carried out during 2024-2025 can be found on [Engagement and Consultations - Ceredigion County Council](#).

Implementing good practices in reporting

The County Council's Self-assessment and Review of Performance and Well-being Objectives Annual Report is published on the Ceredigion County Council website to inform Ceredigion citizens what activities and actions the Council undertakes in support of its Well-being and Improvement Objectives. This also forms part of the Council's self-assessment. A summary plan is also available in public offices for our citizens. [Self-Assessment Report 2023-2024](#)

The AGS evidences how it complies with the seven core Governance Framework Principles and sub-principles contained in the Framework and in the governance framework, including how it puts in place proper arrangements for the governance of its affairs, facilitates the effective exercise of its functions, and makes arrangements for risk management.

Assurance and effective accountability

A good working relationship exists with Welsh Government and external regulators, including Audit Wales, Estyn, CIW, Financial Services Authority ('FSA'), and Food Standards Agency as key regulators. Audit Wales Protocol is documented, and procedures are in place to ensure all 'Management Response Forms' from each Audit Wales report are addressed and that Service responses are presented to the Leadership Group, Governance and Audit Committee and Audit Wales. The Governance Officer is the Audit Wales point of contact for ongoing governance-related MRFs/governance matters. The Corporate Performance and Improvement Officer is the point of contact for the performance related MRFs/performance matters. This system is set out in a Protocol, approved by the Leadership Group, and presented to Governance and Audit Committee.

The Chief Internal Auditor (CMIA) is CIA qualified, and has considerable local government experience, and is supported by a team with appropriate knowledge and skills and a further officer in the IA team is CIA qualified, with another partly qualified. The role of CMIA has free and unfettered access to the Chair of the Governance & Audit Committee and both meet regularly during the year.

The IA function underwent an external quality assessment in 2022 where the external assessor concluded that Ceredigion County Council's Internal Audit function generally conforms with the PSIAS. The assessment determined that the function conformed to 50 of the best practice areas, partially conformed in six areas and had no areas of non-conformance. A Quality Assurance and Improvement Plan (QA) is in place and is reported regularly to GAC.

5. Assurance Opinion on Corporate Governance Arrangements

The Corporate Manager - Internal Audit (CMIA) prepares an Annual Internal Audit Report at year-end, which is usually presented to the Governance and Audit Committee at its June meeting. The report sets out the individual and collective outcomes of the audit reviews undertaken during the year and provides the overall audit opinion of assurance based on this audit work. The assurance provided also considers progress in implementing improvements, consideration of the risk register and assurances provided in reports issued by external regulators. The scope of audit work and how the need to constantly reprioritise to ensure sufficient work is undertaken for the assurance is detailed in the report.

The Annual Report at year-end contains the results of the internal audit annual self-assessment of the service, based on CIPFA's LG Application Note's template and the 5-yearly external peer review and the IA functions QAIP including actions taken to achieve the identified proposed improvements.

The CMIAA presented the Governance and Audit Committee with an Internal Audit Strategy and Annual Plan. This is designed to ensure a sufficient area of coverage is undertaken to support the annual opinion on the effectiveness of the systems of governance, risk management and internal control across the Council. The Internal Audit Strategy and Plan for 2024/25 summarised the work areas the Internal Audit Section aimed to concentrate their time on during the year.

Internal audit work has been assessed on an on-going basis with regular consideration given to the Council's changing needs and priorities. Assurance for 2024/25 has been placed on planned reviews and reactive work added to the plan during the year to assess the annual level of assurance for the Council. In addition, assurances have been obtained from other sources such as external regulators in the assurance mapping process to contribute to the assurance provided at year-end.

Internal Audit progress reports are presented regularly to the Governance and Audit Committee to update the committee on the IA function's progress towards the annual plan, assurances provided for completed audits, fundamental and substantial management actions issued, available IA resources and updates to the IA Quality Assurance Improvement Plan.

The CMIA concluded in her 2023/2024 Annual Report that the Council has a satisfactory framework of governance, risk management and internal controls in place to manage the achievement of the organisation's objectives during the year, based on:

- the number, scope and assurances from internal and external sources during the year to 31 March 2024, and
- the acceptance of actions by management (where available).

The Annual Governance Statement will be the subject of review by Audit Wales to ensure that it is consistent with their knowledge and with legislation. In addition, the Internal Audit section undertakes an annual independent review of the Annual Governance Framework and the method of scoring and evidence, as noted in Point 2 above.

6. Issues identified from last year (2023-24)

The following table records the actions that have been taken during 2023-24 to resolve the issues identified in the Annual Governance Statement for 2023-24, the Lead Officer responsible for oversight of the Action and the estimated Completion Date. The Lead Officer has responsibility to ensure the action is also detailed, monitored and updated in their own Service's Business Plans

Note: Any actions not fully completed by the completion date will be carried forward into the 2024-25 Action Plan

Issue	Action	Outcome	Lead Officer	Completion Date
A1.2 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)	<p>Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2023-2024.</p> <p>Discussions are currently taking place with Audit Wales to support their Planning Service Follow-Up Review. Any recommendations will be responded to.</p>	<p>Further incorporation and communication of the Standard Operation Principles and values.</p> <p>The Planning Task and Finish Group met on the 7.6.24 & 24.6.24, 19.7.24 and 22.01.25. The main focus of discussions has been on recommendations relating to the: Cooling Off Process; Site Inspection Panels;</p>	<p>Elin Prysor/ Lowri Edwards</p> <p>Russell Hughes Pickering</p>	<p>March 2025</p> <p>Complete</p>

Issue	Action	Outcome	Lead Officer	Completion Date
		Member referral process; Enforcement; and Planning performance measures. The final MRF was presented to GAC on 29.01.25. Council approved Constitution changes on 3.3.25. No further action		
A1.4 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	Delegated Decisions Register to be published. Extension of delegated decision register to include the publication of delegated decisions relating to: <ul style="list-style-type: none">• sales/disposals and acquisitions of property (to include transactions with a value threshold of above £25k, and Community Asset Transfers)• TROs- Permanent/Experimental	Delegated decision Contract and Tree preservation Orders Registers are already published. Research and preparation work is underway to publish the delegated decisions relating to sales/disposals and acquisitions of property (to include transactions with a value threshold of above £25k, and Community Asset Transfers) TROs- Permanent/Experimental	Elin Prysor	May 2025 Partially Complete
A3.2 Creating the conditions to ensure that the statutory Officers, other key post holders and	Ensuring key post holders are able to fulfil their responsibilities in accordance	The Chief Internal Auditor completed the (CIA) Certificate of Internal Audit in	Elin Prysor / Alex Jenkins	January 2025 Complete

Issue	Action	Outcome	Lead Officer	Completion Date
members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements.	with legislative and regulatory requirements.	November 2023 and achieved the Chartered Internal Auditor Qualification in January 2025.		
A3.5 Ensuring corruption and misuse of power are dealt with effectively	Conduct authority-wide Counter Fraud Risk Assessment to produce Fraud Assessment.	IA conducted an authority-wide CF Risk Assessment in November 2023. Results from Fraud Risk Register feed into IA Strategy & Annual Plan. It also informs the CMIA's annual Counter Fraud Report.	Alex Jenkins	November 2023 Complete
B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	Review of the Freedom of Information (FOI) Publication Scheme	The review of the FOI Publication Scheme will be undertaken over the next year with support from Corporate Business Support. This support is being given due to the urgent pressures within the team relating to responding to the public.	Alun Williams /Marie-Neige Hadfield	December 2025 Partially Complete
B3.2 Ensuring that communication methods are effective and that Members and Officers are clear	Revise Social Media Policy (2018).	Following a review, of the Social Media Policy, the policy will be revoked. Instead of a single policy, the expected behaviour	Geraint Edwards	September 2025 Partially Complete

Issue	Action	Outcome	Lead Officer	Completion Date
about their roles with regard to community engagement		<p>standards relating all communication (including via social media) will be incorporated in two policies: Disciplinary Policy Grievance Policy.</p> <p>A draft updated Grievance Policy will be presented to Scrutiny in March 2025.</p> <p>A revised Disciplinary policy will be presented to Scrutiny in 2025.</p> <p>Guidance for staff on use of social media will be included on CeriNet</p>		
D2.2 Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	Review requirement for Corporate Communications Strategy	Due to urgent pressures, work will progress on this throughout 2025.	Lowri Edwards	<p>March 2026</p> <p>In progress</p>
E2.2 Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective	Delegated Decision Register to be published.	<p>see A1.4 above</p> <p>Audit Wales thematic/national audit on</p>	Elin Prysor	<p>March 2025</p> <p>Complete</p>

Issue	Action	Outcome	Lead Officer	Completion Date
decision making of the governing body		delegated decisions awaited. No further action.		
E2.9 Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	Panel Review scheduled for 2024	Panel review undertaken w/c 30.9.24 and a final report presented to Cabinet 21.1.25. The Council's response and action plan will be presented to the Governance and Audit Committee on 26.3.25 and subsequently to Cabinet on 6.5.25.	Lowri Edwards Alun Williams	May 2025 Partially Complete

7. Agreed action plan for matters to be considered during 2024-25

The Table sets out the issue, action, desired outcome, Lead Officer responsible for oversight of the action and the estimated completion date. The Lead Officer has responsibility to ensure the action is also detailed, monitored and updated in their own Service's business plans.

Issue	Action	Outcome	Lead Officer	Completion Date
A1.1 Ensuring Members and Officers behave with integrity and lead a culture where acting in the public interest is visibly and	Counter Fraud training for Members	Training for GAC to be held on 9.6.25.	Alex Jenkins	June 2025 Partially Complete

consistently demonstrated thereby protecting the reputation of the organisation.				
A1.2 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)	<p>Development Management Committee governance actions/documents established, training to be provided and progress to be reviewed during 2023-2024.</p> <p>Discussions are currently taking place with Audit Wales to support their Planning Service Follow-Up Review. Any recommendations will be responded to.</p>	<p>See A1.2 above.</p> <p>Further incorporation and communication of the Standard Operation Principles and values.</p> <p>The Planning Task and Finish Group met on the 7th & 24.6.24, 19.7.24 & 22.1.25. The main focus of discussions has been on recommendations relating to the: Cooling Off Process; Site Inspection Panels; Member referral process; Enforcement; and Planning performance measures.</p> <p>No further action required.</p>	<p>Elin Prysor/ Lowri Edwards</p> <p>Russell Hughes Pickering</p>	<p>March 2025</p> <p>Complete</p>
A1.4 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	<p>Delegated decision Decisions Register to be published.</p> <p>Extension of delegated decision register to include the publication of delegated decisions relating to:</p> <ul style="list-style-type: none"> sales/disposals and acquisitions of property (to include transactions with a value threshold of above 	<p>Delegated decision Contract and Tree preservation Orders Registers are already published.</p> <p>Research and preparation work is underway to publish the delegated decisions relating to sales/disposals and acquisitions of property</p>	Elin Prysor	<p>May 2025</p> <p>Partially Complete</p>

	£25k, and Community Asset Transfers) TROs-Permanent/Experimental	(to include transactions with a value threshold of above £25k, and Community Asset Transfers) TROs- Permanent/Experimental		
A3.2 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.	Ensuring key post holders are able to fulfil their responsibilities in accordance with legislative and regulatory requirements.	The Chief Internal Auditor completed the (CIA) Certificate of Internal Audit in November 2023 and achieved the Chartered Internal Auditor Qualification in January 2025.	Elin Prysor / Alex Jenkins	January 2025 Complete
B1.1 Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	Review of the Freedom of Information (FOI) Publication Scheme	The review of the FOI Publication Scheme will be undertaken over the next year with support from Corporate Business Support. This support is being given due to the urgent pressures within the team relating to responding to the public.	Alun Williams /Marie-Neige Hadfield	December 2025 Partially Complete
B1.3 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	Integrated Impact Assessments should be made available as hard copies for the Resident Consultation papers if they do not have access to online copies as stated in the Election Act 2022.	When an IIA has been prepared in advance of a consultation, it will be added to the Consultation and Engagement webpage. When members of the public go into the libraries to request hard	Alun Williams	March 2025 Complete

that the impact and consequences of those decisions are clear.		copies, the IIA will be with the consultation papers for staff to print out.		
B2.1 Effectively engaging 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.	Stakeholder Map required	A list of institutional stakeholders is included in the Engagement and Consultation Toolkit. In addition, a stakeholder mapping tool will be completed.	Alun Williams	June 2025 Partially Complete
B3.2 Ensuring that communication methods are effective and that Members and Officers are clear about their roles with regard to community engagement	Revise Social Media Policy (2018).	Following a review, of the Social Media Policy, the policy will be revoked. Instead of a single policy, the expected behaviour standards relating all communication (including via social media) will be incorporated in two policies: Disciplinary Policy & Grievance Policy. A draft updated Grievance Policy will be presented to Scrutiny in March 2025. A revised Disciplinary policy will be presented to Scrutiny in 2025.	Geraint Edwards	September 2025 Partially Complete

		Guidance for staff on use of social media will be included on CeriNet.		
B3.4 Implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account.	Consideration for Communication Protocol.	Due to urgent pressures, work will progress on this throughout 2025.	Lowri Edwards Alun Williams	December 2025 In progress
C2.3 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.	Training for Members will be given Work to do on IIA and how officers use it, and a better understanding for Members was required. DD noted training in progress.	Recent IIA training has been provided to Corporate Lead Officers and Corporate Managers. IIA training was provided for members in October 2023.	Alun Williams	March 2025 Complete
D2.2 Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	Review requirement for Corporate Communications Strategy	Due to urgent pressures, work will progress on this throughout 2025.	Lowri Edwards	March 2026 In progress
E2.2 Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	Delegated Decision Register to be published.	see A1.4 above	Elin Prysor	March 2025 Complete
E2.9 Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to	Panel Review scheduled for 2024	Panel review undertaken w/c 30.1.24 and a final report presented to Cabinet 21.1.25. The Council's response and	Lowri Edwards Alun Williams	May 2025

constructive feedback from peer review and inspections		action plan will be presented to the Governance and Audit Committee on 26.3.25 and subsequently to Cabinet in 6.5.25.		Partially Complete
G3.4 Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the Annual Governance Statement	<ul style="list-style-type: none"> Stakeholder map required Section on risk included in the Annual Governance Statement (see page 14) 	<p>Section on risk is included in the Annual Governance Statement and now includes risks associated with delivering services through third parties.</p> <p>A risk report and risk register is presented at every Governance and Audit Committee.</p> <p>In addition, a stakeholder mapping tool will be completed.</p>	Alun Williams	March 2025 Partially Complete
G3.5 Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met.	<ul style="list-style-type: none"> Stakeholder map required 	Each partnership has Terms of Reference which detail membership, decision making and accountability, e.g. the Public Services Board minutes are publicly available, the public can attend the meetings, and the minutes are presented to Scrutiny. In addition, a	Alun Williams	March 2025 Partially Complete

		stakeholder mapping tool will be completed.		
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