

# Meeting of the Governance and Audit Committee

Wednesday, 24 September 2025,  
10.00 am



SOUTH  
KESTEVEN  
DISTRICT  
COUNCIL

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## Committee Members present

Councillor Paul Wood (Vice-Chairman)  
Councillor Robert Leadenham  
Councillor Bridget Ley  
Councillor Rhea Rayside  
Councillor Paul Stokes  
Councillor Sue Woolley  
Alan Bowling

## Cabinet Members present

Councillor Ashley Baxter  
Councillor Philip Knowles

## Officers

Richard Wyles, Deputy Chief Executive and Section 151 Officer  
David Scott, Assistant Director of Finance and Deputy Section 151 Officer  
James Welbourn, Democratic Services Manager  
Alison Hall-Wright, Director of Housing and Projects (Deputy Monitoring Officer)  
Joshua Mann, Democratic Services Officer  
Tracey Elliott, Governance and Risk Officer  
Phil Swinton, Emergency Planning and Health & Safety Lead  
Ashley McClean, Health & Safety and General Compliance Officer  
Gurpreet Dulay, Internal Auditor  
Paul Akanbi, Internal Auditor  
Matt Humphrey, RSM UK

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## 28. Apologies for absence

Apologies for absence were received from Councillors Tim Harrison, Rob Shorrock and Mark Whittington.

## 29. Disclosure of interests

No interests were disclosed.

## 30. Minutes of the meeting held on 23 July 2025

The minutes of the meeting held on 23 July 2025 were proposed, seconded and agreed as an accurate record.

### **31. Updates from previous meeting**

It was NOTED that the outstanding actions from the previous meeting had been completed.

*The Leader of the Council entered the Council Chamber.*

### **32. Internal Audit Progress Report**

The item reported on the audit of voids management, with both the design opinion and effectiveness opinion rated as 'moderate.'

The areas of strength identified included:

- Regular reporting on performance data, trends, and key challenges with Key Performance Indicators (KPIs) established.
- Restructured service area with clear roles, including management, supervision, inspection, planning, and cost-tracking.
- The South Kesteven Void Quality Standard (SKVQS) set out requirements for safety, compliance and tenant-ready standards.
- Monthly meetings with major void contractors with a designated Contract Officer to manage the relationship.

The areas of concern identified included:

- Underperforming KPIs were not consistently linked to tangible action plans or escalation.
- A lack of formal criteria defining major and minor voids, leaving classification open to interpretation.

The Internal Auditor also introduced the Global Risk Landscape report.

This was the result of a survey of 500 senior business leaders, questioned about the current global risk landscape. The result of the survey was that 69% of companies said they were risk-averse or risk-minimising, whilst 74% of executives said embedding risk thinking into their business culture was a priority.

During discussions, Members commented on the following:

- It was confirmed that an updated Voids Management Policy was yet to be presented as officers were awaiting the completion of the Voids Management audit. The updated Voids Management Policy was anticipated in December 2025, and was scheduled to run for a three year period.

- It was confirmed that the new digital project planning system was being trialled before being rolled out.
- It was queried why major voids were included in the average void duration figure. Confirmation was given that some benchmarking criteria was broken down by void type, with these regularly being presented to the Housing Overview and Scrutiny Committee.
- Members praised the improvements made by the Voids Team.
- A Member noted the full-page colour printing in the report and urged fellow Members to use digital copies.

The Internal Audit Progress Report was noted by the Committee.

### **33. Internal Audit Follow up report**

15 medium recommendations (83%) had been completed from 2024/2025 reviews.

One medium recommendation for the Homelessness audit was still in progress and discussions with the Head of Service and Safeguarding Lead were ongoing.

Two recommendations (Income Generation and Business Continuity Plan) were not yet due for follow-up.

Overall, the Internal Auditor believed this was a strong performance and demonstrated a good culture for improving internal controls and processes.

During discussions, Members commented on the following:

- It was confirmed that the ongoing medium recommendation from the Homelessness audit was due to the policy awaiting Cabinet approval.

The Internal Audit Follow up report was noted by the Committee.

### **34. Risk Management Annual Report 2024/25**

The Risk Management Annual Report 2024/25 was presented by the Cabinet Member for Corporate Governance & Licencing.

The Strategic Risk Register had been regularly reviewed by the Governance & Audit Committee, with the 19 March 2025 meeting also including a report on emerging risks.

Heads of Service and Service Managers, as part of the completion of their service plans, were asked to identify their current service risks. This full register was reviewed to identify if there were any trends or if further consideration was needed in respect of any risks that may need to be included in the Strategic Risk Register if appropriate.

A review of the process for considering service risks was to be undertaken in 2025/26 to establish if the current process was fit for purpose.

Officers of the Senior Team also produced an Annual Assurance Statement for 2024/25 which assessed the effectiveness of the key control environment within their areas of responsibility. The overall assurance level revealed that managers 'Fully Agreed' with 83% of the statements on assurance with the remainder being 14% 'Partially Agreed'; 1% 'Not Agreed' and 2% 'Don't Know'.

The Action Plan for 2025/26 was presented to the Committee within section 7 of the report.

Following the presentation of the report, it was proposed, seconded, and AGREED that the Governance and Audit Committee approved the Risk Management Annual Report 2024/25.

### **35. Strategic Risk Register Update**

The Strategic Risk Register update was presented by the Cabinet Member for Corporate Governance and Licencing.

In accordance with Governance and Audit Committee's workplan, the Strategic Risk Register was presented to Committee three times a year for review.

Outlined in Appendix A of the report, there were 11 Strategic Risks, compared to the 15 previously reported. The remaining Strategic Risks were:

- Successful/serious cyber security attack on the Council.
- Serious safeguarding failure by the Council.
- Unable to maintain financial sustainability.
- Unable to maintain and build sufficient staffing capacity and capability.
- Unable to meet requirements of new regulations and legislation affecting the Council.
- Major governance failure.
- Significant fraud/ theft successfully committed against the Council.
- Societal, demographic and cultural changes impacting on communities within the district.
- Increasing levels of homelessness and meeting the challenges of maintaining quality social housing provision within the district.
- The implications and general uncertainty of Local Government Reorganisation on the Council.
- Not leveraging the opportunities of Devolution.

During discussions, Members commented on the following:

- Members queried the mindset towards risks that were removed. Officers confirmed the Council would remain aware of the issue but ultimately did not see them as causing a strategic risk.
- It was confirmed that the strategic risk identified related to all cases of homelessness, rather than differentiating between single-person or families.
- It was queried whether cyber security training was to be held for all Members, with Members urging the importance of this. It was confirmed relevant training accompanied the rollout of two-factor authentication and a Cyber Security Policy was going to Cabinet in October.
- Clarity was sought to the definition of 'hungry' within the context of the Council's risk appetite. Attention was drawn to a glossary within Appendix B, confirming a definition of 'hungry' in this context.
- It was noted that a priority order of risks was outlined within the Matrix in Appendix B of the report.

Following discussions, it was proposed, seconded, and AGREED that the Governance and Audit Committee approved the updated Strategic Risk Register.

### **36. Annual Health and Safety report 24/25**

The Annual Health and Safety Report 2024/25 was presented by the Cabinet Member for Corporate Governance and Licencing.

The Health and Safety Annual report 2024/25 demonstrated that the Council's commitment to health and safety and its performance had been strong. The Council provided a varied range of services, some of which presented a higher risk due to the nature of works and the frequency with which they were undertaken.

The annual report identified that the Council had seen a significant increase in the number of accidents/incidents when compared to the previous year. The Health and Safety team provided both operational and technical support to the Council and also undertook reviews and audits into the use of and adherence to guidance and best practice.

The annual report also provided an update on Business Continuity and Emergency Planning action for 2024-25. For the second year SKDC faced unprecedented and record-breaking river water levels/extremes of weather and the subsequent impact on the fluvial system. The Council again provided support to the affected communities both in response and through recovery.

During discussions, Members commented on the following:

- It was confirmed that some instances of vehicle accidents had resulted in dismissal of officers. Workshops were also being held.
- It was confirmed that all SKDC vehicles were fitted with trackers.

- It was queried what response had been taken following the two instances of assault. It was confirmed that no officers had been injured but equipment had been broken and the Exercise with Caution List had been updated. The other instance had been reported to the Police with appropriate action taken.
- Clarification was sought about the response taken following the instance of electrical handling. It was confirmed that new equipment was subsequently used to identify hidden cables.
- It was confirmed that there were no undue concerns arising from the Martyn's Law Working Group.

The Annual Health and Safety Report 2024/25 was noted by the Committee.

### **37. Local Government and Social Care Ombudsman Annual Review Letter 2024/2025**

The Local Government and Social Care Ombudsman Annual Review Letter 2024/2025 and Housing Ombudsman Landlord Performance Report 2024/25 was presented by the Cabinet Member for Corporate Governance and Licencing.

The letters compiled complaint statistics with the relevant ombudsman during the 2024/25 period.

During the period 1st April 2024 – 31st March 2025 a total of 19 cases were referred to the Local Government Ombudsman. None of the cases were upheld.

During 2024/25 the Housing Ombudsman made determinations on 4 cases, resulting in 11 findings, 18 orders with just 2 recommendations across all cases.

During discussions, Members commented on the following:

- It was noted that two cases had been upheld since the report was published. However, these were for the 2025/26 reporting period and therefore not included within this report.

The Local Government and Social Care Ombudsman Annual Review Letter 2024/2025 and Housing Ombudsman Landlord Performance Report 2024/25 was noted by the Committee.

### **38. Work Programme 2025 - 2026**

It was noted that the Financial Regulations item would be moved to the January meeting.

Following a suggestion at Full Council, the suggestion was made for a review of the frequency of certain Member training to be included within the upcoming constitutional amendments item.

**39. Any other business, which the chairman, by reasons of special circumstances, decides is urgent.**

There was none.

*The meeting concluded at 11.13 am.*

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