
AUDIT COMMITTEE

NOTICE AND AGENDA

For a meeting to be held on Thursday, 28 May 2026 at 7.30 pm at Penn Chamber, Three Rivers House, Rickmansworth.

Members of the Audit Committee:-

Councillors:

Tony Humphreys (Chair)
Shelley Gormley
Lisa Hudson
Matthew Hunt
David Major

Keith Martin (Vice-Chair)
Chris Mitchell
Ciaran Reed
Mike Sims

*Joanne Wagstaffe, Chief Executive
Wednesday, 20 May 2026*

1. APOLOGIES FOR ABSENCE

2. MINUTES OF PREVIOUS MEETING

(Pages 5 - 8)

To confirm, as a correct record, the minutes of the Audit Committee meeting held on 24 March 2026.

3. NOTICE OF ANY OTHER BUSINESS

Items of other business notified under Council Procedure Rule 30 to be announced, together with special circumstances that justify their consideration as a matter of urgency. The Chair to rule on the admission of such items.

4. DECLARATIONS OF INTEREST

To receive any declarations of interest.

5. Internal Audit Annual Report 2025/26

(Pages 9 - 40)

This report:

- a) Details the Shared Internal Audit Service's (SIAS) overall opinion on the adequacy and effectiveness of Three Rivers District Council's (the Council) framework of governance, risk management and control. Reference is made to significant matters

- and key themes.
- b) Shows the outcomes of the self-assessment against the Global Internal Audit Standards (GIAS) incorporating the requirements of the Quality Assurance and Improvement Programme (QAIP).
- c) Summarises the internal audit work that informs this opinion.
- d) Shows SIAS performance in respect of delivering the Council's internal audit plan.
- e) Presents the 2026/27 Audit Charter for approval.

Recommendation

Members are recommended to:

- Note the Annual Assurance Statement and Internal Audit Annual Report 2025/26
- Note the results of the self-assessment required by the Global Internal Audit Standards (GIAS) and the Quality Assurance and Improvement Programme (QAIP)
- Approve the SIAS Internal Audit Charter 2026/27
- Seek management assurance that the scope and resources for internal audit were not subject to inappropriate limitations in 2025/26

6. Statement of Accounts Update 2025/26 (Pages 41 - 66)

This report sets out changes in Accounting Policies for 2025/26 and the timelines for completion of the draft Statement of Accounts for 2025/26.

Recommendation

- To note the update in relation to the 2025/26 Statement of Accounts timeframes.
- To review the draft Accounting Policies for 2025/26 as set out in Appendix 1 and note that a further update will be presented to the Committee at the next meeting.

7. Annual Governance Statement 2025/26 (Pages 67 - 118)

8. OTHER BUSINESS - if approved under item 3 above

9. WORK PROGRAMME (Pages 119 - 122)

That the Committee consider and makes necessary changes to its Work Programme.

General Enquiries: Please contact the Committee Team at
committeeteam@threerivers.gov.uk

The Council welcomes contributions from members of the public on agenda items at the Audit Committee meetings. Details of the procedure are provided below:

For those wishing to speak:

Members of the public are entitled to register and identify which item(s) they wish to speak on from the published agenda for the meeting. Those who wish to register to speak are asked to register on the night of the meeting from 7pm. Please note that contributions will be limited to one person speaking for and one against each item for not more than three minutes.

In the event of registering your interest to speak on an agenda item but not taking up that right because the item is deferred, you will be given the right to speak on that item at the next meeting of the Committee.

Those wishing to observe the meeting are requested to arrive from 7pm.

In accordance with The Openness of Local Government Bodies Regulations 2014 any matters considered under Part I business only of the meeting may be filmed, recorded, photographed, broadcast or reported via social media by any person.

Recording and reporting the Council's meetings is subject to the law and it is the responsibility of those doing the recording and reporting to ensure compliance. This will include the Human Rights Act, the Data Protection Legislation and the laws of libel and defamation.

The meeting may be livestreamed and an audio recording of the meeting will be made.

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Three Rivers House
Northway
Rickmansworth
Herts WD3 1RL

Audit Committee MINUTES

Of a meeting held in the Penn Chamber, Three Rivers House, Rickmansworth, on Tuesday, 24 March 2026 from 7.30 pm - 8.34 pm.

Present: Councillors

Tony Humphreys (Chair), Keith Martin, Stephen King, David Major, Ciaran Reed, Mike Sims and Chris Mitchell (In place of Cheryl Stungo)

Officers in Attendance:

Michelle Howell, Interim Head of Finance
Anita Hibbs, Committee Officer
Robert Thurlow, Chief Accountant

External in Attendance:

Leigha Britnell, Hertfordshire County Council
Ayesha Ahmede, Hertfordshire County Council

AC43/26 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Harry Davies, Chery Stungo (substitute Councillor Chris Mitchell), and Lisa Hudson.

AC44/26 MINUTES OF PREVIOUS MEETING

The minutes of the Audit Committee held on 19 February 2026 were confirmed as a correct record and signed by the Chair of the meeting.

AC45/26 NOTICE OF ANY OTHER BUSINESS

There was no other business.

AC46/26 DECLARATIONS OF INTEREST

There were no declarations of interest.

AC47/26 STATEMENT OF ACCOUNTS UPDATE 2025/26

The Chief Accountant introduced the report.

In response to a question regarding the annual revaluation of assets, the officer explained that assets are either formally valued or revalued through an indexation calculation each year. The conversion also touched on the accessibility of the final asset database, which the officer was unsure about but offered to find out. Members inquired about the potential impact of asset

reevaluation on workload and whether external consultants will be needed, noting that current documentation suggests no direct cost implications. The officer responded that the proposed changes are expected to reduce the workload by allowing external valuers to work with the team to determine appropriate indices, enabling the team to calculate asset values rather than commissioning full valuations every year. This approach requires at least one formal valuation within a five-year period. The main challenge highlighted is ensuring consistency in the indexation method and obtaining approval from external auditors before implementation.

The Committee noted the report.

RESOLVED:

- To note the update in relation to the 2025/26 Statement of Accounts timeframes.
- To review the draft Accounting Policies for 2025/26 as set out in Appendix 1 and note that a further update will be presented to the Committee at the next meeting.

AC48/26 SIAS PROGRESS REPORT AGAINST AUDIT PLAN 2025/26

Leigha Britnell, Client Audit Manager introduced the report.

The Committee discussed the internal audit process in the context of the impending Local Government Reorganisation (LGR), expected to conclude in April 2028.

Key points include concerns about the value and feasibility of implementing audit recommendations given the limited time before the Council ceases to exist. There is a focus on prioritising audit work to ensure cost-effectiveness and compliance, avoiding unnecessary pressure on staff, and distinguishing between statutory requirements and non-essential activities. The Committee acknowledged the complexity and uncertainty surrounding the LGR timeline, emphasising the need for a cost-benefit analysis of audit activities, especially those related to the transition to a unitary authority. Collaboration with other councils and audit departments is underway to align efforts and share experiences, although comprehensive outcomes are still pending. Members also expressed cautious skepticism about the government's ability to meet the proposed schedule, suggesting the need to consider risks if unitarisation is delayed or abandoned.

Councillor Tony Humphreys moved the recommendation as set out in the report.

On being put to the Committee, the motion was declared CARRIED by the Chair, the voting being by general assent.

RESOLVED:

Members are recommended to:

- Note the Internal Audit Progress Report for the period to 6 March 2026
- Approve the Internal Audit Plan changes
- Agree removal of implemented audit recommendations set out in Appendix C
- Note the implementation status of all other internal audit recommendations in Appendix D.

AC49/26 TRDC INTERNAL AUDIT PLAN REPORT 2026/27

Ayesha Ahmede, Assistant Client Audit Manager introduced the report.

No questions or points were raised.

Councillor Tony Humphreys moved the recommendation as set out in the report.

On being put to the Committee, the motion was declared CARRIED by the Chair, the voting being by general assent.

RESOLVED:

- Members are recommended to approve the proposed Three Rivers District Council Internal Audit Plan for 2026/27.
- Members are requested to note the SIAS Internal Audit Strategy & Service Plan and invited to provide any comments.

AC50/26 WORK PROGRAMME

The Chair advised that the Statement of Accounts 2025/26 is to be included for the June meeting on the work programme.

Members raised concerns about the March 2027 meeting date coinciding with the start of the regulated period and nomination period for potential unitary elections, which could affect councillors' availability and capacity to review committee papers. There was uncertainty about the exact timing of elections, with clarifications provided by some members regarding shadow elections for the new unitary authority expected next year and the impact on current council operations. The Committee debated the feasibility of moving the meeting date earlier by one or two weeks to avoid conflicts but acknowledged logistical challenges with audit planning timelines. Ultimately, the consensus was to keep the work programme as is for now and advise on any necessary changes once election details become clearer.

Members also discussed the potential risks stemming from global geopolitical events. The primary concern raised was whether the Council's risk committee has evaluated the emerging risks and how they might impact the Council's financial stability, particularly regarding budget sufficiency. The Interim Head of Finance responded from a financial perspective, noting that the Council currently holds a positive cash position and is unlikely to face immediate borrowing needs or interest rate impacts due to current economic activities. However, she acknowledged the importance of ongoing monitoring, especially concerning potential increases in costs like utilities, and committed to keeping these factors under review as part of financial oversight.

The Committee noted the work programme.

AC51/26 OTHER BUSINESS - IF APPROVED UNDER ITEM 3 ABOVE

None

CHAIR

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Three Rivers District Council
2025/26 Annual Assurance Statement and Internal Audit
Annual Report

Audit Committee 28 May 2026

Recommendations

Members are recommended to:

Note the Annual Assurance Statement and Internal Audit Annual Report 2025/26

Note the results of the self-assessment required by the Global Internal Audit Standards (GIAS) and the Quality Assurance and Improvement Programme (QAIP)

Approve the SIAS Internal Audit Charter 2026/27

Seek management assurance that the scope and resources for internal audit were not subject to inappropriate limitations in 2025/26

Contents

1. Purpose and Background
 - 1.1 Purpose
 - 1.2 Background

2. Annual Assurance Statement for 2025/26
 - 2.1 Assurance Opinion on Internal Control
 - 2.2 Context
 - 2.3 Control Environment
 - 2.4 Review of Effectiveness - compliance with the GIAS and QAIP
 - 2.12 Confirmation of independence of internal audit and assurance on limitations
 - 2.13 Assurance Opinion on Corporate Governance and Risk Management

3. Overview of Internal Audit Activity at the Council in 2025/26

4. Performance of the Internal Audit Service in 2025/26
 - 4.1 Performance Indicators
 - 4.2 Service Developments

5. Internal Audit Charter 2026/27

Appendices

- A Final position against the Council's 2025/26 Audit Plan

- B Definitions of Assurance Recommendation Priority Levels 2025/26

- C Position against Global Internal Audit Standards as at May 2026

- D Internal Audit Charter 2026/27

1. Purpose and Background

Purpose of Report

- 1.1 This report:
- a) Details the Shared Internal Audit Service's (SIAS) overall opinion on the adequacy and effectiveness of Three Rivers District Council's (the Council) framework of governance, risk management and control. Reference is made to significant matters and key themes.
 - b) Shows the outcomes of the self-assessment against the Global Internal Audit Standards (GIAS) incorporating the requirements of the Quality Assurance and Improvement Programme (QAIP).
 - c) Summarises the internal audit work that informs this opinion.
 - d) Shows SIAS performance in respect of delivering the Council's internal audit plan.
 - e) Presents the 2026/27 Audit Charter for approval.

Background

- 1.2 The purpose of internal audit is to strengthen the Council's ability to create, protect, and sustain value by providing Members and management with independent, risk-based, and objective assurance, advice, insight, and foresight.
- 1.3 A key duty of the Chief Audit Executive (CAE - the Council's Client Audit Manager) is to provide an annual internal audit opinion, concluding on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control. This opinion informs the conclusions of the Council's Annual Governance Statement.
- 1.4 The assurance opinion in this report is based on the 2025/26 internal audit work which was planned and amended to give sufficient assurance on the Council's management of its key risks. Also considered is any relevant work undertaken in 2026/27 before the Audit Committee report deadline.
- 1.5 The audit plan remained dynamic during the year, with plan changes made to reflect the changing risks of the Council, or pace of transformation or change that would impact on the value of audits originally included in the plan. All plan changes during 2025/26 were communicated to, and approved by, the Audit Committee with the quarterly SIAS progress reports.
- 1.6 The International Professional Practices Framework (IPPF) organises the authoritative body of knowledge for the professional practice of internal auditing. The IPPF includes Global Internal Audit Standards (GIAS), Topical Requirements (designed to enhance the consistency and quality of internal audit services related to specific audit subjects) and Global Guidance. The Public Sector Internal Audit Standards, which encompassed the mandatory elements of the IPPF, have been replaced

Annual Assurance Statement and Internal Audit Annual Report 2025/26 - Three Rivers District Council

by the Application Note Global Internal Audit Standards in the UK Public Sector.

- 1.7 Taken together, the GIAS and the Application Note form the basis of UK public sector internal audit effective from 1 April 2025. The Note states that a professional, independent, and objective internal audit service is one of the key elements of good governance, as recognised throughout the UK public sector.
- 1.8 When the Global Institute of Internal Auditors published the GIAS, it recognised that in the public sector, governance structures, other laws or regulations may impact on how the essential conditions can be applied. This is the case in UK local government. The GIAS itself provides for the CAE to reach agreement with those in governance roles and senior management on alternative conditions that still allow for conformance with the GIAS. The CIPFA Code of Practice for the Governance of Internal Audit in UK Local Government provides the route to satisfying the essential conditions in the GIAS in the UK public sector, tailored for UK local government. The Application Note and GIAS in the UK public sector directs the local government sector bodies to apply this Code.
- 1.9 The GIAS (UK Public Sector) sets out matters that SIAS must report to the Audit Committee. SIAS conform with these requirements through inclusion in the Annual Assurance Statement and Internal Audit Annual Report 2025/26. The summarised requirements that SIAS must adhere to are set out below:

Standard	Description
Domain III 6.1	<p>Internal Audit Mandate</p> <p>The Chief Audit Executive (CAE) must provide the board and senior management with the information necessary to establish the internal audit mandate. The internal audit charter must include the legal requirements of the mandate.</p>
Domain III 6.2	<p>Internal Audit Charter</p> <p>The CAE must develop and maintain an internal audit charter that specifies, at a minimum, the internal audit functions:</p> <ul style="list-style-type: none"> • Purpose of Internal Auditing. • Commitment to adhering to the Global Internal Audit Standards. • Mandate, including scope and types of services to be provided, and the board's responsibilities and expectations regarding management's support of the internal audit function. • Organisational position and reporting relationships.
Domain III 7.1	<p>Organisational Independence</p> <p>The CAE must confirm to the board the organisational independence of the internal audit function at least annually. This includes communicating incidents where independence may have been impaired, and the actions or safeguards employed to address the impairment.</p>

**Annual Assurance Statement and Internal Audit Annual Report 2025/26 -
Three Rivers District Council**

Domain III 7.2	<p>CAE Qualifications</p> <p>The CAE must maintain and enhance the qualifications and competencies necessary to fulfil the roles and responsibilities expected by the board.</p>
Domain III 8.1	<p>Board Interaction</p> <p>The CAE must provide the board with the information needed to conduct its oversight responsibilities. The CAE must report to the board and senior management:</p> <ul style="list-style-type: none"> • Changes potentially affecting the mandate or charter • Potential impairments to independence. • Results of internal audit services, including conclusions, themes, assurance, advice, insights, and monitoring results • Results from the quality assurance and improvement program.
Domain III 8.3	<p>Quality</p> <p>The CAE must develop, implement, and maintain a quality assurance and improvement program that covers all aspects of the internal audit function. The program includes two types of assessments:</p> <ul style="list-style-type: none"> • External assessments. • Internal assessments. <p>At least annually, the CAE must communicate the results of the internal quality assessment to the board and senior management. The results of the external quality assessments must be reported when completed. In both cases, such communications include:</p> <ul style="list-style-type: none"> • The internal audit function’s conformance with the Standards and achievement of performance objectives. • If applicable, compliance with laws and/or regulations relevant to internal auditing. • If applicable, plans to address the internal audit function’s deficiencies and opportunities for improvement.
Domain III 8.4	<p>External Quality Assessment</p> <p>The CAE must develop a plan for an external quality assessment and discuss the plan with the board. The external assessment must be performed at least once every five years by a qualified, independent assessor or assessment team.</p>
Domain IV 9.3	<p>Methodologies</p> <p>The CAE must establish methodologies to guide the internal audit function in a systemic and disciplined manner to implement the internal audit strategy, develop the internal audit plan, and conform with the Standards.</p>
Domain IV 11.3	<p>Communicating Results</p> <p>The CAE must communicate the results of internal audit services to the board and senior management periodically and for each</p>

**Annual Assurance Statement and Internal Audit Annual Report 2025/26 -
Three Rivers District Council**

	<p>engagement as appropriate. The CAE must understand the expectations of the board and senior management regarding the nature and timing of communications. The results of internal audit services can include:</p> <ul style="list-style-type: none"> • Engagement conclusions. • Themes such as effective practices or root causes. • Conclusions at the level of the business unit or organisation.
Domain IV 12.1	<p>Internal Quality Assessment</p> <p>The CAE must develop and conduct internal assessments of the internal audit function’s conformance with the Global Internal Audit Standards and progress toward performance objectives. The CAE must establish a methodology for internal assessments that includes:</p> <ul style="list-style-type: none"> • Ongoing monitoring of the internal audit function’s conformance with the Standards and progress toward performance objectives. • Periodic self-assessments or assessments by other persons within the organisation with sufficient knowledge of internal audit practices to evaluate conformance with the Standards. • Communication with the board and senior management about the results of internal assessments.
Domain IV 15.2	<p>Confirming the Implementation of Recommendations or Action Plans</p> <p>Internal auditors must confirm that management has implemented internal auditors’ recommendations or management’s action plans following an established methodology, which includes:</p> <ul style="list-style-type: none"> • Inquiring about progress on the implementation. • Performing follow-up assessments using a risk-based approach. • Updating the status of management’s actions in a tracking system.

1.10 This report details how SIAS complies with these requirements.

1.11 SIAS is grateful for the co-operation and support it has received from client officers during 2025/26.

2. Annual Assurance Statement 2025/26

Assurance opinion on internal control

- 2.1 Based on the internal audit work undertaken at the Council in 2025/26, SIAS can provide the following opinion on the adequacy and effectiveness of the Council's control environment.

Our overall opinion is **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.

We have provided further context on our assurance opinion, including the internal control design and operation elements, at paragraphs 3.3 to 3.10 below as part of our Overview of Internal Audit Activity at the Council in 2025/26.

Context

Scope of responsibility

- 2.2 Council managers are responsible for ensuring Council 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. They are also responsible for ensuring internal controls are robust and risk management arrangements are appropriate.

Control environment

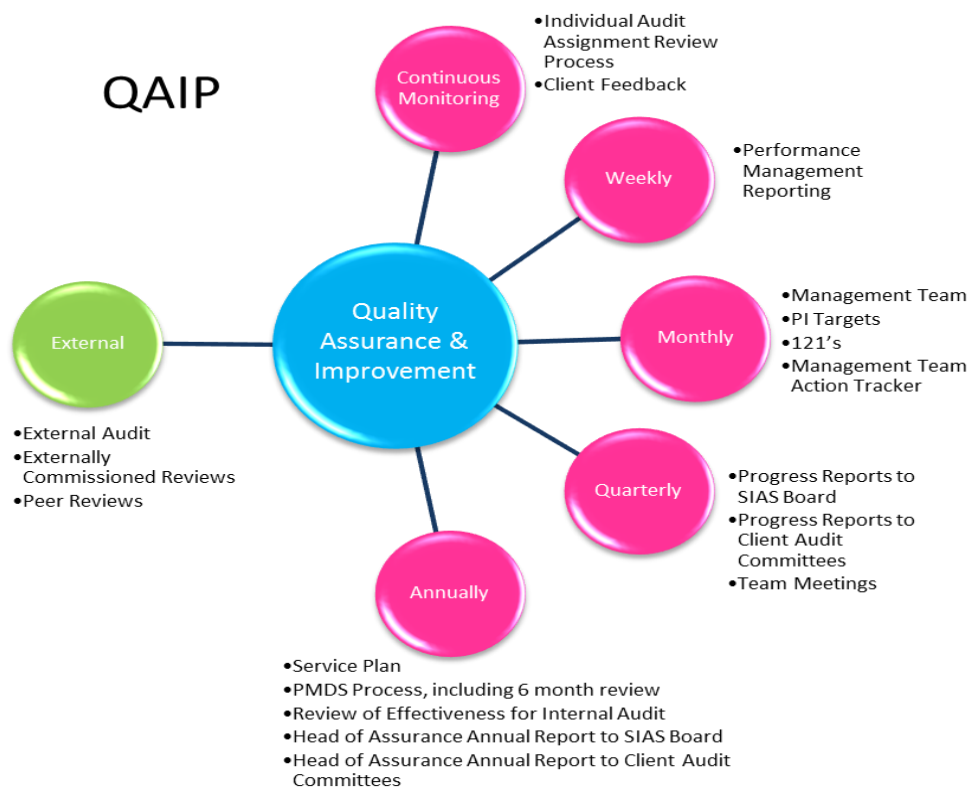
- 2.3 The control environment comprises three key areas: governance, risk management, and internal control. Together these aim to manage risk to an acceptable level, but it is accepted that it is not possible to completely eliminate it. A robust control environment helps ensure that the Council's policies, priorities, and objectives are achieved.

Review of effectiveness

- 2.4 The CAE must confirm annually that the internal audit function is suitably qualified to carry out the work that informs the assurance opinion. This includes that the CAE maintains and enhance their own qualifications and competences. SIAS can confirm that the service is suitably resourced and qualified to undertake its work, including the qualifications and competences of the CAE.

Annual Assurance Statement and Internal Audit Annual Report 2025/26 - Three Rivers District Council

- 2.5 As part of our Quality Assurance and Improvement Programme, an internal quality self-assessment was conducted to review our conformance with the Global Internal Audit Standards (GIAS).
- 2.6 The GIAS also requires that the SIAS be subject to an external quality assessment (EQA) at least once every five years. This should be conducted by a qualified, independent assessor or assessment team from outside the organisation. This review was completed in June 2021 (the previous review being undertaken in 2015/16), with the result of the assessment reported to the Audit Committee in November 2021. The next EQA is due in 2026/27 and SIAS have appointed the Chartered Institute of Internal Auditors as the assessing organisation to perform the review in quarter four of 2026/27.
- 2.7 Based on the results of the 2025/26 GIAS self-assessment, the CAE has concluded that SIAS 'generally conforms' with the GIAS (UK Public Sector).
- 2.8 The self-assessment identified seven areas where, whilst we assessed our current processes followed the principles of the GIAS, improvements could be made to the documentary evidence available to support independent verification of compliance.
- 2.9 A summary of the outcomes of the GIAS self-assessment are detailed in Appendix C. There are no significant deviations from these Standards, or the Global Internal Audit Standards that were in place during 2025/26, which warrant inclusion in the Council's Annual Governance Statement.
- 2.10 The SIAS QAIP includes both internal and external monitoring and reporting to assess the efficiency and effectiveness of internal audit activity and identify opportunities for improvement. The diagram below details the methods used to monitor and report on these. Detailed information outlining activity in each area is contained in the SIAS Audit Manual.



2.11 The CAE confirms that during 2025/26 SIAS operated according to its QAIP with evidence available within the service to support the achievement of each QAIP element.

2.12 The CAE confirms that during the year:

- a) No matters threatened SIAS's independence; and
- b) SIAS was not subject to any inappropriate scope or resource limitations.

2.13 SIAS has concluded that the corporate governance and risk management frameworks substantially comply with the CIPFA/SOLACE best practice guidance on corporate governance. This conclusion is based on the work undertaken by the Council and reported in its draft Annual Governance Statement for 2025/26, and the outcome of the Risk Management Audit carried out by SIAS during the year.

Leigha Britnell
Client Audit Manager
May 2026

3. Overview of Internal Audit Activity at the Council in 2025/26

- 3.1 This section summarises work undertaken at the Council by SIAS in 2025/26. It highlights any significant internal control matters and opportunities for improvement.
- 3.2 Appendix A shows the final position against the agreed revised audit plan, assurance levels and the number of recommendations made. A summary of assurance levels and recommendation priorities is shown in the tables below (2024/25 data in brackets).

Assurance Level	Number of reports 2025/26 (2024/25 data in brackets)	Percentage of reports 2025/26 (2024/25 data in brackets)
Substantial	2 (5)	11% (28%)
Reasonable	15 (9)	78% (50%)
Limited	0 (1)	0% (6%)
No	0 (0)	0% (0%)
Not Assessed	0 (2)	0% (10%)
Unqualified	2 (1)	11% (6%)
Qualified	0 (0)	0% (0%)
Not Complete	0 (0)	0% (0%)
Total	19 (18)	100% (100%)

Recommendation Priority Level	Number of recommendations 2025/26 (2024/25 data in brackets)	Percentage of recommendations made 2025/26 (2024/25 data in brackets)
Critical	0 (0)	0% (0%)
High	0 (1)	0% (2%)
Medium	22 (21)	39% (37%)
Low / Advisory	34 (35)	61% (61%)
Total	56 (57)	100% (100%)

- 3.3 **The Reasonable assurance opinion overall on the Council's systems** (reasonable assurance provided in 2024/25) has been concluded from the 19 audits undertaken during 2025/26. In respect of the two grant verifications, an Unqualified opinion was given. In respect of assurance reviews, two received a Substantial Assurance opinion and 15 received Reasonable Assurance opinions.

Annual Assurance Statement and Internal Audit Annual Report 2025/26 - Three Rivers District Council

Overall Assurance Opinion	Element	Opinion	Definition of Opinion
Reasonable Assurance	Design of Control	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.
	Operation of Control	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 Audit Reports

- 3.4 There have been no Limited Assurance reports issued in 2025/26.

Audit Recommendations

- 3.5 Through the recommendations follow up process for 2025/26, the CAE can confirm that no high priority recommendations were made. A total of 4 medium priority recommendations were outstanding as at Audit Committee of 24 March 2026 however, these were not yet due for implementation.

Communicating Results

- 3.6 Throughout the year the CAE communicated the results of internal audit services to the Audit Committee and senior management quarterly. The results included the progress of audit service against the agreed plan, performance against targets and the engagement conclusions.

Root Cause Analysis

- 3.7 Within the Global Internal Audit Standards, standards 11.3 (communicating results) and standard 14.3 (evaluation of findings), reference has been made to working with management to identify and report root causes of audit findings and identify organisational themes where these may be present. This is on the basis that without root causes being identified there is a high likelihood that audit recommendations or management actions will be ineffective in addressing the issues identified.

Annual Assurance Statement and Internal Audit Annual Report 2025/26 - Three Rivers District Council

- 3.8 During 2025/26, SIAS incorporated root cause identification into our methodology and these are now routinely reported where it is possible to identify these. Whilst we meet the standards in relation to identifying and reporting root causes related to audit findings within our individual audit reports, shared with the Audit Committee, we have not extended to organisational theme reporting at this stage.
- 3.9 In relation to the latter point, during our first year of embedding root cause analysis we have established that further work is required to support identification of wider organisational issues. This includes refinement of the categorisation of root causes to allow accurate analysis, and consideration of how the overall analysis can consider the relative priority and risk of issues at an organisational level to arrive at meaningful conclusions.
- 3.10 Further work will be undertaken during 2026/27 to improve the processes for establishing organisational themes, which will then be analysed and reported within future annual internal audit assurance and opinion statements.

4. Performance of the Internal Audit Service in 2025/26

Performance indicators

- 4.1 The table below compares SIAS's performance at the Council against the 2025/26 targets set by the SIAS Board.

Indicator	Target 2025/26	Actual to 31 March 2026	Notes
1. Planned Days – percentage of actual billable days against planned chargeable days completed (excludes unused contingency)	95%	97%	198 days delivered out of the 204 days planned
2. Planned Projects – percentage of actual completed projects to draft report stage against planned completed projects by 31 st March 2025	90%	89%	17 projects to draft or final report from the 19 projects planned
3. Planned Projects – percentage of actual completed projects to final report stage against planned completed projects by the production of the Annual Report	100%	100%	19 projects to final report from the 19 projects planned (see Appendix A)

**Annual Assurance Statement and Internal Audit Annual Report 2025/26 -
Three Rivers District Council**

Indicator	Target 2025/26	Actual to 31 March 2026	Notes
4. Client Satisfaction – percentage of client satisfaction questionnaires returned at ‘satisfactory’ level	100%	100%	Based on 6 questionnaires received in the year
5. Number of High and Critical Priority Audit Recommendations – agreed as a percentage	95%	100%	None raised
6. Annual Plan – prepared in time to present to the March meeting of Audit Committee. If there is no March meeting, then the Plan should be prepared for the first meeting of the financial year.	Achieved	Achieved	Presented in March 2026
7. CAE’s Annual Report – presented at the first Audit Committee meeting of the financial year.	Deadline met	Met	The 2024/25 Annual Report was presented to the June 2025 Audit Committee

Service Developments

4.2 During 2025/26 the main service and development activities for SIAS included:

- a) **Recruitment** – Despite operating in a challenging recruitment market, SIAS have achieved some success in filling our vacancies. Two Trainee Auditors were recruited, one in June 2025 and one in September 2025.
- b) **Training & Development** – As a service, we continue to adopt our ‘grow your own strategy’ to provide the future talent for the Service and improve succession planning, in what remains a challenging recruitment market. We continue to support our team in progressing their professional qualifications, with nine members of the team actively studying towards the Institute of Internal Auditors Certified Internal Auditor qualification and one team member progressing a CIPFA accountancy qualification. In addition to the professional training above, the SIAS management team continued to deliver a programme of lite bite training sessions linked to modern professional practice.
- c) **Commercial Strategy** – In 2023/24 the SIAS Partnership Board agreed to plans for growing the service through new business, this was driven by the need to minimise inflationary pressures for existing partners. During 2025/26 SIAS continued to successfully deliver

agreed external business targets, with more than 350 audit days provided to two audit partnerships (Eastern Internal Audit Services and Dartford and Sevenoaks) during 2025/26. A key principle within SIAS's strategy is to ensure that growth is undertaken on an incremental basis to protect both the capacity and capabilities of SIAS to deliver our core assurance services to SIAS partners. This was achieved during 2025/26 with key performance indicators for SIAS partners being met. In respect of governance, clear delegation structures continue to be in place in relation to decision making for assessing new opportunities and a suite of key performance indicators have been agreed which are reported to the SIAS Partnership Board on a quarterly basis to support oversight and challenge of delivery and rates of return.

- d) **Audit Practice** – as part of our continued work to adopt best practice from across the profession and to implement the new GIAS our audit plans for 2025/26 included time allocations for work to update key documents or processes to align with the new GIAS. We also progressed other development activities to further enhance our approach, such as the development of a new audit report template and the introduction of root cause analysis into the audit process.

5. Audit Charter 2026/27

- 5.1 The GIAS require a local authority to formally adopt an Audit Charter which covers the authority and responsibility for an internal audit function.
- 5.2 The SIAS Audit Charter sets out the framework within which it discharges its internal audit responsibilities to those charged with governance in the partner councils. It details the permanent arrangements for internal audit and key governance roles and responsibilities to ensure the effectiveness of internal audit provision.
- 5.3 The Audit Charter is reviewed annually. Amendments were made in May 2026 to align the Audit Charter with the GIAS (Public Sector). The review in May 2026 created minor changes to the Charter, which is attached at Appendix D.

APPENDIX A – FINAL POSITION AGAINST THE COUNCIL’S 2025/26 AUDIT PLAN

Three Rivers District Council Audit Plan – 2025/26

AUDITABLE AREA	LEVEL OF ASSURANCE	RECS				AUDIT PLAN DAYS	STATUS/COMMENT
		C	H	M	LA		
Key Financial Systems							
Agency Staffing (Shared Services Plan)	Reasonable	0	0	2	4	11	Final Report Issued*
Council Tax (Shared Services Plan)	Reasonable	0	0	0	4	7	Final Report Issued*
Creditors Exception Reporting and Data Analytics (Shared Services Plan)	Reasonable	0	0	2	2	12	Final Report Issued*
Non-Domestic Rates (Shared Services Plan)	Reasonable	0	0	2	2	7	Final Report Issued*
Payroll – Systems Audit	Reasonable	0	0	1	1	12	Final Report Issued
Treasury Management	Substantial	0	0	0	0	8	Final Report Issued*
Operational Audits							
Financial Billing (inc Property Services and Temporary Accommodation)	Reasonable	0	0	1	2	16	Final Report Issued*
Leisure of Hire Grounds	Reasonable	0	0	1	4	10	Final Report Issued
Property Management Processes Resilience	Reasonable	0	0	2	2	10	Final Report Issued
Rent Deposit Guarantee Scheme	Reasonable	0	0	1	1	10	Final Report Issued
Watersmeet Theatre	Reasonable	0	0	3	2	10	Final Report Issued**

APPENDIX A – FINAL POSITION AGAINST THE COUNCIL’S 2025/26 AUDIT PLAN

AUDITABLE AREA	LEVEL OF ASSURANCE	RECS				AUDIT PLAN DAYS	STATUS/COMMENT
		C	H	M	LA		
Corporate Services							
Business Continuity Planning	Reasonable	0	0	2	2	6	Final Report Issued**
GIS	Substantial	0	0	0	3	14	Final Report Issued
Risk Management	Reasonable	0	0	0	3	10	Final Report Issued
Grant Certifications							
Fast Followers IAR	Unqualified	0	0	0	0	1	Final Report Issued
SHDF Wave 2.1 Grant	Unqualified	0	0	0	0	1	Final Report Issued
IT Audits							
Cyber Security (Shared Services Plan)	Reasonable	0	0	2	0	15	Final Report Issued*
To Be Allocated							
Unused Contingency (Shared Services Plan)	-	-	-	-	-	0	-
Follow Up Audits							
Follow-up of outstanding audit recommendations	-	-	-	-	-	8	Complete
Strategic Support							

APPENDIX A – FINAL POSITION AGAINST THE COUNCIL’S 2025/26 AUDIT PLAN

AUDITABLE AREA	LEVEL OF ASSURANCE	RECS				AUDIT PLAN DAYS	STATUS/COMMENT
		C	H	M	LA		
2026/27 Audit Planning	-	-	-	-	-	5	Complete
Audit Committee	-	-	-	-	-	8	Complete
Head of Internal Audit Opinion 2025/26	-	-	-	-	-	3	Complete
Monitoring and Client Meetings	-	-	-	-	-	7	Complete
SIAS Development & Global Internal Audit Standards	-	-	-	-	-	3	Complete
2024/25 Projects Requiring Completion							
c/fwd Business Rates	Reasonable	0	0	2	0	5	Final Report Issued
c/fwd Community Safety	Reasonable	0	0	1	2	5	Final Report Issued
THREE RIVERS DISTRICT COUNCIL TOTAL	-	0	0	11	21	127	-
SHARED SERVICES TOTAL	-	0	0	11	13	77	-
COMBINED TOTAL	-	0	0	22	34	204	-

* At Draft Report stage 31 March 2026, Final Report issued after year end.

** Draft Report issued after 31 March 2026.

Key to Recommendation Priority Levels: C = Critical priority recommendations; H = High priority recommendations; M = Medium priority recommendations; LA = Low/Advisory priority recommendations.

APPENDIX B – DEFINITIONS OF ASSURANCE AND RECOMMENDATION PRIORITY LEVELS 2025/26

Audit Opinions	
Assurance Level	Definition
Assurance Reviews	
Substantial	A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable	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	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	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.
Not Assessed	This opinion is used in relation to consultancy or embedded assurance activities, where the nature of the work is to provide support and advice to management and is not of a sufficient depth to provide an opinion on the adequacy of governance or internal control arrangements. Recommendations will however be made where required to support system or process improvements.
Grant / Funding Certification Reviews	
Unqualified	No material matters have been identified in relation the eligibility, accounting and expenditure associated with the funding received that would cause SIAS to believe that the related funding conditions have not been met.
Qualified	Except for the matters identified within the audit report, the eligibility, accounting and expenditure associated with the funding received meets the requirements of the funding conditions.
Disclaimer Opinion	Based on the limitations indicated within the report, SIAS are unable to provide an opinion in relation to the Council's compliance with the eligibility, accounting and expenditure requirements contained within the funding conditions.
Adverse Opinion	Based on the significance of the matters included within the report, the Council have not complied with the funding conditions associated with the funding received.
Recommendation Priority Levels	
Priority Level	Definition
Corporate	Critical Audit findings which, in the present state, represent a serious risk to the organisation as a whole, i.e. reputation, financial resources and / or compliance with regulations. Management action to implement the appropriate controls is required immediately.
Service	High Audit findings indicate a serious weakness or breakdown in control environment, which, if untreated by management intervention, is highly likely to put achievement of core service objectives at risk. Remedial action is required urgently.
	Medium Audit findings which, if not treated by appropriate management action, are likely to put achievement of some of the core service objectives at risk. Remedial action is required in a timely manner.
	Low Audit findings indicate opportunities to implement good or best practice, which, if adopted, will enhance the control environment. The appropriate solution should be implemented as soon as is practically possible.

APPENDIX C – POSITION AGAINST GLOBAL INTERNAL AUDIT STANDARDS AT MAY 2026 – ACTION PLAN

Section A: Conformance - During 2025/26 all areas apart from those identified in Section B below were conforming.

During 2025/26 all areas apart from those identified below were conforming.

Domain	Standard	Requirement (Summary or relevant extract)	Self-Assessment Outcome	Commentary	Action Proposed	Target Date
II	Principle 2 – Maintain Objectivity	If objectivity is impaired in fact or appearance, the details of the impairment must be disclosed promptly to the appropriate parties.	Partial Conformance - SIAS does not currently formally record any impairments that may exist for audits being conducted.	Whilst the SIAS Audit Working Paper (AWP) includes evaluations related to conflicts of interest (audit or audit supervisor), this has not been extended to record any potential impairments that may exist in relation to the delivery of the audit and how these have been mitigated.	The SIAS AWP will be updated to include a specific statement on any impairments that may exist in relation to the audit being progressed and how these have been managed.	End of June 2026
Page 27	Standard 11.3 - Communicating Results	The findings and conclusions of multiple engagements, when viewed holistically, may reveal patterns or trends, such as root causes. When the chief audit executive identifies themes related to the organisation's governance, risk management, and control processes, the themes must be communicated timely, along with insights, advice, and/or conclusions, to the board and senior management.	Partial Conformance –root cause analysis has been embedded into audit methodologies and reporting but is currently limited to individual assignment level.	<p>SIAS introduced root cause analysis into the internal audit methodology at the start of 2025/26, with root causes now established for all audit findings where possible and these detailed within engagement reports.</p> <p>Whilst the intention is to use this information to provide insight on common organisational themes, we have identified the need to refine the current root cause definitions and systems to evaluate the relative risks associated with individual issues to allow any wider organisational</p>	Having worked with the current definitions for a year, SIAS will now review and refine the current categorisation of root causes and create appropriate systems to support analysis at a global level. In respect of the latter, we are keen to ensure that wider organisation analysis sufficiently recognises the differing levels of risk for issues identified, as opposed	End of September 2026.

APPENDIX C – POSITION AGAINST GLOBAL INTERNAL AUDIT STANDARDS AT MAY 2026 – ACTION PLAN

Domain	Standard	Requirement (Summary or relevant extract)	Self-Assessment Outcome	Commentary	Action Proposed	Target Date
				analysis to be accurate and meaningful.	to just a numerical representation that may provide mis-leading results.	
V	Principle 13 Plan Engagements Effectively	UK Public Sector Application note - Auditors must also be aware of the importance of value for money, alongside other key considerations, when determining appropriate evaluation criteria under GIAS 13.4 (Evaluation Criteria).	Partial Conformance –whilst value for money is considered, the approach supporting this requires more formality.	Whilst Auditors and Client Audit Managers will work together during the planning and progression of audits to consider value for money, the current approach is not formally documented as a methodology. This therefore reduces transparency in the approach followed when determining evaluation criteria and coverage.	A formal methodology to demonstrate how SIAS consider value for money within relevant audits will be created for inclusion in the SIAS Audit Manual. An additional section will also be added to the Audit Checklist with the template SIAS Audit Working Paper to indicate any specific value for money considerations relevant to the audit.	End of September 2026
II	Principle 5 – Maintain Confidentiality	Internal auditors must understand and abide by the laws, regulations, policies, and procedures related to confidentiality, information privacy, and information security that apply to the organisation and internal audit function.	General Conformance – a more formalised system for managing systems access to client systems would improve evidence of	In a limited number of instances Auditors may be provided with access to key information systems, or client networks (outside of HCC) where this may allow an audit to be undertaken more efficiently or to protect objectivity and independence of testing. Whilst a request to remove system access will be submitted at the end of the audit assignment, systems could be improved	SIAS to create a formal log of all access requests granted to client systems, the member of staff holding the access and the date such access has been ended. This will be periodically monitored by the Head of SIAS to ensure access is	End of July 2026

APPENDIX C – POSITION AGAINST GLOBAL INTERNAL AUDIT STANDARDS AT MAY 2026 – ACTION PLAN

Domain	Standard	Requirement (Summary or relevant extract)	Self-Assessment Outcome	Commentary	Action Proposed	Target Date
			compliance.	through the introduction of a control record to allow monitoring that this has happened in a timely manner.	end-dated promptly upon completion of related audits.	
II	Principle 3 – Demonstrate Competency	Internal auditors must possess or obtain the competencies to perform their responsibilities successfully. The required competencies include the knowledge, skills, and abilities suitable for one’s job position and responsibilities commensurate with their level of experience.	General Conformance – reviews of audit competencies are currently completed as part of development discussions and plans, as opposed to a formal assessment.	A key element of the SIAS strategy is to follow a grow your own strategy, therefore developing staff is a fundamental part of this objective. Whilst line managers work with each team member to review and develop their skills and knowledge, including through development plans, this is not currently supported by a specific periodic skills and competencies analysis.	As part of future annual performance and development meetings, team members will be asked to self-assess their knowledge, skills and competencies against an evaluation framework (using matrices from professional bodies) to support identification of areas for development or training needs.	By end of September 2026 and annually in March from 2028.
II to V	Various	SIAS to maintain an Audit Manual that provides requirements and guidance to staff on the internal audit service and methodologies related to delivering assurance work.	General Conformance –further adjustments are required to add further detail to some elements of the manual.	The GIAS reference key requirements in relation to the structure, approach and documentation of the audit function and process. Whilst we are satisfied that the service has an audit manual which provides a clear structure for staff, we have identified areas where further detail could be provided to further explain how SIAS meets some elements of the GIAS or Public Sector Application notes in practice. This will provide improved clarity to our	The SIAS manual is currently being reviewed, with this due to be completed during quarter two.	End of August 2026

APPENDIX C – POSITION AGAINST GLOBAL INTERNAL AUDIT STANDARDS AT MAY 2026 – ACTION PLAN

Domain	Standard	Requirement (Summary or relevant extract)	Self-Assessment Outcome	Commentary	Action Proposed	Target Date
				junior staff who have limited involvement in these areas based on their role and improve business continuity in times of key staff absence.		
V	Standard 15.1 Final Engagement Communication	<p>If the engagement is not conducted in conformance with the Standards, the final engagement communication must disclose the following details about the non-conformance:</p> <ul style="list-style-type: none"> • Standard(s) with which conformance was not achieved. • Reason(s) for non-conformance. • Impact of nonconformance on the engagement findings and conclusions 	General Conformance – an opportunity exists to include a standing statement within audit reports to confirm that standards have been followed.	<p>No instances have been encountered to date where we have been unable to conform with the standards in relation to the delivery of specific audit engagements. In the event of any such instances occurring our resulting audit report would include required statements.</p> <p>However, consideration could be given to introducing a dedicated section within our report template to specifically state that audits conformed with the GIAS, or specific reasons and potential impacts where this was not the case. This would further strengthen consistency, visibility, and alignment with the Standard's disclosure requirements.</p>	The SIAS report template will be updated to include a specific statement on whether the audit was conducted in line with the GIASSs, or any areas of non-conformance and related impacts in the exceptional instances where this may arise.	End of July 2026.



SIAS Internal Audit Charter 2026/2027

1. Introduction and Purpose

- 1.1. Internal auditing is an independent and objective assurance and consulting activity. It is guided by a philosophy of adding value to the operations of an organisation. It assists a council in achieving its objectives and ultimately provides assurance to the public by systematically evaluating and improving the effectiveness and efficiency of risk management, control, and governance processes.
- 1.2. The purpose of the Shared Internal Audit Service (SIAS) is to provide independent, objective assurance and consulting services designed to add value and improve client operations. The mission of internal audit is to enhance and protect organisational value by providing risk-based and objective assurance, advice, and insight. SIAS helps clients accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes.

2. Statutory Basis of Internal Audit

- 2.1. Local government is statutorily required to have an internal audit function. The Accounts and Audit Regulations 2015 require that 'a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance'.
- 2.2. In addition, a council's Chief Finance Officer has a statutory duty under Section 151 of the Local Government Act 1972 to establish a clear framework for the proper administration of the authority's financial affairs. To fulfil this requirement, the S151 Officer relies, amongst other sources, upon the work of internal audit.
- 2.3. The above provides the mandate for the provision of an Internal Audit function within each SIAS partner in accordance with the Global Internal Audit Standards.

3. Role

- 3.1. SIAS internal audit activity is overseen by Three Rivers District Council's committee charged with fulfilling audit committee responsibilities, herewith referred to as the Audit Committee. As part of its oversight role, the Audit Committee is responsible for defining the responsibilities of SIAS via this Charter.
- 3.2. SIAS may undertake additional consultancy activity requested by management. The Client Audit Manager will determine such activity on a case-by-case basis, assessing the skills and resources available. Significant additional consultancy activity not

already included in the Internal Audit Plan will only be accepted and carried out following consultation with the Audit Committee.

4. Professionalism

- 4.1. Internal Audit operates in accordance with the Global Internal Audit Standards and supports the Authority in upholding high standards of governance, including the Seven Principles of Public Life. The GIAS sets out the fundamental requirements for the professional practice of internal auditing and include the Purpose of Internal Auditing, Ethics & Professionalism, Governing the Internal Audit Function, Managing the Internal Audit Function and Performing Internal Audit Services.
- 4.2. SIAS also recognises the Mission of Internal Audit as identified within the IPPF, 'To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight' and the Core Principles for the Professional Practice of Internal Auditing, which demonstrate an effective internal audit function, achieving internal audit's mission.
- 4.3. SIAS operations are guided by its operating procedures manual as well as applicable, Chartered Institute of Internal Auditors (CIIA) and Chartered Institute of Public Finance and Accountancy (CIPFA) Position Papers, Practice Advisories and Guides, and relevant council policies and procedures, including compliance with the Bribery Act 2010.
- 4.4. Should non-conformance with the GIAS be identified, the Head of SIAS will investigate and disclose, in advance, if possible, the exact nature of the non-conformance, the reasons for it and, if applicable, its impact on a specific engagement or engagement outcome.
- 4.5. If non-compliance with the GIAS relates to the board or senior management deciding not to meet required conditions, and the CAE disagrees with the related reasons, the CAE will assess whether to conclude that the internal audit function cannot comply with the Standards. In such instances the reasons will be documented, shared with the board and senior management.

5. Authority and Confidentiality

- 5.1. Internal auditors are authorised full, free, and unrestricted access to all a client's records, physical property, and personnel as necessary to fulfil the internal audit mandate. All client employees are requested to assist SIAS in fulfilling its roles and responsibilities. Information obtained during an engagement is safeguarded and confidentiality respected in accordance with the Council's GDPR and information security policies.
- 5.2. Internal auditors will only use information obtained to complete an engagement. It will not be used in a manner that would be contrary to the law, for personal gain, or detrimental to the legitimate and ethical objectives of the client organisation(s). Internal auditors will disclose all material facts known, which if not disclosed could distort a report or conceal unlawful practice.

6. Organisation

- 6.1. The Client Audit Manager and their representatives have free and unrestricted direct access to the S151 Officer; the Monitoring Officer; Senior Leadership Teams, the Chief Executive; the Audit Committee Chair; the Leader of the Council and the

Council's External Auditor. The Client Audit Manager will communicate with all the above parties at both committee meetings and between meetings as appropriate.

- 6.2. The Chair of the Audit Committee has free and unrestricted direct access to the Client Audit Manager.
- 6.3. The Client Audit Manager is line managed by the Head of SIAS who approves all decisions regarding the performance evaluation, appointment, or removal of the Client Audit Manager, in consultation with the Head of Assurance and SIAS Board.

7. Stakeholders

The following groups are defined as stakeholders of SIAS:

- 7.1. The Head of SIAS, working with the Client Audit Manager, both suitably experienced and qualified (CCAB and / or CMIIA), is responsible for:
 - hiring, remunerating, appraising, and developing SIAS staff in accordance with the host authority's HR guidance
 - maintaining up-to-date job descriptions which reflect the roles, responsibilities, skills, qualifications, and attributes required of SIAS staff
 - ensuring that SIAS staff possess or obtain the skills, knowledge, and competencies (including ethical practice) needed to effectively perform SIAS engagements
 - seeking approval from the SIAS Board for the level of human resources and finance required for SIAS to deliver services in accordance with its mandate
- 7.2. The Audit Committee is responsible for overseeing the effectiveness of SIAS and holding the Client Audit Manager to account for delivery. This is achieved through the approval of the annual audit plan, approval of performance targets set by the SIAS Board and receipt of regular reports. The Committee should champion the internal audit function to enable it to fulfil the purpose of internal auditing and pursue its strategy and objectives.
- 7.3. The Audit Committee is also responsible for the effectiveness of the governance, risk, and control environment within the Council, holding operational managers to account for its delivery.
- 7.4. Where stated in its Terms of Reference, the Audit Committee provides an annual report to the Council detailing the Committee's activities through the year. In addition, and as required, the Committee ensures that there is appropriate communication of, and involvement in, internal audit matters from the wider publicly elected Member body.
- 7.5. The Client Audit Manager is responsible for ensuring that the outcome of all final Internal Audit reports is reported to all members of the Audit Committee, in a format agreed with these relevant parties.
- 7.6. Senior Management, defined as the Head of Paid Service, Chief Officers, and their direct reports, are responsible for helping shape the programme of assurance work. This is achieved through analysis and review of key risks to achieving the Council's objectives and priorities. Senior Management should also support recognition of the internal audit function throughout the organisation, and in providing full, free, and

unrestricted access to all a client's records, physical property, and personnel as necessary to fulfil the internal audit mandate.

- 7.7. The SIAS Board is the governance group charged with monitoring and reviewing the overall operation of SIAS, with SIAS reporting key information to the Audit Committee within progress and annual reports, including:
- resourcing and financial performance
 - operational effectiveness through the monitoring performance indicators
 - any restrictions on internal audit scope, access, authority, or resources limiting the ability to carry out its responsibilities effectively.
 - the overall strategic direction of the shared service.

8. Independence and Objectivity

- 8.1. No element in the organisation should interfere with audit selection, scope, procedures, frequency, timing, or report content. This is necessary to ensure that internal audit maintains the necessary level of independence and objectivity.
- 8.2. As well as being impartial and unbiased, internal auditors will have no direct operational responsibility or authority over any activity audited. They will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that might impair their judgment.
- 8.3. When asked to undertake any additional roles/responsibilities outside internal auditing, the Client Audit Manager will highlight to the Audit Committee any potential or perceived impairment to independence and objectivity. This will have regard to the principles contained within the GIAS Code of Ethics as well as any relevant requirements set out in other professional bodies to which the Client Audit Manager may belong. The Audit Committee will approve and periodically review any safeguards put in place to limit any impairments to independence and objectivity.
- 8.4. Where SIAS has been required to provide assurance to other partnership organisations, or arm's length bodies such as trading companies, the Client Audit Manager and Head of SIAS will ensure that the risks of doing so are managed effectively, having regard to the Head of SIAS's primary responsibility to the management of the partners for which they are engaged to provide internal audit services.
- 8.5. The Client Audit Manager will confirm to the Audit Committee, at least annually, the organisational independence of SIAS.

9. Conflicts of Interest

- 9.1. Internal auditors will exhibit clear professional objectivity when gathering, evaluating, and communicating engagement information. When forming judgments, they will make a balanced assessment of all relevant circumstances and not be influenced by their own interests or the views and interests of others.
- 9.2. Each auditor will comply with the ethical requirements of his/her professional body and proactively declare any potential conflict of interest, whether actual or apparent, prior to the start of an engagement.
- 9.3. All auditors sign an annual declaration of interest and complete an assessment and declaration at the outset of each new audit allocated to ensure that the allocation of

work avoids conflict of interest. Auditors who undertake consultancy work or are new to the team will be prohibited from auditing in those areas where they have worked in the past year. Audits are rotated within the team to avoid over-familiarity and complacency.

- 9.4. SIAS procures an arrangement with an external delivery partner to provide service resilience, i.e., additional internal audit days on request. The external delivery partner will be used to deliver engagements as directed by the Client Audit Manager in particular providing advice and assistance where SIAS staff lack the required skills or knowledge. The external delivery partner will also be used to assist with management of potential and actual conflicts of interest in internal audit engagements, providing appropriate independence and objectivity as required.
- 9.5. In the event of a real or apparent impairment of independence or objectivity, (acceptance of gifts, hospitality, inducements, or other benefits) the Client Audit Manager will investigate and report on the matter to appropriate parties.

10. Responsibility and Scope

- 10.1. The scope of SIAS encompasses, but is not limited to, the examination and evaluation of the adequacy and effectiveness of the organisation's governance, risk management, and internal control processes (as they relate to the organisation's priorities and objectives) and the promotion of appropriate ethics and values.
- 10.2. Internal control and risk management objectives considered by internal audit extend to the organisation's entire control and risk management environment and include:
- consistency of operations or programs with established objectives and goals, and effective performance
 - effectiveness and efficiency of governance, operations, and employment of resources
 - compliance with significant policies, plans, procedures, laws, and regulations
 - design, reliability and integrity of management and financial information processes, including the means to identify, measure, classify, and report such information
 - safeguarding of assets
- 10.3. SIAS is well placed to provide advice and support on emerging risks and controls and will, if requested, deliver consulting and advisory services, or evaluate specific operations.
- 10.4. SIAS is responsible for reporting to the Audit Committee and senior management any significant risk exposures, control and governance issues and other matters that emerge from an engagement.
- 10.5. Engagements are allocated to (an) internal auditor(s) with the appropriate skills, experience, and competence. The auditor is then responsible for carrying out the work in accordance with the SIAS Operating Procedures Manual, and must consider the relevant elements of internal control, the needs and expectations of clients, the extent of work required to meet the engagement's objectives, its cost effectiveness, and the probability of significant error or non-compliance.

11. Role in Anti-Fraud

- 11.1. The SIAS work programme, designed in consultation with Senior Management, the Audit Committee and seeks to provide assurance on how the council manages the fraud risks to which it is exposed.
- 11.2. SIAS must have sufficient knowledge to evaluate the risk of fraud and the way it is managed by the Council but are not expected to have the expertise of a person or team whose primary responsibility is detecting and investigating fraud.
- 11.3. SIAS will exercise due professional care by considering the probability of significant errors, fraud, or non-compliance when developing audit scopes and objectives.
- 11.4. The Client Audit Manager should be notified of all suspected or detected fraud, corruption, or impropriety so that the impact upon control arrangements can be evaluated.

12. Internal Audit Plan

- 12.1. Following discussion with appropriate senior management, the Client Audit Manager will submit a risk-based plan to the Audit Committee for review and approval. This will occur at least annually. The plan sets out the engagements agreed by the Section 151 Officer and Senior Leadership Team and demonstrates the priorities of both SIAS (the need to produce an annual internal audit opinion) and those of the organisation. Also included will be any relevant declarations of interest.
- 12.2. The plan will be accompanied by details of the risk assessment approach used and other assurance considered during the planning process. Also shown will be the timing of an engagement, its budget in days, details of any contingency for new or changed risks, time for planning and reporting and a contribution to the development of SIAS.
- 12.3. The plan will be subject to regular review in year and may be modified in response to changes in the organisation's business, risks, operations, programmes, systems, and controls. All significant changes to the approved internal audit plan will be communicated in the quarterly update reports.

13. Reporting and Monitoring

- 13.1. A draft written Terms of Reference will be prepared and issued to appropriate personnel at the start of an engagement. It will cover the intended objectives, scope and reporting mechanism and will be agreed with the client. Changes to the terms of reference during the engagement may occur and will be agreed following consultation with the client.
- 13.2. A report will be issued to management on completion of an engagement. It will include a reasoned opinion, details of the time and scope within which it was prepared, management's responses to specific risk prioritised findings and recommendations made and a timescale within which corrective action will be / has been taken. If recommended action is not to be taken, an explanation for this will also be included.
- 13.3. In the event of material objectivity or other potential impairments or scope limitations being identified during the audit planning, scoping or audit fieldwork stages, these will be formally reported within the related terms of reference or audit report, and where

relevant communicated to the Audit Committee within the next available progress report.

- 13.4. SIAS will follow-up the implementation of agreed recommendations in line with the protocol at each client. As appropriate, the outcomes of this work will be reported to the audit committee and may be used to inform the risk-based planning of future audit work. Should follow-up activity identify any significant error or omission, this will be communicated by the Client Audit Manager to all relevant parties.
- 13.5. In consultation with senior management, the Client Audit Manager will consider, on a risk-basis, any request made by external stakeholders for sight of an internal audit report.
- 13.6. Quarterly update reports to the Audit Committee will detail the results of each engagement, including significant risk exposures and control issues. In addition, an annual report will be produced giving an opinion on the overall control, governance, and risk management environment (and any other issues judged relevant to the preparation of the Annual Governance Statement) with a summary of the work that supports the opinion. Hertfordshire County Council’s Head of Assurance will also make a statement of conformance with GIAS, using the results of the annual self-assessment and Quality Assurance and Improvement Plan (QAIP) required by the GIAS. The statement will detail the nature and reasons for any impairments, qualifications, or restrictions in scope for which the Committee should seek reassurances from management. Any improvement plans arising will be included in the annual report.

14. Periodic Assessment

- 14.1. GIAS require Hertfordshire County Council’s Head of Assurance and the SIAS Board to arrange for an independent review of the effectiveness of internal audit undertaken by a suitably knowledgeable, qualified, and competent individual or organisation. This should occur at least every five years.
- 14.2. Hertfordshire County Council’s Head of Assurance will ensure that continuous efforts are made to improve the efficiency, effectiveness, and quality of SIAS. These will include the Quality Assurance and Improvement Programme, client feedback, appraisals, and shared learning with the external audit partner as well as coaching, supervision, and documented review.
- 14.3. A single review will be carried out to provide assurance to all SIAS partners with the outcomes included in the partner’s Annual Report.

15. Review of the Audit Charter

- 15.1. The Client Audit Manager will review this charter annually and will present to the first audit committee meeting of each financial year, any changes for approval.
- 15.2. The Client Audit Manager reviewed this Audit Charter in May 2026. It will next be reviewed in May 2027.

Glossary of Terms

Audit Committee	The GIAS defines the Audit Committee as “The governance group charged with independent assurance of the adequacy of the risk
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	<p>management framework, the internal control environment and the integrity of financial reporting.”</p> <p>The Audit Committee operates in accordance with its terms of reference contained in Three Rivers District Council’s Constitution.</p> <p>CIPFA’s <i>Audit Committees Practical Guidance for Local Authorities and Police 2022 Edition</i> indicates that for a local authority, it is best practice for the audit committee to report directly to full council rather than to another committee, as the council itself most closely matches the body of ‘those charged with governance’. This is the case at Three Rivers District Council.</p>
Audit Plan	<p>The programme of risk-based work carried out by the Shared Internal Audit Service (SIAS) on behalf of its clients.</p>
Board	<p>The GIAS defines the ‘Board’ as “The highest-level governing body (e.g., a board of directors, a supervisory board, or a board of governors or trustees) charged with the responsibility to direct and/or oversee the organisation’s activities and hold senior management accountable. Although governance arrangements vary among jurisdictions and sectors, typically the board includes members who are not part of management. If a board does not exist, the word “board” in the Standards refers to a group or person charged with governance of the organisation. Furthermore, “board” in the Standards may refer to a committee or another body to which the governing body has delegated certain functions (e.g., an Audit Committee).</p> <p>For the purposes of the SIAS Audit Charter, the Board as referred to in the GIAS shall be Three Rivers District Council’s Audit Committee. All references to the Audit Committee in the SIAS Audit Charter should be read in this context.</p>
Chief Audit Executive (CAE)	<p>The GIAS describes the role of CAE as “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 CAE or others reporting to the CAE will have appropriate professional certifications and qualifications. The specific job title and/or responsibilities of the CAE may vary across organisations.”</p> <p>The CAE is fundamental to the success of the service and to the extent to which it complies with</p>

	<p>the Standards. Regular reference is made to this role throughout the GIAS, including some specific requirements relating to whoever is designated the role.</p> <p>For the purposes of the SIAS Audit Charter, the CAE as referred to in the GIAS shall be Three Rivers District Council's Client Audit Manager. All references to the Client Audit Manager in the SIAS Audit Charter should be read in this context.</p>
Global Internal Audit Standards	The Standards guide the worldwide professional practice of internal auditing and serve as a basis for evaluating and elevating the quality of the internal audit function. At the heart of the Standards are 15 guiding principles that enable effective internal auditing.
Management	Operational officers of the Council responsible for creating corporate policy and organising, planning, controlling, and directing resources to achieve the objectives of that policy. Senior management is defined as the Head of Paid Service, Chief Officers, and their direct reports.
Shared Internal Audit Service (SIAS)	SIAS is a local authority partnership comprising Hertfordshire County Council (HCC) and seven Hertfordshire district and borough councils. SIAS also provides internal audit services to a limited number of external clients. HCC is the host authority for the partnership and provides support services such as HR, technology, and accommodation.
SIAS Board	The Board that comprises officer representatives from the partner authorities and is responsible for the governance of the SIAS partnership.

Note:

For readability, the term 'internal audit activity' as used in the GIAS guidance has been replaced with 'SIAS' in this Charter.

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**Statement of Accounts
Update 2025/26
24/03/2026**

- **AUDIT COMMITTEE**

PART I

**Statement of Accounts Update 2025/26
(DoF)**

1 Summary

- 1.1 This report sets out changes in Accounting Policies for 2025/26 and the timelines for completion of the draft Statement of Accounts for 2025/26.

2 Recommendation

- 2.1 To note the update in relation to the 2025/26 Statement of Accounts timeframes.
- 2.2 To review the draft Accounting Policies for 2025/26 as set out in Appendix 1 and note that a further update will be presented to the Committee at the next meeting.

Report prepared by: Robert Thurlow, Chief Accountant

3 Details

3.1 Accounting Policies 2025/26

- 3.1.1 The Council's Statement of Accounts is prepared in accordance the Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The Council is required to adopt accounting policies which describe how the Council has interpreted and applied the Code.
- 3.1.2 The Code defines Accounting Policies as 'the specific principles, bases, conventions, rules and practices applied by an authority in preparing and presenting financial statements'.
- 3.1.3 The significant accounting policies adopted by the Council are disclosed within note 1 to the Core Financial Statements in the Statement of Accounts, 'Accounting Policies – Single Entity and Group Accounts'.
- 3.1.4 The Code prescribes that 'authorities shall apply the objective, underlying assumption and qualitative characteristics of useful financial information, in the selection and application of accounting policies and estimation techniques.'
- 3.1.5 The Code provides a detailed framework within which accounting policies must be set:
- When the Code specifically applies to a transaction, other event or condition, the accounting policy or policies applied to that item shall be determined by applying the Code. Those policies need not be applied when the effect of applying them is immaterial.
 - Where the Code does not specifically apply to a transaction, other event or condition, management shall use its judgement in developing and applying an accounting policy that results in information that is:

- a) relevant to the decision-making needs of users, and
- b) reliable, in that the financial statements:
 - i) represent faithfully the financial position, financial performance and cash flows of the authority
 - ii) reflect the economic substance of transactions, other events and conditions and not merely the legal form
 - iii) are neutral, i.e. free from bias
 - iv) are prudent, and
 - v) are complete in all material respects.

- In making the judgement management shall refer to, and consider the applicability of, the Code requirements dealing with similar and related issues. Management may also consider the most recent pronouncements of standard-setting bodies and accepted public or private sector practices to the extent, but only to the extent, that these do not conflict with the requirements of the Code.
- An authority shall select and apply its accounting policies consistently for similar transactions, other events and conditions, unless the Code specifically requires or permits different treatment.
- An authority shall change an accounting policy only if the change is required by the Code or results in the financial statements providing reliable and more relevant information about the effects of transactions, other events and conditions on the authority's financial position, financial performance or cash flows.
- Where an authority changes an accounting policy, it shall apply the changes retrospectively unless the Code specifies transitional provisions that shall be followed. A change in accounting policy shall be applied retrospectively by adjusting the opening balance of each affected component of net worth for the earliest period presented and the other comparative amounts disclosed for each prior period presented as if the new accounting policy had always been applied, except to the extent that it is impracticable to do so.

3.1.6 The code states that the Chief Finance Officer is responsible for selecting 'suitable' accounting policies and ensuring that they are applied consistently in the preparation of the statement of accounts. The draft Accounting Policies for 2025/26 are set out in Appendix 1. Committee Members are asked to note that an update will be presented to the Committee pending the outcome of further work, as detailed in the paragraph below. All significant accounting policies have been selected with reference to the Code.

3.1.7 There is one significant amendment to the Accounting Policies for 2025/26 which is due to the Code having regard to HM Treasury's Thematic Review on Non-investment assets.

3.1.8 The main changes in the Code result in fixed assets effectively being revalued each year, with formal valuation required every five years, with an indexation process during intervening years.

3.1.9 The Council will revalue relevant assets in a 5-year rolling programme.

- 3.1.10 The Code reinstates two other options available in IAS 16 for the treatment of accumulated depreciation, which local authorities were previously prevented from using.
- 3.1.11 These are to either revalue both the gross carrying amount and the accumulated depreciation proportionally, or to revalue the gross carrying amount to the current cost of building the asset, setting accumulated depreciation to the difference between gross and net value, eliminating the accumulated depreciation.
- 3.1.12 The Council will use the elimination approach, which is consistent with the approach used in prior years.
- 3.1.13 The combination of annual revaluation/indexation and depreciation policies will result in no accumulated depreciation being reported for the relevant assets.
- 3.1.14 The Accounting Policies will be kept under review as the accounts are drafted.
- 3.1.15 The Council's auditors will review the adopted accounting policies as part of the audit of the statement of accounts. There is also an expectation that the auditors will be able to evidence that the accounting policies have been approved by the Audit Committee in its capacity as 'Those Charged with Governance'. The Audit Committee is therefore asked to review the draft accounting policies as set out in Appendix 1.

3.2 Draft Statement of Accounts and External Audit 2025/26

- 3.2.1 As previously reported to Audit Committee, work is underway for the 2025/26 draft accounts, with good progress against the closing plan.
- 3.2.2 For 2025/26, the statutory deadline for publication of the draft accounts will be 30 June 2026. The public inspection period will commence on 1 July 2026 for 30 working days.
- 3.2.3 The Annual Governance Statement must be approved by the Audit Committee ahead of the commencement of the public inspection period. This is to be presented Audit Committee under a separate item at this meeting.
- 3.2.4 Under the Accounts and Audit Regulations as amended in 2024, the 2025/26 accounts need to be published with a corresponding audit opinion by the backstop date of 31 January 2027. The timing of the main audit is subject to agreement, however, at this stage, officers are working on the assumption that it will take place over the autumn with the aim of achieving the statutory deadline.

4 Policy/Budget Reference and Implications

- 4.1 The recommendations in this report are within the Council's agreed policy and budgets.

5 Financial Implications

- 5.1 The Director of Finance comments that there are no financial implications arising directly from this report.

Data Quality

Data sources:

None used in the preparation of this report

Background Papers

None

APPENDICES / ATTACHMENTS

Appendix 1 – Draft Accounting Policies 2025/26



1. Accounting Policies

2.1 General Principles

The Statement of Accounts summarises the Council's transactions for the 2024/25 financial year and its position at the year end of 31 March 2025. The Council is required to prepare an annual Statement of Accounts by The Accounts and Audit (England) Regulations 2015, which require these to be prepared in accordance with proper accounting practices. These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the Code). The Code prescribes guidance on the preparation of the Statement of Accounts, supported by International Financial Reporting Standards (IFRS) (and statutory guidance issued under section 12 of the 2003 Act). The accounting convention adopted in the Statement of Accounts is principally historical cost, modified by the revaluation of certain categories of non-current assets and financial instruments. The Statement of Accounts has been prepared on a 'going concern' basis.

2.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- revenue from the sale of goods is recognised when the Council transfers the significant risks and rewards of ownership to the purchaser and it is probable that economic benefits or service potential associated with the transaction will flow to the Council
- revenue from the provision of services is recognised when the Council can measure reliably the percentage of completion of the transaction and it is probable that economic benefits or service potential associated with the transaction will flow to the Council
- supplies are recorded as expenditure when they are consumed — where there is a gap between the date supplies are received and their consumption, they are carried as inventories on the Balance Sheet
- expenses in relation to services received (including services provided by employees) are recorded as expenditure when the services are received rather than when payments are made
- interest receivable on investments and payable on borrowings is accounted for respectively as income and expenditure on the basis of the effective interest rate for the relevant financial instrument, rather than the cash flows fixed or determined by the contract
- Where revenue and expenditure have been recognised, but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet. Where debts may not be settled, the balance of debtors is written down and a charge made to revenue for the income that might not be collected.

2.3 Cash and Cash Equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Cash Flow Statement, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and form an integral part of the Council's cash management. The Council has no overdraft facility.

2.4 Prior Period Adjustments, Changes in Accounting Policies, and Estimates and Errors

Prior period adjustments may arise as a result of a change in accounting policies or to correct a material error. Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change and do not give rise to a prior period adjustment.

Changes in accounting policies are only made when required by proper accounting practices or the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the Council's financial position or financial performance. Where a change is made, it is applied retrospectively (unless stated otherwise) by adjusting opening balances and comparative amounts for the prior period, as if the new policy had always been applied.

Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

2.5 Charges to Revenue for Non-Current Assets

Services, support services and trading accounts are debited with the following amounts to record the cost of holding non-current assets during the year:-

- depreciation attributable to the assets used by the relevant service;
- revaluation and impairment losses on assets used by the service where there are no accumulated gains in the Revaluation Reserve against which the losses can be written off; and
- amortisation of intangible non-current assets attributable to the service.

The Council is not required to raise council tax to fund depreciation, revaluation and impairment losses or amortisations. These entries are adjusted through the Movement in Reserves Statement (MIRS).

2.6 Employee Benefits

Benefits Payable During Employment

Short-term employee benefits are those due to be settled within 12 months of the year-end. They include such benefits as wages and salaries, paid annual leave and paid sick leave,

bonuses and non-monetary benefits (e.g. cars) for current employees and are recognised as an expense for services in the year in which employees render service to the Council.

An accrual is made for the cost of holiday entitlements (or any form of leave, e.g. time off in lieu) earned by employees but not taken before the year-end which employees can carry forward into the next financial year. The accrual is made at the salary rates applicable in the following accounting year, being the period in which the employee takes the benefit. The accrual is charged to Surplus or Deficit on the Provision of Services, but then reversed out through the MIRS so that holiday benefits are charged to revenue in the financial year in which the holiday absence occurs.

Termination Benefits

Termination benefits are amounts payable as a result of a decision by the Council to terminate an officer's employment before the normal retirement date or an officer's decision to accept voluntary redundancy and are charged on an accruals basis to the Non-Distributed Costs line in the Comprehensive Income and Expenditure Statement (**CIES**) when the Council is demonstrably committed to the termination of the employment of an officer, or group of officers, or making an offer to encourage voluntary redundancy.

Where termination benefits involve the enhancement of pensions, statutory provisions require the General Fund Balance to be charged with the amount payable by the Council to the pension fund or pensioner in the year, not the amount calculated according to the relevant accounting standards. In the MIRS, appropriations are required to and from the Pensions Reserve to remove the notional debits and credits for pension enhancement termination benefits and replace them with debits for the cash paid to the pension fund and pensioners and any such amounts payable but unpaid at the year-end.

Post-Employment Benefits

Employees of the Council are members of the Local Government Pension Scheme, administered by Hertfordshire County Council. The scheme provided defined benefits to members (retirement lump sums and pensions), earned as employees who worked for the Council. The schemes arrangements are summarised as follows:-

The Local Government Pension Scheme

The Local Government Scheme is accounted for as a defined benefits pension scheme:

- the liabilities of Hertfordshire County Council Pension Fund attributable to the Council are included in the Balance Sheet on an actuarial basis using the projected unit method i.e. an assessment of the future payments that will be made in relation to retirement benefits earned to date by employees, based on assumptions about mortality rates, employee turnover rates, etc, and projections of projected earnings for current employees;
- liabilities are discounted to their value at current prices, using a discount rate of 3.6%-3.8% (based on the indicative rate of return on high quality corporate bonds); and

- the assets of Hertfordshire County Council (HCC) Pension Fund attributable to the Council are included in the Balance Sheet at their bid value as required by International Accounting Standard (IAS) 19. Full details of the assets held by the Fund are disclosed as part of the Pension scheme disclosure.

The change in the net pension liability is analysed into seven components:

- current service cost — the increase in liabilities as a result of years of service earned this year — allocated in the CIES to the services for which the employees worked;
- past service cost — the increase in liabilities arising from current year decisions which relate to years of service earned in earlier years — debited to the Surplus or Deficit on the Provision of Services in the CIES as part of Non-Distributed Costs;
- interest cost — the expected increase in the present value of liabilities during the year as they move one year closer to being paid — debited to the Financing and Investment Income and Expenditure line in the CIES;
- expected return on assets — the annual investment return on the fund assets attributable to the Council, based on an average of the expected long-term return credited to the Financing and Investment Income and Expenditure line in the CIES;
- gains or losses on settlements and curtailments — the result of actions to relieve the Council of liabilities or events that reduce the expected future service or accrual of benefits of employees — debited or credited to the Surplus or Deficit on the Provision of Services in the CIES as part of Non-Distributed Costs
- actuarial gains and losses — changes in the net pensions liability that arise because events have not coincided with assumptions made at the last actuarial valuation or because the actuaries have updated their assumptions — credited to the Comprehensive income and expenditure - Other Comprehensive Income and Expenditure line and reversed through the Movement in Reserves to the Pensions Reserve; and
- contributions paid to the HCC pension fund — cash paid as employer's contributions to the pension fund in settlement of liabilities; not accounted for as an expense in the CIES.

In relation to retirement benefits, statutory provisions require the General Fund Balance to be charged with the amount payable by the Council to the pension fund or directly to pensioners in the year, not the amount calculated according to the relevant accounting standards. In the MIRS this means that there are appropriations to and from the Pensions Reserve to remove the notional debits and credits for retirement benefits and replace them with debits for the cash paid to the pension fund and pensioners and any such amounts payable but unpaid at the year-end. The negative balance that arises on the Pensions Reserve thereby measures the beneficial impact to the General Fund of being required to account for retirement benefits on the basis of cash flows, rather than as benefits earned by employees.

Discretionary Benefits

The Council also has restricted powers to make discretionary awards of retirement benefits in the event of early retirements. Any liabilities estimated to arise as a result of an award to any member of staff are accrued in the year of the decision to make the award and accounted for using the same policies as are applied to the Local Government Pension Scheme.

2.7 Financial Instruments

Financial Liabilities

Financial liabilities are recognised on the Balance Sheet when the Council becomes a party to the contractual provisions of a financial instrument and are initially measured at fair value and are carried at their amortised cost.

Financial Assets - Loans and Receivables

Financial assets are classified based on a classification and measurement approach that reflects the business model for holding the financial assets and their cash flow characteristics. The authority's business model is to hold investments to collect contractual cash flows. Financial assets are therefore classified as amortised cost, except for those whose contractual payments are not solely payment of principal and interest (i.e. where the cash flows do not take the form of a basic debt instrument).

Financial Assets Measured at Amortised Cost

Financial assets measured at amortised cost are recognised on the Balance Sheet when the authority becomes a party to the contractual provisions of a financial instrument and are initially measured at fair value. They are subsequently measured at their amortised cost. Annual credits to the Financing and Investment Income and Expenditure line in the CIES for interest receivable are based on the carrying amount of the asset multiplied by the effective rate of interest for Statements the instrument. For most of the financial assets held by the authority, this means that the amount presented in the Balance Sheet is the outstanding principal receivable (plus accrued interest) and interest credited to the CIES is the amount receivable for the year in the loan agreement.

Any gains and losses that arise on de-recognition of an asset are credited or debited to the Financing and Investment Income and Expenditure line in the CIES.

Expected Credit Loss Model

The authority recognises expected credit losses on all of its material financial assets held at amortised cost [or where relevant FVOCI], either on a 12-month or lifetime basis. The expected credit loss model also applies to material lease receivables and contract assets. Only lifetime losses are recognised for trade receivables (debtors) held by the authority.

Impairment losses are calculated to reflect the expectation that the future cash flows might not take place because the borrower could default on their obligations. Credit risk plays a crucial part in assessing losses. Where risk has increased significantly since an instrument was initially recognised, losses are assessed on a lifetime basis. Where risk has not increased significantly or remains low, losses are assessed on the basis of 12-month expected losses.

The Expected Credit Loss Model is not applied to debts related to Council Tax and Non Domestic Rates.

Financial Assets Measured at Fair Value through Profit of Loss (FVPL)

Financial assets that are measured at FVPL are recognised on the Balance Sheet when the authority becomes a party to the contractual provisions of a financial instrument and are initially measured and carried at fair value. Fair value gains and losses are recognised as they arrive in the Surplus or Deficit on the Provision of Services.

The fair value measurements of the financial assets are based on the following techniques:

- instruments with quoted market prices –the market price; and
- other instruments with fixed and determinable payments –discounted cash flow analysis.

2.8 Government Grants and Contributions

Whether paid on account, by instalments or in arrears, government grants and third party contributions and donations are recognised as due to the Council when there is reasonable assurance that:

- the Council will comply with the conditions of the payment; and
- the grants or contributions will be received.

Amounts recognised as due to the Council are not credited to the CIES until conditions attached to the grant or contribution have been satisfied. Conditions are stipulations that specify that the future economic benefits or service potential embodied in the asset acquired using the grant or contribution are required to be consumed by the recipient as specified, or future economic benefits or service potential must be returned to the transferor.

Monies advanced as grants and contributions for which conditions have not been satisfied are carried in the Balance Sheet as creditors. When conditions are satisfied, the grant or contribution is credited to the relevant service line (attributable revenue grants and contributions) or Taxation and Non-Specific Grant Income (non-ringfenced revenue grants and all capital grants) in the CIES.

Where capital grants are credited to the CIES, they are reversed out of the General Fund Balance in the MIRS. Where the grant has yet to be used to finance capital expenditure, it is posted to the Capital Grants Unapplied reserve. Where it has been applied, it is posted to the Capital Adjustment Account. Amounts in the Capital Grants Unapplied Reserve are transferred to the Capital Adjustment Account once they have been applied to fund capital expenditure.

2.9 Intangible Assets

Expenditure on non-monetary assets that do not have physical substance but are controlled by the Council as a result of past events (e.g. software licences) is capitalised when it is expected that future economic benefits or service potential will flow from the intangible asset to the Council.

Internally generated assets are capitalised where it is demonstrable that the project is technically feasible and is intended to be completed (with adequate resources being available) and the Council will be able to generate future economic benefits or deliver service potential by being able to sell or use the asset. Expenditure is capitalised where it can be measured reliably as attributable to the asset and is restricted to that incurred during the development phase (research expenditure cannot be capitalised).

Expenditure on the development of websites is not capitalised if the website is solely or primarily intended to promote or advertise the Council's goods or services.

Intangible assets are measured initially at cost. Amounts are only revalued where the fair value of the assets held by the Council can be determined by reference to an active market. In practice, no intangible asset held by the Council meets this criterion, and they are therefore carried at amortised cost. The depreciable amount of an intangible asset is amortised over its useful life to the relevant service line(s) in the CIES.

An asset is tested for impairment whenever there is an indication that the asset might be impaired — any losses recognised are posted to the relevant service line(s) in the CIES. Any gain or loss arising on the disposal or abandonment of an intangible asset is posted to the Other Operating Expenditure line in the CIES.

Where expenditure on intangible assets qualifies as capital expenditure for statutory purposes, amortisation, impairment losses and disposal gains and losses are not permitted to have an impact on the General Fund Balance. The gains and losses are therefore reversed out of the General Fund Balance in the MIRS and posted to the Capital Adjustment Account and (for any sale proceeds greater than £10,000) the Capital Receipts Reserve.

Where there is intangible asset expenditure of an immaterial nature, the Council's policy is that these be capitalised and then written off in-year.

2.10 Inventories and Long Term Contracts

Inventories are included in the Balance Sheet at the lower of cost or net realisable value.

Long term contracts are accounted for on the basis of charging the Surplus or Deficit on the Provision of Services with the value of works and services received under the contract during the financial year.

2.11 Investment Property

Investment properties are those that are used solely to earn rentals and/or for capital appreciation. The definition is not met if the property is used in any way to facilitate the delivery of services, for the provision of community benefit, for the purpose of economic development and regeneration, production of goods, or is held for sale.

Investment properties are measured initially at cost and subsequently at fair value, based on the amount at which the asset could be exchanged between knowledgeable parties at arm's-length. Properties are not depreciated.

The Council's policy so to revalue investment Properties annually according to market conditions at the year-end to ensure accuracy of valuation as part of its approach to managing investments. Gains and losses on revaluation are posted to the Financing and Investment Income and Expenditure line in the CIES. The same treatment is applied to gains and losses on disposal.

Rentals received in relation to investment properties are credited to the Financing and Investment Income line and result in a gain for the General Fund Balance. However, revaluation and disposal gains and losses are not permitted by statutory arrangements to have an impact on the General Fund Balance. The gains and losses are therefore reversed out of the General Fund Balance in the MIRS and posted to the Capital Adjustment Account and the Capital Receipts Reserve.

2.12 Leases

The Council adopted IFRS16 Leases with effect from 1 April 2024. At the inception of a contract, the Council assesses whether a contract contains a lease. A contract contains a lease if it conveys the right to control the use of an identified asset for a period of time. The Council considers:

- whether the asset is explicitly or implicitly identified in a contract,
- whether the asset identified in the contract is physically distinct,
- the rights to obtain substantially all of the economic benefits and service potential from the asset,
- the right to direct use.

Leases are classified as finance leases where the terms of the lease transfer substantially all the risks and rewards incidental to ownership of the property, plant or equipment from the lessor to the lessee. All other leases are classified as operating leases.

Leases at peppercorn or nominal lease payments are those leases for which consideration is paid but the lease payments are substantially below market lease payments.

Where a lease covers both land and buildings, the land and buildings elements are considered separately for classification.

Arrangements that do not have the legal status of a lease but convey a right to use an asset in return for payment are accounted for under this policy where fulfilment of the arrangement is dependent on the use of specific assets.

The Council as Lessee – A Right-of-Use Asset

The Code expands the scope of IFRS 16 Leases to include arrangements with nil consideration, peppercorn or nominal payments, and removes the previous classifications of operating and finance leases for lessees.

Initial Measurement

Leases are recognised as right-of-use assets in the Balance Sheet/disclosure note with a corresponding liability at the date from the commencement date.

The right-of-use asset is initially measured at cost, comprising:

- **the amount of the initial measurement of the lease liability,**
- **any lease payments made at or before the commencement date less any incentives received,**
- **any initial direct costs incurred, and**
- **any dilapidation or restoration costs.**

However, for peppercorn, nominal payments or nil consideration leases, the asset is measured at fair value at the commencement date.

The asset recognised is matched by a liability for the obligation to pay the lessor. The lease liability is measured at the present value of lease payments that are not paid at that date, discounted by the interest rate implicit in the lease, or if that cannot be determined the lessee's incremental borrowing rate specific to the term and start date of the lease.

Subsequent measurement

The right-of-use asset is subsequently measured at fair value.

The right-of-use asset is depreciated straight-line over the shorter period of remaining lease term and useful life of the underlying asset as at the date of adoption, and is tested for impairment if there are indicators of impairment.

The lease liability is subsequently measured at amortised cost, using the effective interest method.

The lease liability, and corresponding adjustment to the right-of-use asset, is remeasured when:

- there is a change in future lease payments arising from a change in index or rate such as inflation
- there is a change in the estimate of the amount expected to be payable under a residual value guarantee

- the Council changes its assessment of whether it will exercise a purchase, extension or termination option, or
- there is a change in the lease term.

When such a remeasurement occurs, a corresponding adjustment is made to the carrying amount of the right-of-use asset, with any further adjustment required from remeasurement being recorded in the income statement.

Property, Plant and Equipment recognised under leases is accounted for using the policies applied generally to such assets, subject to depreciation being charged over the lease term if this is shorter than the asset's estimated useful life (where ownership of the asset does not transfer to the Council at the end of the lease period).

The Council has elected to apply recognition exemptions to low value assets (those below £10,000 when new) and to short term leases (leases that expire on or before 31 March 2026, and new leases with a duration of less than 12 months) in accordance with the Code.

The Council is not required to raise council tax to cover depreciation or revaluation and impairment losses arising on leased assets. Instead, a prudent annual contribution is made from revenue funds towards the deemed capital investment in accordance with statutory requirements. Depreciation and revaluation and impairment losses are therefore substituted by a revenue contribution in the General Fund Balance, by way of an adjusting transaction with the Capital Adjustment Account in the Movement in Reserves Statement.

The Council as Lessor

Finance Leases

Where the Council grants a finance lease over a property or an item of plant or equipment, the relevant asset is written out of the Balance Sheet as a disposal. At the commencement of the lease, the carrying amount of the asset in the Balance Sheet (whether Property, Plant and Equipment or Assets Held for Sale) is written off to the Other Operating Expenditure line in the Comprehensive Income and Expenditure Statement as part of the gain or loss on disposal. A gain, representing the Council's net investment in the lease, is credited to the same line in the Comprehensive Income and Expenditure Statement also as part of the gain or loss on disposal (i.e. netted off against the carrying value of the asset at the time of disposal), matched by a lease (long-term debtor) asset in the Balance Sheet.

Lease rentals receivable are apportioned between:

- a charge for the acquisition of the interest in the property — applied to write down the lease debtor (together with any premiums received); and
- finance income (credited to the Financing and Investment Income and Expenditure line in the Comprehensive Income and Expenditure Statement).

The gain credited to the Comprehensive Income and Expenditure Statement on disposal is not permitted by statute to increase the General Fund Balance and is required to be treated as a

capital receipt. Where a premium has been received, this is posted out of the General Fund Balance to the Capital Receipts Reserve in the Movement in Reserves Statement. Where the amount due in relation to the lease asset is to be settled by the payment of rentals in future financial years, this is posted out of the General Fund Balance to the Deferred Capital Receipts Reserve in the Movement in Reserves Statement. When the future rentals are received, the element for the capital receipt for the disposal of the asset is used to write down the lease debtor. At this point, the deferred capital receipts are transferred to the Capital Receipts Reserve.

The written-off value of disposals is not a charge against council tax, as the cost of non-current assets is fully provided for under separate arrangements for capital financing. Amounts are therefore appropriated to the Capital Adjustment Account from the General Fund Balance in the Movement in Reserves Statement.

Operating Leases

Where the Council grants an operating lease over a property or an item of plant or equipment, the asset is retained in the Balance Sheet. Rental income is credited to the Other Operating Expenditure line in the Comprehensive Income and Expenditure Statement. Credits are made on a straight-line basis over the life of the lease, even if this does not match the pattern of payments (e.g. there is a premium paid at the commencement of the lease). Initial direct costs incurred in negotiating and arranging the lease are added to the carrying amount of the relevant asset and charged as an expense over the lease term on the same basis as rental income.

Sale and Leaseback transactions – Where the Council (the seller–lessee) transfers an asset to another entity (the buyer–lessor) and leases that asset back from the buyer–lessor, both the seller–lessee and the buyer–lessor shall account for the transfer contract and lease.

2.13 Overheads and Support Services

The costs of overheads and support services are not charged to those service segments that benefit from the supply or service in accordance with the costing principles of the CIPFA Service Reporting Code of Practice 2016/17 (SERCOP).

However, the costs of overheads and support services are accounted for as separate headings in the CIES.

2.14 Property, Plant and Equipment

Assets that have physical substance and are held for use in the production or supply of goods or services, for rental to others, or for administrative purposes and that are expected to be used during more than one financial year are classified as Property, Plant and Equipment.

Recognition

Expenditure on the acquisition, creation or enhancement of Property, Plant and Equipment is capitalised on an accruals basis, provided that it is probable that the future economic benefits or service potential associated with the item will flow to the Council and the cost of the item can

be measured reliably. Expenditure that maintains but does not add to an asset's potential to deliver future economic benefits or service potential (i.e. repairs and maintenance) is charged as an expense when it is incurred.

Measurement

Assets are initially measured at cost, comprising:

- the purchase price
- any costs attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

The Council does not capitalise borrowing costs incurred whilst assets are under construction.

The cost of assets acquired other than by purchase is deemed to be its fair value, unless the acquisition does not have commercial substance (i.e. it will not lead to a variation in the cash flows of the Council). In the latter case, where an asset is acquired via an exchange, the cost of the acquisition is the carrying amount of the asset given up by the Council.

Donated assets are measured initially at fair value. The difference between fair value and any consideration paid is credited to the Taxation and Non-Specific Grant Income line of the CIES, unless the donation has been made conditionally. Until conditions are satisfied, the gain is held in the Donated Assets Account.

Where gains are credited to the CIES, they are reversed out of the General Fund Balance to the Capital Adjustment Account in the MIRS.

It should be noted that at present the Council has no donated assets.

Assets are then carried in the Balance Sheet using the following measurement bases:

- Infrastructure, community assets and assets under construction — depreciated historical
- All other assets — fair value, determined as the amount that would be paid for the asset in its existing use (Existing Use Value — EUV).

Where there is no market-based evidence of fair value because of the specialist nature of an asset, depreciated replacement cost (DRC) is used as an estimate of fair value.

Where non-property assets that have short useful lives or low values (or both), depreciated historical cost basis is used as a proxy for fair value.

Assets included in the Balance Sheet at fair value are revalued sufficiently regularly to ensure that their carrying amount is not materially different from their fair value at the year-end.. The Council's policy is to revalue assets on the basis of a 5-year rolling programme.

In addition, should current valuations of a similar class of asset suggest material differences in valuations, the entire class to which the asset belongs would be revalued.

Asset Valuations are also supported by Indexation in intervening years or alternatively, a desktop valuation in year three where no suitable index is available. Where non-property assets

have short useful lives or low values (or both), depreciated historical cost basis is used as a proxy for fair value and indexation is not applied.

The current valuers have undertaken a market review of individual asset types within the Council's portfolio at year end to identify any material changes to the fair value of assets. Increases in valuations are matched by credits to the Revaluation Reserve to recognise unrealised gains. Exceptionally, gains might be credited to the CIES where they arise from the reversal of a loss previously charged to a service.

When decreases in value are identified:

- where there is a balance of revaluation gains for the asset in the Revaluation Reserve, the carrying amount of the asset is written down against that balance (up to the amount of the accumulated gains); or
- where there is no balance in the Revaluation Reserve or an insufficient balance, the carrying amount of the asset is written down against the relevant service line(s) in the CIES.

The Revaluation Reserve contains revaluation gains recognised since 1 April 2007 only, the date of its formal implementation. Gains arising before that date have been consolidated into the Capital Adjustment Account.

Impairment

Assets are assessed at each year-end as to whether there is any indication that an asset may be impaired. Where indications exist and any possible differences are estimated to be material, the recoverable amount of the asset is estimated and, where this is less than the carrying amount of the asset, an impairment loss is recognised for the shortfall.

When impairment losses are identified:

- where there is a balance of revaluation gains for the asset in the Revaluation Reserve, the carrying amount of the asset is written down against that balance (up to the amount of the accumulated gains), or
- where there is no balance in the Revaluation Reserve or an insufficient balance, the carrying amount of the asset is written down against the relevant service line(s) in the CIES.

Where an impairment loss is reversed subsequently, the reversal is credited to the relevant service line(s) in the CIES, up to the amount of the original loss, adjusted for depreciation that would have been charged if the loss had not been recognised.

Depreciation

Depreciation is provided for on all Property, Plant and Equipment assets by the systematic allocation of their depreciable amounts over their useful lives. An exception is made for assets without a determinable finite useful life (i.e. freehold land and certain Community Assets) and assets that are not yet available for use (i.e. assets under construction).

Depreciation is calculated on the opening value of the asset using the following bases:-

- Buildings — straight-line allocation over the useful life of the asset as estimated by the valuer - up to 50 years;
- Vehicles — straight-line over the estimated life of the asset - up to 20 years;
- Plant, furniture and equipment — straight-line over the estimated life of the asset - up to 20 years;
- Infrastructure — straight-line over the estimated life of the asset - up to 25 years; and
- Finance leases — over the life on the underlying asset or over the life of the lease where there is no option to acquire the asset at the end of the lease.

Depreciation commences in the year following acquisition.

Where an item of Property, Plant and Equipment asset has major components whose cost is significant in relation to the total cost of the item, the components are depreciated **separately**, in order to ensure the depreciation charge is realistic.

Revaluation gains are also depreciated, with an amount equal to the difference between current value depreciation charged on assets and the depreciation that would have been chargeable based on their historical cost being transferred each year from the Revaluation Reserve to the Capital Adjustment Account.

Where an asset with accumulated depreciation is revalued, accumulated depreciation is eliminated from the carrying value of the asset.

Disposals of Non-current Assets

When an asset is disposed of or decommissioned, the carrying amount of the asset in the Balance Sheet (whether Property, Plant and Equipment or Assets Held for Sale) is written off to the Other Operating Expenditure line in the CIES as part of the gain or loss on disposal. Receipts from disposals (if any) are credited to the same line in the CIES also as part of the gain or loss on disposal (i.e. netted off against the carrying value of the asset at the time of disposal). Any revaluation gains accumulated for the asset in the Revaluation Reserve are transferred to the Capital Adjustment Account.

Amounts received for a disposal in excess of £10,000 are categorised as capital receipts.

The written-off value of disposals is not a charge against council tax, as the cost of non-current assets is fully provided for under separate arrangements for capital financing. Amounts are appropriated to the Capital Adjustment Account from the General Fund Balance in the Movement in Reserves Statement.

Construction Contracts

Where the outcome of a construction contract can be estimated reliably, revenue and costs are recognised by reference to the stage of completion of the contract activity at the balance sheet

date. This is normally measured by the proportion that contract costs incurred for work performed to date bear to the estimated total contract costs, except where this would not be representative of the stage of completion. Variations in contract work, claims and incentive payments are included to the extent that the amount can be measured reliably and its receipt is considered probable.

Where the outcome of a construction contract cannot be estimated reliably, contract revenue is recognised to the extent of contract costs incurred where it is probable they will be recoverable. Contract costs are recognised as expenses in the period in which they are incurred. When it is probable that total contract costs will exceed total contract revenue, the expected loss is recognised as an expense immediately.

2.15 Heritage Assets

Heritage Assets are held with the objective of increasing knowledge, understanding and the appreciation of the Council's history and local area. Heritage Assets are recognised and measured (including the treatment of revaluation gains and losses) in accordance with the Council's accounting policies on property, plant and equipment. However, some of the measurement rules have been simplified in relation to heritage assets as detailed below.

The Heritage Assets are relatively static and acquisitions, donations and disposals are rare. Where acquisitions do occur, they are initially recognised at cost and donations are recognised at valuation ascertained by insurance officers, museum curators or external valuers. Proceeds from the disposal of Heritage Assets are accounted for in accordance with the Council's general policies relating to the disposals of property, plant and equipment. The Council has a rolling programme of major repair and restoration of its heritage assets and therefore the assets are deemed to have indefinite lives and the Council does not consider it necessary to charge depreciation.

The Council's collection of Heritage Assets, which includes works of art, musical equipment, sculptures, statues, war memorials and civic regalia, are reported at insurance valuations, which are based on market values, internal or external valuations. These insurance valuations are reviewed and updated on an annual basis. The carrying amounts of heritage assets are reviewed where there is evidence of impairment or where an item has suffered physical deterioration or breakage. Any impairment is recognised and measured in accordance with the Council's general policy on impairment.

2.16 Provisions, Contingent Liabilities and Contingent Assets

Provisions

Provisions are made where an event has taken place that gives the Council a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential, and a reliable estimate can be made of the amount of the obligation. For instance, the Council may be involved in a court case that could eventually result in the making of a settlement or the payment of compensation.

Provisions are charged as an expense to the appropriate service line in the CIES in the year that the Council becomes aware of the obligation, and are measured at the best estimate at the

balance sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made, they are charged to the provision carried in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year — where it becomes less than probable that a transfer of economic benefits will now be required (or a lower settlement than anticipated is made), the provision is reversed and credited back to the relevant service.

Where some or all of the payment required to settle a provision is expected to be recovered from another party (e.g. from an insurance claim), this is only recognised as income for the relevant service if it is virtually certain that reimbursement will be received if the Council settles the obligation.

The level of provisions is reviewed annually by the Council.

Contingent Liabilities

A contingent liability arises where an event has taken place that gives the Council a possible obligation whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the Council. Contingent liabilities also arise in circumstances where a provision would otherwise be made but either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent liabilities are not recognised in the Balance Sheet but disclosed in a note to the accounts.

Contingent Assets

A contingent asset arises where an event has taken place that gives the Council a possible asset whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the Council.

Contingent assets are not recognised in the Balance Sheet but disclosed in a note to the accounts where it is probable that there will be an inflow of economic benefits or service potential.

2.17 Reserves

The Council sets aside specific amounts as reserves for future policy purposes or to cover contingencies. Reserves are created by appropriating amounts out of the General Fund Balance in the MIRS. When expenditure to be financed from a reserve is incurred, it is charged to the appropriate service in that year to score against the Surplus or Deficit on the Provision of Services in the CIES. The reserve is then appropriated back into the General Fund Balance in the MIRS so that there is no net charge against council tax for the expenditure.

Certain reserves are kept to manage the accounting processes for non-current assets, financial instruments, retirement and employee benefits and do not represent usable resources for the Council — these reserves are explained in the relevant policies.

2.18 Revenue Expenditure Funded from Capital under Statute

Expenditure incurred during the year that may be capitalised under statutory provisions but that does not result in the creation of a non-current asset has been charged as expenditure to the relevant service in the CIES in the year. Where the Council has determined to meet the cost of this expenditure from existing capital resources or by borrowing, a transfer in the MIRS from the General Fund Balance to the Capital Adjustment Account then reverses out the amounts charged so that there is no impact on the level of council tax.

2.19 Value Added Tax (VAT)

VAT payable is included as an expense only to the extent that it is not recoverable from His Majesty's Revenue and Customs. VAT receivable is excluded from income.

2.20 Jointly Controlled Operations and Jointly Controlled Assets

Jointly controlled operations are activities undertaken by the Council in conjunction with other organisations, that involve the use of assets and resources of the Council and organisations without the establishment of a separate legal entity.

The Council recognises the assets and liabilities it controls on the Council's balance sheet. Expenditure incurred by the Council and income it earns from the operation is included in the Council's CIES.

Jointly controlled assets are items of property, plant or equipment that are jointly controlled by the Council and other organisations. The assets being used to obtain benefit to the Council and organisations. The arrangement does not involve the formation of a legal entity.

An agreement exists between Dacorum Borough Council, Hertsmere Borough Council, St Albans City & District Council, Three Rivers District Council and Watford Borough Council to constitute a West Herts Crematorium Joint Committee under the Local Government Act 2000.

The Joint Committee has one member from each of the constituent Councils. One Watford Councillor represents the Council on the Joint Committee. The Council's Managing Director is the Clerk to the Joint Committee. Three Rivers District Council provide the Treasurer.

Three Rivers District Council is appointed by the Joint Committee to act as the Lead Authority delivering crematoria services. Transactions and balances related to income and expenditure, assets and liabilities are consolidated in full in the Council's single entity financial statements.

2.21 Single Entity Financial Statements

The financial statements presented by a parent, an investor in an associate or a venturer in a joint venture (jointly controlled entity) in which the investments are accounted for on the basis of the direct equity interest (i.e. at cost) rather than on the basis of the reported results and net assets of the investees. In the context of the Code, an Authority's single entity financial statements are deemed to be separate financial statements.

2.22 Group Accounts are the financial statements of an entity together with:-

- its subsidiary undertakings,
- its investments in associates, and
- its interests in joint ventures (jointly controlled entities); presented as a single economic entity.

Subsidiary undertakings are accounted for in accordance with the implementation of IAS27 (International Accounting Standard 27) in the 2019/20 Code. The 2019/20 Code requires consolidation of subsidiaries. Consolidation is a method of accounting whereby an entity combines the financial statements of the parent and its subsidiaries line by line by adding together like items of assets, liabilities, reserves, income and expenses. In order that the consolidated financial statements present financial information about the group as that of a single economic entity, the following steps are then taken:-

- the carrying amount of the parent's investment in each subsidiary and the parent's portion of reserves of each subsidiary are eliminated;
- any non-controlling interest is identified and separately disclosed;
- intragroup balances and transactions, including income, expenses and dividends, are eliminated in full.

Investments in associates are accounted for in accordance with the implementation of IAS28 in the Code. The Code requires the consolidation of an entity's interest in associates. Joint ventures are accounted for in accordance with the implementation of IFRS 11 in the Code. The Code requires use of the "equity method" of accounting whereby the investment is initially recognised at cost and adjusted thereafter for the post acquisition change in the investor's share of the net assets of the investee. The profit or loss of the investor includes the investor's share of the profit or loss of the investee.

Turnover (for Group Accounts)

Turnover in respect of property development is recognised on unconditional exchange of contracts on disposals of finished developments.

Where construction of pre-sold developments is under-taken, the revenue and profits are recognised in accordance with IFRIC 15. Revenue is determined by independently certified milestones.

Taxation (for Group Accounts)

Taxation on all profits is solely the personal liability of individual members. Consequently, neither taxation nor related deferred taxation arising in respect of Three Rivers Homes LLP or Three Rivers Homes Ltd are accounted for in these financial statements.

Subscription and Repayment of Members' Capital (for Group Accounts)

The capital requirements of the LLP are reviewed from time to time by the Board and further capital contributions may be made at the discretion of the members. No interest is charged on capital except pursuant to a dissolution, no capital can be withdrawn by a member unless agreed by all members.

Allocation of Profits and Drawings (for Group Accounts)

The allocation of profits to those who were members during the financial period occurs following the finalisation of the annual financial statements.

The allocation of profits between members is determined by entitlements outlined in the Members' Agreement and is dependent on certain profit criteria being achieved. In accordance with the SORP as a consequence of the LLPs profits being automatically divided in line with the entitlements outlined in the Members' Agreement these profits are treated as an expense in the profit and loss account.

Work in progress (for Group Accounts)

Development land and work in progress is included at cost less any losses foreseen in completing and disposing of the development less any amounts received or receivable as progress payments or part disposals. Where a property is being developed, cost includes cost of acquisition and development to date, including directly attributable fees, expenses and finance charges net of rental or other income attributable to the development. Where development property is not being actively developed, net rental income and finance costs are taken to the profit and loss account.

2.23 Fair Value

The Council measures some of its non-financial assets, such as surplus assets and investment properties, at fair value at each reporting date. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement assumes that the transaction to sell the asset or transfer the liability takes place either:

- In the principal market for the asset or liability, or
- In the absence of a principal market, in the most advantageous market for the asset or liability.

The Council measures the fair value of an asset or liability on the same basis that market participants would use when pricing the asset or liability (assuming those market participants were acting in their economic best interest).

When measuring the fair value of a non-financial asset, the Council takes into account a market participant's ability to generate economic benefits by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use.

The Council uses appropriate valuation techniques for each circumstance, maximising the use of relevant known data and minimising the use of estimates or unknowns. This takes into account the three levels of categories for inputs to valuations for fair value assets:

- Level 1 – quoted prices,
- Level 2 – inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly,

- Level 3 – unobservable inputs for the asset or liability.

Three Rivers District Council

Annual Governance Statement 2025/26

SCOPE OF RESPONSIBILITY

1. Three Rivers District Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for. The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
2. In discharging this overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.
3. Three Rivers District Council has approved and adopted a code of corporate governance which is consistent with the principles of the CIPFA/Solace Framework 'Delivering Good Governance in Local Government'. It is also in accordance with the requirements of the Accounts and Audit (England & Wales) Regulations 2015.
4. This Governance Statement explains how the Council has maintained sound governance during the 2025/26 financial year and also how the Council meets the requirements of regulation 6(1) of the Accounts and Audit Regulations 2015.

THE PURPOSE OF THE GOVERNANCE FRAMEWORK

5. The governance framework has been in place at the Council for the year ended 31 March 2026 and up to the date of approval of the annual report and statement of accounts. It comprises the systems and processes as well as the culture and values, by which the Council is directed and controlled and through which it accounts to, engages with and leads the community.
6. The governance framework enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate and cost-effective services.
7. The system of internal control is a significant part of this framework and is designed to manage risk to a reasonable level. However, it cannot eliminate all risk of failure to achieve policies, aims and objectives and, therefore, can only provide reasonable and not absolute assurance of effectiveness.
8. 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 to manage them efficiently, effectively and economically.

THE GOVERNANCE FRAMEWORK

9. The key elements of the systems and processes that comprise the Council's governance arrangements, as per the CIPFA 'Delivering Good Governance in Local Government: Framework – Addendum' include the following:

General

10. Three Rivers District Council operates a Committee model form of governance under the Localism Act 2011 ("the Act") and has done so since June 2014, with some further changes made in 2018. This has ensured that there is a more democratic approach to decision making in the organisation with no elected members having any individual executive power to make decisions and requiring Committees to be politically proportionate.
11. The Council's written Constitution sets out how the Council operates, how decisions are made including which decisions are delegated to the various Committees or to Officers under the scheme of delegation and the terms of reference for the various Committees. The procedures that are followed ensure that these are efficient, transparent and accountable to the local community. Some of these procedures are required by law as set out in the Act and regulations made there under, whilst others are adopted locally by the Council. The Constitution is reviewed at least annually and is available on the Council's website and intranet. Changes to the Constitution are presented to Full Council for approval with the exception of those that are delegated to the Chief Executive for approval.
12. The Council has an approved Local Code of Governance, a copy of which is included in Part 5 of the written Constitution. This sets out and describes its commitment to good governance and identifies the arrangements that have been and will continue to be made to ensure its ongoing effective implementation and application in all aspects of the Council's work. The Local Code of Governance is available on the Council's website.
13. The Council acknowledges its responsibility for internal control, and for ensuring that its systems maintain the integrity of accounting records and safeguard its assets. These systems provide reasonable assurance as to the reliability of financial information and maintain proper control over the income, expenditure, assets and liabilities of the Council. However, no system of internal control can provide absolute assurance against material misstatement or loss.
14. The Corporate Management Team is aware of the financial and other procedures and controls outlined in the Constitution, and senior officers are required to sign a declaration of compliance, in the form of a Management Assurance Statement, at the end of each year. This evidences amongst other things, that their staff are aware of and consistently apply the requirements of the Constitution.
15. Elected Members as decision-makers have to declare pecuniary and non-pecuniary interests, as defined under the Act, as and when they occur as well as formally recording this information in the Register of Members Interests which is available online. Each Councillor is personally responsible for keeping their entry in the Register up to date and are reminded of this obligation on an annual basis. Members have access to the Committee team and the Monitoring Officer for advice on declaration of interests at meetings.

Strategic Aims and Objectives

16. The Council and the Policy and Resources Committee meet regularly to set the strategic direction of the Council and together with the Audit Committee and the Service Committees, monitor service delivery.

17. Each year, the Council updates its Corporate Framework. This is a document that brings together our high level, medium to long-term objectives which, following consultation and analysis of data, the council considers to be its priorities for the district. The vision and objectives set out in the 2023/26 Corporate Framework are as follows;

18.

Vision

Three Rivers: A great place to live, work and visit.

We want Three Rivers to be a district:

- That is inclusive and where people feel they are welcome, belong and are safe
- Where people have access to good quality housing
- Where local infrastructure supports healthy lifestyles and addresses health inequalities
- Where our most vulnerable residents are supported
- That takes action to mitigate and adapt to the climate emergency and
- Where local people, organisations and businesses benefit from the prosperity of the district

Objectives

In order to realise our vision, our objectives are:

- To provide responsive and responsible local leadership by;
 - Listening to and understanding our communities and their changing needs
 - Continuing to develop and improve our Customer Experience
 - Promoting greater collaboration between organisations across and beyond the district
 - Managing a well-run Council that delivers efficient and effective services, prioritising our statutory responsibilities
 - Making responsible budget decisions that protect our core public services
- To expand our position as a great place to do business by;
 - Providing and nurture an attractive environment for sustainable business and “green” jobs
 - Attracting inward investment that delivers inclusive growth
 - Supporting and enable agile working cultures
 - Developing and raise the profile of our local cultural and wider visitor economy
 - Strengthening local entrepreneurial ecosystems
- To support and enable sustainable communities by;

- Improving the wellbeing of our residents by reducing Health Inequalities and bringing health services into the heart of communities
 - Maintaining and, where possible, expanding our leisure and cultural offer
 - Co-ordinating a Domestic Decarbonisation programme
 - Working collaboratively with partners to reduce violence, exploitation and the drivers of crime
 - Progressing towards approval of a new Local Plan that meets the needs of the district
 - Working with Communities to support those vulnerable to the cost of living crisis
- To achieve net carbon zero and be climate resilient by;
 - Making further progress towards the management of a Net Carbon Zero Council estate
 - Co-ordinating a domestic decarbonisation programme
 - Supporting local transition to a low carbon economy
 - Facilitating the design and implementation of sustainable, low carbon, infrastructure
 - Ensuring our emergency and public health plans account for more severe weather and its community impacts
 - Prioritizing climate adaptation efforts that explicitly help our most vulnerable populations
 - Maintaining our position as a top recycling authority in England.
 - Progressing towards approval of a new Local Plan that can secure the highest standards of environmental performance and sustainability in development.

19. Underpinning these overarching priorities are a series of measurable (SMART) objectives so that every member of staff and our community can feel fully engaged in the process. The Council is also the lead authority for the Local Strategic Partnership, which is made up of key stakeholders from Hertfordshire Police, Police and Crime Commissioner, Hertfordshire County Council, Parish Councils, Thrive Homes, Watford Community Housing Trust, West Herts College, Department of Work and Pensions (Job Centre), Voluntary and Business Sectors.

Decision Making Structures

20. During 2025/26 the senior management comprised of the Chief Executive, Director of Finance, Associate Director Legal and Democratic Services, Associate Director for Corporate, Customer and Community, Associate Director for Environment. Financial control was the responsibility of the Director of Finance. This combined management with heads of service met fortnightly as the Corporate Management Team to review and progress the key objectives of the council

21. Overall financial control is monitored on a quarterly basis by the Corporate Management Team (CMT) and Policy and Resources Committee. Budget preparation is centred around the development of the Council's Medium Term Financial Plan (MTFP) which takes into account budget pressures and available resources over the current year and three further years. This MTFP is approved by Council and financial performance is reported against this to CMT and members where variations to the plan are approved. The Council has the ultimate responsibility for approving the annual budget. The final accounts are subject to formal approval by the Audit Committee.

Constitution

- 22 The Council has a written Constitution which identifies community focus, service delivery arrangements, structures and processes, risk management, internal control arrangements and standards of conduct. This sets out how the Council takes decisions, roles and responsibilities of members and officers, codes of conduct and procedure rules and also sets out the rights of citizens. The Council's Constitution is available on the Council's website.
- 23 There are regular meetings of the Full Council, Policy and Resources Committee and the other Service and Regulatory Committees. Meetings are open to the public and written reports are available to the public through the Council's website. Information is only treated as confidential when it is necessary to do so for legal / commercial reasons in accordance with the provisions of the Local Government Act 1972 as amended.
- 24 Councillors are assisted in their policy and decision-making roles by the advice of staff with suitable qualifications and experience, under the leadership of the Chief Executive. All reports requiring a decision from members include comments on financial, legal, equalities, sustainability, community safety (as relevant) and other appropriate issues such as potential risks to non-achievement, all of which ensures that comprehensive advice is provided prior to decisions being taken.
- 25 Local Authorities operating a committee system do not have to have or appoint separate overview and scrutiny committees. The scrutiny function for health and community safety is undertaken by the Leisure Environment and Community Committee. At Three Rivers District Council the review and scrutiny of policy is co-ordinated through the Policy and Resources Committee.
- 26 The Council's protocols and procedures are reviewed and updated on a regular basis for standing orders, financial regulations, a scheme of delegation and supporting procedure notes/manuals clearly defining how decisions are taken and the process and controls required to manage risks. Compliance with established policies, procedures, laws and regulations is achieved through a combination of training events, written policy and procedural documentation, authorisation procedures, managerial supervision, review by internal and external audit and use of the disciplinary procedure where appropriate.
- 27 Codes of Conduct defining the standards of behaviour for members, staff, our partners and the community, have been developed and communicated and are available on the Council's website.
- 28 The Associate Director of Legal and Democratic Services is the Council's Monitoring Officer and duties include: maintaining the council's Constitution, reporting on any potential or actual illegality or maladministration, and giving advice to the Leader and councillors on the Constitution or issues of maladministration, financial impropriety or probity.
- 29 The Director of Finance is the statutory 151 Chief Finance Officer. Duties include: overall responsibility for financial administration, reporting on any actual or potential instances of illegality in expenditure including unlawful loss or deficiency or illegal items of account, and giving advice to the Council on financial planning.

Data Quality, Risk Management and Fraud

- 30 The Council has a performance management framework linked to the Council's Corporate Framework. The framework is based on the collection and interpretation of data in the form of performance indicators. The Council is committed to using accurate data to inform its decisions and has prepared a Data Quality Strategy to achieve this. The Council's committees review the Council's achievements against targets set for service delivery.
- 31 The governance framework is dependent upon the underlying system of internal control which is designed to manage risk to a reasonable level. The Council's approach to risk management is governed by its Risk Management Strategy. All of the Council's key objectives, including those in the Strategic Plan have been cascaded into service plans, and the barriers to their achievement (i.e. the risks) have been identified, assessed and managed through service plans. Risks have been identified and assessed for their impact and likelihood. Where they require managing, a risk treatment plan has been prepared which identifies the controls that exist to minimise the risk together with any further action that is required. Risks associated with the Council's partners are considered and risk management is embedded throughout the Council.
- 32 Business continuity and emergency planning are other key aspects within the governance framework and falls within the remit of the Risk Management corporate group.
- 33 The Council is committed to promoting a strong anti-fraud and corruption culture. The revised Anti-Fraud and Corruption Strategy approved in 2022 is the mechanism for achieving this commitment and aims to reduce losses to fraud and corruption to a minimum. Beating fraud is everyone's business, and the Council's internal arrangements are communicated throughout the Council, and publicly, demonstrating a culture and commitment to preventing fraud. The Council has a number of robust procedures and policies in place, which combined with executive support ensure that anti-fraud, bribery and corruption measures are embedded throughout the Council. This acts as an effective deterrent to fraudulent and corrupt activity and provides the means for reporting, detecting and preventing fraud, bribery or corruption. Having a holistic approach to tackling fraud is part of good governance.

Shared Services with Watford Borough Council

- 34 Three Rivers District Council has a shared service for Revenues and Benefits, ICT, Finance, Procurement, and Human Resources with Watford Borough Council.
- 35 From April 2014, the Governance arrangements for shared services changed to a lead authority model. Three Rivers District Council are responsible for providing Finance and Revenues and Benefits, whilst Watford Borough Council are responsible for the provision of ICT, Procurement and Human Resources. Shared Services Operational Board consisting of representatives of senior management from both councils is responsible for these services. The role of the Board covers:
- Monitoring performance and dealing with complaints from either authority.
 - Resolving conflicts between competing interests amongst the authorities.
 - Reviewing the governance arrangements.
 - Dealing with matters referred up to it by the Operations Board.

- Having overall supervision of the Shared Service.
- Receiving annual reports on each service within the shared service.
- Community engagement.

36 The Council has established clear channels of communication with all sections of the community and other stakeholders. It provides citizens and business with information about the Council and its spending through a leaflet that is distributed with council tax and business rate bills and the publication of a summary of its key financial information.

Partnership Arrangements

37 Building control services in Three Rivers District are provided by Hertfordshire Building Control. Hertfordshire Building Control is a jointly owned company. The shareholders of the company are Three Rivers District Council and seven other Hertfordshire local authorities. They are Dacorum Borough Council, Borough of Broxbourne, Hertsmere, East Herts Council, North Herts District Council, Welwyn and Hatfield Council and Stevenage Borough Council.

West Herts Crematorium is served by a joint committee between Three Rivers District Council, Dacorum Borough Council, St Albans, Hertsmere, and Watford Borough councils, with Three Rivers District Council taking on lead authority from 1 April 2024.

REVIEW OF EFFECTIVENESS

38 The Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of councillors, the officers who have responsibility for the development and maintenance of the governance environment, the Annual Report of the Head of Assurance for the Shared Internal Audit Service and also by comments made by the external auditors and other review agencies and inspectorates. Members receive half-yearly reports and corrective action has been detailed and monitored where necessary. The budget monitoring system incorporated an update on financial and budgetary risks, a quantitative evaluation of fee income and the position on reserves and balances.

The Council

39 All Councillors meet together as the Full Council. These meetings are chaired by the Chairman of the Council appointed in May for the municipal year. At these ordinary meetings, Councillors decide the Council's overall policies and set the budget each year. Certain decisions can only be made by the Council as a whole and these are clearly set out in the written Constitution. The Council also hold debates on issues which affect the district generally. The Leader of the Council can make an oral report on relevant district matters. Members of the public may, on notice, put written questions to the Council.

40 The Full Council comprises all 39 Members. They met six times during 2025/26. In addition, there was a meeting of Annual Council. In cases of urgency an extraordinary meeting of the Council can be called by the Chairman and / or the Monitoring Officer under Part 4, Rule 1 of the Constitution. Two extraordinary meetings were held during 2025/26.

The Policy and Resources Committee

41 The Policy and Resources Committee sets and co-ordinates all policies for itself and the services and other committees which have been delegated by Council. It reviews and scrutinises the policies made or proposed to be made by the Council and recommends appropriately to the Council whether any:

- New policies are required.
- Existing policies are no longer required.
- Changes are required to any existing policies.
- Action is required to make the policies more effective.

42 Policy and Resources Committee met nine times during 2025/26.

The Service Committees

43 The Council has two decision making Service Committees which have detailed terms of reference set out in the Constitution:

- General Public Services, Community Safety & Infrastructure; and
- Climate Change, Leisure and Housing.

44 The functions of the Service Committees are to:

- Make all decisions in respect of their areas of responsibility provided these are within their allocated budgets and agreed policies.
- Consider any matter referred to them by the Council or the Policy and Resources Committee and recommend or report to the Council or the Policy and Resources Committee accordingly.
- Review performance against the previous year's plans of the services within their remit.
- Determine an annual Work Plan.
- Liaise and seek views of the local community and other interested parties in relation to the above matters; and
- Consider any submitted Community or Councillor Calls for Action.

Regulatory Committees

45 The Council has three regulatory committees: Planning, Licensing, and Regulatory Services. The terms of reference and responsibility for functions is set out in Parts 2 and 3 of the Constitution.

Member Allowances

46 Members Allowances are reviewed each year by the Independent Remuneration Panel who then make recommendations to Full Council. From April 2023 allowances increased by 5%. In December 2023 Full Council agreed recommendations from the panel again to increase Member allowances by 5% from April 2024. Further to this, in December 2024, Full Council agreed to increase Basic and Special Responsibility Allowances from 1 April 2025 by the 12-month Consumer Price Index (CPI), as at September 2024, and to index changes to these allowances in future years by the 12-month CPI as at the previous September, for a period of four years. In addition to this a two-type Care Allowance scheme was approved.

47 The Independent Remuneration Panel, comprised of local residents appointed for a 3 year period, meets on an annual basis. Their recommendation and the decision of the Council on the allowances are published locally.

Senior Management

48 There are three Council officers who have statutory appointments - the Chief Executive's role as the Head of Paid Service, the Director of Finance's role as the Section 151 Officer and the Associate Director of Legal and Democratic Services as the Monitoring Officer.

Procurement

49 The Council aims to use its resources efficiently, effectively and economically.

50 The Council has a robust set of documentation to provide guidance and advice to Members and officers to ensure that Procurement is carried out in an effective and ethical manner. This documentation includes Contract Procedure Rules and a Contract Management Toolkit. These documents are regularly reviewed to reflect changes in local requirements and policy and legislation.

The Audit Committee

51 Audit Committee comprised nine members and met five times during 2025/26.

52 The role of Audit Committee is to:

- Approve (but not direct) internal audit's strategy, plan and performance.
- Review summary internal audit reports and the main issues arising and seek assurance that action has been taken where necessary.
- Consider the reports of external audit and inspection agencies.
- Consider the effectiveness of the authority's risk management arrangements, the control environment and associated anti-fraud and anti-corruption arrangements. Seek assurances that action is being taken on risk related issues identified by auditors and inspectors.
- Be satisfied that the authority's assurance statements, including the Statement on Internal Control, properly reflect the risk environment and any actions required to improve it.

- 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 the external auditor's opinion and reports to Members and monitor management action in response to the issues raised by external audit.
- Approve the statutory Statement of Accounts.

Internal Audit

53 Internal Audit is an assurance function that provides an independent and objective opinion to the Council on its control environment - this comprises the systems of governance, internal control and risk management - by evaluating its effectiveness in achieving the organisation's objectives.

54 The Internal Audit function is carried out, by the Shared Internal Audit Service (SIAS), a local internal audit partnership hosted by Hertfordshire County Council. This provides greater independence and resilience and a positive step in improving governance. Internal Audit carries out a programme of reviews during the year which are based upon a risk assessment including fraud risk. The audit plan is approved by Audit Committee in March of the preceding year. As part of these audits, any failures to comply with legislation, council policy and practice or best practice guidance issued by a relevant body is identified and reported. Circulation of reports to senior officers, reports to the Audit Committee and follow-up procedures ensure action is taken on priority improvements. Progress on implementing Internal Audit recommendations is reported in quarterly reviews to Audit Committee.

55 In line with Global Internal Audit Standards, an Annual Assurance Statement and Internal Audit Report is compiled and presented to the Audit Committee in the first quarter of the year, which:

- Includes an opinion on the overall adequacy and effectiveness of the Council's financial and non-financial systems,
- Disclosed any qualifications to that opinion, together with any reasons for the qualification,
- Draws attention to any issues which are judged particularly relevant to the preparation of the Annual Governance Statement.

56 The SIAS Assurance Annual Report (May 2026) is a key source document for the Council's Annual Governance Statement. Based on the internal audit work undertaken at the Council in 2025/26, SIAS provided the following opinion on the adequacy and effectiveness of the Council's control environment:

- 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.
- Corporate governance and risk management frameworks substantially comply with the CIPFA/SOLACE best practice guidance on corporate governance. This conclusion is

based on the work undertaken by the Council and reported in its Annual Governance Statement for 2025/26.

The Council's External Auditors

57 External auditors provide an external review function through the audit of the annual accounts, assessment of value for money, and certification of grant claims. The Annual Audit and Inspection Letter is circulated to all Members and formally reported to the Audit Committee.

In 2022, Council agreed to opt into the national procurement for external audit services for the five year period beginning on 1 April 2023, led by Public Sector Audit Appointments Limited (PSAA). The external auditor confirmed in December 2022 by PSAA for Three Rivers District Council from 2023/24 is Azets Audit Services. The financial year 2023/24 was the first year to be audited by Azets Audit Services.

58 In September 2024, the newly appointed Minister of State for Local Government and English Devolution wrote to councils setting out the intention to lay secondary legislation to implement backstop proposals. The backstop for all accounts up to and including 2022/23 was proposed as 13 December 2024 with a further five backstop dates as follows:

- 2023/24 – 28 February 2025
- 2024/25 – 27 February 2026
- 2025/26 – 31 January 2027
- 2026/27 – 30 November 2027
- 2027/28 – 30 November 2028

59 In November 2024, Audit Committee were presented with the Completion Report for the 2020/21, 2021/22 and 2022/23 financial years by Ernst & Young LLP. The report detailed the work completed to provide a disclaimed opinion for the 2020/21, 2021/22 and 2022/23 accounts by the statutory backstop date of 13 December 2024. The report also summarised work undertaken to assess the Council's Value for Money (VfM) arrangements across three key criteria: financial sustainability, governance arrangements and use of information to achieve economy, efficiency and effectiveness. EY confirmed that they had identified no risks of significant weaknesses in arrangements for VfM.

60 In February 2026, Audit Committee were presented with the Audit Completion Report 2024/25. The final report outlined the work that had been completed on the 2024/25 accounts audit including the Value for Money assessment. Key areas had been listed for the 2024/25 audit, but assurance could not be provided due to disclaimed prior year audits and therefore a disclaimed audit opinion was issued for the 2024/25 accounts.

The Financial Management Code of Practice

61 The CIPFA Financial Management Code of Practice (FM Code) was published in November 2019. It sets out the 'gold standard' for financial management arrangements in local

government. The FM Code does not have statutory status but brings together best practice and statutory guidance including the Prudential Code for Capital Finance in Local Authorities.

62. Appendix 2 is a self-assessment against the FM Code and includes actions for improvement and enhancement of current practices.

SIGNIFICANT GOVERNANCE ISSUES

61. The 'normal' running of Council business has and can be controlled through the governance framework detailed in this report. For 2025/26 the following significant governance issue was identified from the Management Assurance Statements.

62. Local Government Reorganisation - Hertfordshire is currently expected to be part of the currently proposed round of Local Government Reorganisation to move to unitary government from April 2028. This will bring additional risks around staffing and day to day service operation in the period leading to and post reorganisation and require additional consideration of long term commitments, contract and partnership arrangements. These risks will be managed using the Council's Risk Management framework.

63 Although not considered to be a significant governance issue, Cyber Security remains a threat (as it does to all organisations). The Council has a number of mitigations in place and the associated risks are managed via the ICT risk register and through reporting to the IT Steering Group forum as part of regular reporting.

Certification Statement from the Leader of the Council and the Chief Executive

64 We propose to take steps over the coming financial year to continue to review and further enhance our governance arrangements. We will also monitor the implementation of any audit recommendations that arise during the course of the year.

65 It is our opinion that the Council's governance arrangements in 2025/26 were sound and provide a robust platform for achieving the Council's priorities and challenges in 2026/27.

Signed _____

Date _____

Leader of the Council

Signed _____

Date _____

Chief Executive – Joanne Wagstaffe

TRDC Annual Governance Statement 2025/26 Action Plan

No.	Issue	Action	Resolved	Updates
1	<p>Local Government Reorganisation</p> <p>Hertfordshire is currently expected to be part of the currently proposed round of Local Government Reorganisation to move to unitary government from April 2028.</p> <p>This will bring additional risks around staffing and day to day service operation in the period leading to and post reorganisation and require additional consideration of long term commitments, contract and partnership arrangements.</p>	<p>Comprehensive staff communications, reassurance and support throughout the process.</p> <p>Active recruitment when posts are vacant with strong succession planning in place.</p> <p>Continue to work in partnership with other Hertfordshire LAs on operational services (e.g. waste) to ensure continuity of services up to, during and post reorganisation.</p> <p>Consideration of reorganisation implications in all contract planning and procurement.</p> <p>Identification and management of risks through the Councils Risk Management Framework.</p>		

TRDC Annual Governance Statement 2025/26 Action Plan

No.	Issue	Action	Resolved	Updates
1	Business Rate Revaluation.	The Council is working closely with LG Futures on its business rate income and has sufficient resources within the Collection Fund Reserve to manage any difference between the level of growth assumed in the MTFS and the floor under the business rate retention system. Three Rivers had the highest increase in business rates as a result of the national revaluation exercise. This was largely due to the increase in Warners Brothers valuation. This gives the Council a significant business rate appeal risk which could impact on the MTFS.		<p>The Council has made significant provision for revaluation as part of its assessment of business rate income.</p> <p>The Government has announced the reset of business rates and fair funding. The Collection Fund Reserve remains strong to manage the risks of changes in resource levels and allow a smoothed transition to any new funding levels.</p>

Financial Management Code Compliance Self-Assessment 2025/26

Ref	CIPFA Financial Management Standards	Current Status	Further Work	RAG Status
1. Responsibilities of the Chief Finance Officer (CFO) and Leadership Team				
A	The leadership team is able to demonstrate that the services provided by the authority provide value for money (VFM)	Services use peer reviews incorporating benchmarking to inform opportunities to improve VFM. All tenders consider VFM by considering the quality of service and not just price.		GREEN
B	The authority complies with the CIPFA "Statement of the Role of the CFO in Local Government"	The CFO is qualified accountant with significant experience working as an active member of the leadership team. The CFO is a member of Leadership Board and has an influential role with members of the Cabinet, Audit Committee and lead opposition members. Role profiles within the finance team have been refreshed to ensure that the team is suitably resourced and fit for purpose.		GREEN
2. Governance and Financial Management Style				
C	The Leadership Team demonstrates in its actions and behaviours responsibility for governance and internal control	The Governance Group exists to ensure governance and internal control, including driving the production of the Annual Governance Statement (AGS) and Action Plan through the completion of Annual Assurance Statements by the Corporate Management Team.		GREEN
D	The authority applies the CIPFA/SOLACE "Delivering Good Governance in Local Government: Framework (2016)"	Annual Governance Statement (AGS) includes internal audit opinion on effectiveness of internal control environment and systems of internal control. The Council updates the Local Code of Governance annually.		GREEN

E	The Financial Management style of the authority supports financial sustainability	At the core of the Finance Shared Service is a technical accounting team that provides the accounting framework, treasury management function for the organisation. The budget setting process and support for strategic financial matters is delivered by the Director of Finance and Head of Finance. The Finance Business Partner team provides dedicated support to Heads of Service and budget managers with financial planning and monitoring.	During 2024/25, the Finance Business Partnering model continue to further strengthen relationships between finance and services.	GREEN
Ref	CIPFA Financial Management Standards	Current Status	Further Work	RAG Status
3. Long to Medium-Term Financial Management				
F Page 82	The authority has carried out a credible and transparent financial resilience assessment	An annual assessment is made for the prudent minimum level of General Balances and this forms the basis of the budget planning process. In addition, the authority holds earmarked reserves to manage specific risks. In making this assessment Officers use the CIPFA Financial Resilience index to benchmark against other local authorities.		GREEN
G	The authority understands its prospects for financial sustainability in the longer term and has reported this clearly to members	The budget papers and MTFS outline the financial challenges and opportunities facing the Council. Budget planning reports to Policy and Resources Committee clearly set out the financial planning environment and any assumptions made.		GREEN

H	The authority complies with the CIPFA “Prudential Code for Capital Finance in Local Authorities”	An annual Capital and Investment Strategy is set by Council alongside a three-year Capital Investment Programme, Treasury Management Strategy, Annual Investment Strategy and Minimum Revenue Provision Policy. The Capital Programme is monitored monthly with reports produced quarterly for Corporate Management Team and Policy and Resources Committee. Mid-term and Outturn Treasury Management reports are taken to Audit Committee and Cabinet, including monitoring of Prudential Indicators.		GREEN
I	The authority has a rolling multi-year medium-term financial plan consistent with sustainable service plans	The Council has an integrated Business and Budget Planning Process with a three-year MTFS supported by Service Plans.		GREEN

4. The Annual Budget

J	The authority complies with its statutory obligations in respect of the budget setting process	The Council produces an annual balanced budget and supporting documentation within the necessary timeframe.		GREEN
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Ref	CIPFA Financial Management Standards	Current Status	Further Work	RAG Status
K	The budget report includes a statement by the CFO on the robustness of the estimates and a statement on the adequacy of the proposed financial reserves	The CFO’s Section 25 report forms part of the budget report to Council and includes a commentary of the adequacy of proposed financial reserves.		GREEN

5. Stakeholder Engagement and Business Plans

L	The authority has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan and annual budget	The Council's budget priorities are closely linked to the Council's Corporate Framework. The cross-party Policy and Resources Committee considers and comments on the budget proposals prior to Council approval. Specific proposals for service changes are taken through a formal public consultation process as part of the decision making process.		GREEN
M	The authority uses an appropriate documented options appraisal methodology to demonstrate the value for money of its decisions	A business case is required for all capital schemes which sets out alternative options, the reasons for discounting them and benefits of progressing with the scheme. All tenders consider VFM by considering the quality of service and not just price – the appraisal process is documented. Cost estimates for capital projects are subject to robust challenge. Projects are managed within the Council's project management framework and supported by the Council's Top 15 Projects Board which monitors the progress and delivery of strategic and/or high risk projects.		GREEN
6. Monitoring Financial Performance				
N	The Leadership Team takes action using reports enabling it to identify and correct emerging risks to its budget strategy and financial sustainability	The quarterly monitoring report to Corporate Management Team and Policy and Resources Committee enables officers and members to respond to emerging risks – the effectiveness was evidenced during 2020/21 and 2021/22 as the Council agreed an in year budget changes to respond to the financial impact of COVID-19. During 2022/23 the reporting framework was enhanced to provide greater transparency through organising appendices by service committee.		GREEN

Ref	CIPFA Financial Management Standards	Current Status	Further Work	RAG Status
O	The Leadership Team monitors the elements of its balance sheet that pose a significant risk to financial sustainability	The quarterly monitoring report to Policy and Resources Committee includes monitoring of key balance sheet items including balances, reserves, debtors, and cash (including the performance of Treasury Management).	Increase the visibility of relevant balance sheet items for service managers through improving service level reporting on earmarked reserves and aged debtors.	GREEN
7. External Financial Reporting				
P	The CFO has personal and statutory responsibility for ensuring that the statement of accounts produced by the local authority complies with the reporting requirements of the “Code of Practice on Local Authority Accounting in the United Kingdom” (The Code)	The annual accounts are produced in compliance with The Code. The accounts receive an unqualified audit opinion. Issues raised by external audit have been addressed by Officers, including accounting for infrastructure assets which was a national issue raised by the NAO.	The delay to the audit of the 2020/21, 2021/22 and 2022/23 accounts has impacted on the timeliness of financial reporting. The implementation of the backstop dates resulted in a disclaimed audit opinion for 2021/22, 2022/23 and 2023/24. Due to a build back of the accounts being required by audit a disclaimed opinion was given for 2024/25. Officers will work with external audit to rebuild assurance through the 2025/26 audit onwards.	AMBER
Q	The presentation of the final outturn figures and variations from budget allows the leadership team to make strategic financial decisions	Leadership Board and Cabinet consider outturn report and year end variances in a timely manner enabling strategic financial decisions to be made as necessary including transfers to reserves and agreed carry forwards for both revenue and capital budgets.		GREEN

**THREE RIVERS DISTRICT COUNCIL
ANNUAL GOVERNANCE STATEMENT
2025/26**

**LOCAL CODE
OF
GOVERNANCE**

What do we mean by Governance?

1. The International Framework: Good Governance in the Public Sector (CIPFA/IFAC, 2014) (the 'International Framework') defines governance as follows:

“Governance comprises the arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved.”

2. The International Framework also states that:

“To deliver good governance in the public sector, both governing bodies and individuals working for public sector entities must try to achieve their entity’s objectives while acting in the public interest at all times. Acting in the public interest implies primary consideration of the benefits for society, which should result in positive outcomes for service users and other stakeholders.”

3. Governance is about how the Council ensures that it is doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.
4. Governance comprises the systems and processes, and cultures and values, by which the Council is directed and controlled and through which it accounts to, engages with and, where appropriate, leads its communities.
5. Good governance leads to: -
 - good management,
 - good performance,
 - good stewardship of public money,
 - good public engagement,
 - good outcomes for citizens and service users.
6. Good governance enables the Council to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk.
7. The Council, along with each and every other local authority, aims to meet the standards of the best and its governance arrangements should not only be sound but also be seen to be sound.

Governance Framework

8. The Council operates through a governance framework which brings together an underlying set of legislative requirements, governance principles and management processes.
9. The Chartered Institute of Public Finance & Accountancy (CIPFA) and the Society of Local Authority Chief Executives and Senior Managers (SOLACE) drew together a Working Group to compile a framework document entitled “Delivering Good Governance in Local Government: Framework (CIPFA/Solace, 2016) (‘the Framework’)

10. This Framework document is intended to be followed as best practice for developing and maintaining a local code of governance and for discharging accountability for the proper conduct of public business, through the publication of an annual governance statement that will make the adopted practice open and explicit.
11. 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 this Framework. It should therefore develop and maintain a local code of governance/governance arrangements reflecting the principles set out.
12. 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.

The Council's Commitment

13. The Council is committed to the principles of good governance and wishes to confirm its ongoing commitment and intentions through this Local Code of Governance.
14. This Code sets out and describes the Council's commitment to governance and identifies the arrangements that have been and will continue to be made to ensure its ongoing effective implementation and application in all aspects of the Council's work.
15. Accordingly, the Council will test its arrangements by: -
 - reviewing its existing governance arrangements against this revised Code,
 - maintaining an up-to-date Local Code of Governance including arrangements for ensuring its ongoing application and effectiveness,
 - on an annual basis, prepare a governance statement in order to report publicly on the extent to which the Council complies with this code, including how the effectiveness of its governance arrangements have been monitored in the year and on any planned changes in the coming period.

The Principles of Good Governance

16. The core principles and sub-principles of good governance set out below are taken from the International Framework. In turn they have been interpreted for a local government context.

The Seven Core Principles

17. Principles A and B permeate implementation of principles C to G.

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

Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole,

they can demonstrate the appropriateness of all their actions across all activities and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

The core principle is supported by three supporting principles:

- a) Behaving with integrity,
- b) Demonstrating strong commitment to ethical values, and
- c) Respecting the rule of law.

B. Ensuring openness and comprehensive stakeholder engagement

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

The core principle is supported by three supporting principles:

- a) Openness,
- b) Engaging comprehensively with institutional stakeholders, and
- c) Engaging with individual citizens and service users effectively.

18. In addition to the overarching requirements for acting in the public interest in principles A and B, achieving good governance also requires a commitment to and effective arrangements for principles C to G.

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

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

The core principle is supported by two supporting principles:

- a) Defining outcomes, and
- b) Sustainable economic, social and environmental benefits.

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

Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions (courses of action). Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making

mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed frequently to ensure that achievement of outcomes is optimised.

The core principle is supported by three supporting principles:

- a) Determining interventions,
- b) Planning interventions, and
- c) Optimising achievement of intended outcomes.

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

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

The core principle is supported by two supporting principles:

- a) Developing the entity's capacity
- b) Developing the capability of the entity's leadership and other individuals

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

Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and are crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery and accountability.

It is also essential that a culture and structure for scrutiny are in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful service delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

The core principle is supported by five supporting principles:

- a) Managing risk,
- b) Managing performance,
- c) Robust internal control,
- d) Managing data, and
- e) Strong public financial management.

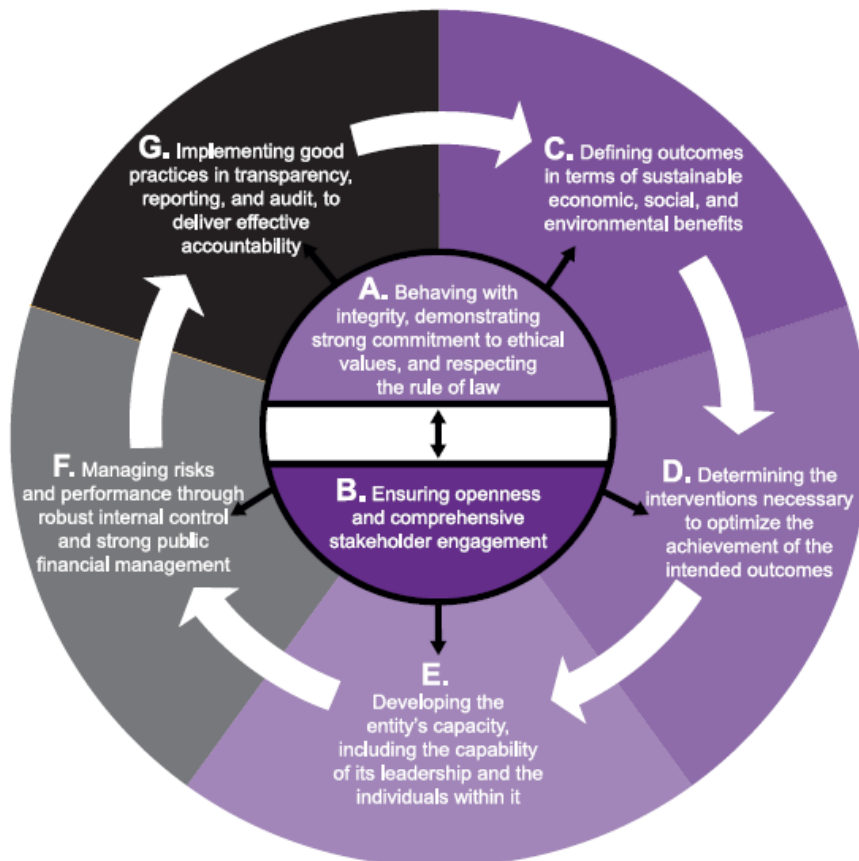
G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

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

The core principle is supported by three supporting principles:

- a) Implementing good practice in transparency,
- b) Implementing good practices in reporting, and
- c) Assurance and effective accountability.

19. These principles are illustrated in the following diagram: (from CIPFA/SOLACE)



Monitoring and Review

20. The Council will carry out an ongoing review and monitoring of its governance arrangements (see Appendix A) and how these arrangements comply with the Framework document and this Local Code. This review and monitoring will include references to, amongst other things:
 - Heads of Service Management Assurance Statements,
 - Constitution Review arrangements,
 - Ethics arrangements,
 - Shared Internal Audit Service's Annual Report,
 - Performance management arrangements,
 - Risk management arrangements,
 - Council's decision making arrangements,
 - Freedom of information and data protection arrangements, and
 - Council's complaints procedures (3C's).
21. The results of this process will be incorporated into an Annual Governance Statement (AGS), the preparation and publication of which is necessary to meet the statutory requirement of the Accounts and Audit Regulations 2015.
22. The purpose of the AGS is to provide an assurance that:
 - governance arrangements are adequate and operating effectively,
 - where the review has revealed gaps, action is planned that will ensure effective governance in future.
23. The AGS will be presented to the Council's Audit Committee.
24. Once approved, the AGS will be signed by the Leader of the Council and the Chief Executive and will be published with the Annual Statement of Accounts, prior to being reviewed by the Council's External Auditors.

May 2026

Core Principles	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 practices in transparency, reporting, and audit to deliver effective accountability
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Evidence of Good Governance	Constitution	Constitution	Housing, Homelessness and Rough Sleeping Strategy	Constitution	Organisational Development Strategy and Delivery Plan	Medium Term Financial Plan	Facility for Council to receive petitions
	Financial Procedure Rules	Local Strategic Partnership	Chief Executive, Director of Finance, Associate Director Legal and Democratic Services, Associate Director of Customer and Community, Associate Director of Strategy, Partnerships and Housing, Planning.	Strategic Plan	Performance Development Review (appraisals)	Treasury Management Strategy	Public participation at Council meetings
	Contract Procedure Rules	Three Rivers Community Strategy		Medium Term Financial Plan	Job / Person Specifications	Budget Panel	Residents / business owners submit relevant questions in writing for consideration and response at Council meetings
	Contracts Register	Service Level and Partnership Agreements		Departmental Service Plans	Financial Procedure Rules	Audited Annual Statement of Accounts	
	Rules of Procedure (the proceedings and the business of the Council)	Local Government Transparency Code		Committee Meetings, Agendas and Minutes	Contract Procedure Rules	Annual Revenue and Capital Budgets	Freedom of Information Publication Scheme
	Members' Code of Conduct	Data Protection and Freedom of Information		Budget Consultation	Employee Health and Wellbeing Strategy	Risk Management Strategy	Committee Meetings, Agendas and Minutes
	Members' Allowances	Shared Service Initiatives		Local Strategic Partnership	Health and Safety Group	Strategic and Service Risk Registers	Report Templates
	Officer Code of Conduct	Council Contracts		Communications Strategy	Health and Wellbeing Initiatives	Annual Management Assurance Statements	
	Annual Governance Statement	Budget Consultation		Policy and Resources Committee			
	Procurement toolkit	Customer Feedback / Complaints Process		Full Council including Annual Council			
Whistleblowing Policy							
Evidence of Good Governance	Bribery Policy		Service Committees		Safeguarding Policy	Shared Internal Audit Service (SIAS)	Local Government Transparency Code – Transparency and Open Data
	RIPA Policy		Policy and Resources Committee		Members and Staff Induction Programme	Annual Audit Plan Report	
	Equalities Policy						

Core Principles	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 practices in transparency, reporting, and audit to deliver effective accountability
	<p>Register of Members' Interests / Gifts and Hospitality</p> <p>Corporate Complaints Procedure</p> <p>Audit Committee</p> <p>Policy and Resources Committee</p> <p>Independent Remuneration Panel</p> <p>Mandatory Member Training</p>				<p>Sickness Absence Monitoring Policy</p>	<p>SIAS Progress Reports</p> <p>Head of Assurance Opinion and SIAS Annual Report</p> <p>Annual Governance Statement</p> <p>External Audit</p> <p>External Audit Annual Audit Letter</p>	<p>Independent Remuneration Panel</p> <p>Shared Internal Audit Service (SIAS)</p> <p>Head of Assurance Opinion and SIAS Annual Report</p> <p>Annual Fraud Report</p>

Core Principles	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 practices in transparency, reporting, and audit to deliver effective accountability
Evidence of Good Governance	<p>Anti-Social Behaviour Policy</p> <p>Local Code of Corporate Governance</p> <p>Corporate Management Team Chief Executive, Director of Finance, Associate Director Legal and Democratic Services, Associate Director of Customer and Community, Associate Director of Strategy, Partnerships and Housing, and Heads of Service</p>					<p>Committee Meetings, Agendas and Minutes</p> <p>Monthly Budget Monitoring Reports</p> <p>Audit Committee</p> <p>Financial Procedure Rules</p> <p>Contract Procedure Rules</p>	

TRDC Climate and Sustainability Impact Assessment

Score / Colour Code	Impact and Recommendation
Dark green (4)	Strong positive impacts for climate/sustainability. Recommendation to proceed as is with this aspect.
Light green (3)	Some positive impact for climate/sustainability. Recommendation to further enhance this aspect where possible and proceed.
Yellow (2)	Some possible negative impacts for climate/sustainability. Recommendation to review these aspects and find mitigations where possible.
Red (1)	Considerable inconsistency with the council's climate/sustainability objectives. Strong recommendation to review these aspects and find mitigations.
Grey (0)	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.

Guidance for use

Please answer all questions from the drop-down options in the 'impact' column (C), including 'not applicable' as needed. Then provide Justification (Column E) to explain your score.

Please email your completed copy of the form to climate.change@threeivers.gov.uk.

Key to the colour coding of answers is given at the top of the page.

NB: "Not applicable" scores do not count towards the average score.

Name of project/policy/procurement and date		
Brief description of project/policy/procurement (1-2 sentences):		

Homes, buildings, infrastructure, equipment and energy			
Question	Impact (select from list)	Score (1 to 4)	Justification or mitigation
1 Will this project increase overall energy use (electricity or other fuels)?	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
2 Does this project directly use fossil fuels such as gas, petrol, diesel, oil?	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
3 Does this project further maximise the use of existing building space? <i>E.g. co-locating services; bringing under-used space into use; using buildings out-of-hours</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
4 Will any new building constructed or refurbished be highly energy efficient in use? <i>e.g. high levels of insulation, low energy demand per m2, no fossil fuel heating, EPC rating "A" or BREAM "excellent".</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
5 Does this make use of sustainable materials / inputs in your project? <i>e.g. re-used or recycled construction materials; timber in place of concrete</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
6 Will this increase the supply of renewable energy? <i>e.g. installing solar panels; switching to a renewable energy tariff</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
7 Are any appliances or electrical equipment to be used highly energy efficient? <i>e.g. Energy rating label A-G</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
Average Score		#DIV/0!	

- Ways to optimise sustainability and work towards net zero carbon:**
- Insulate buildings to a high standard.
 - Include energy efficiency measures during renovations
 - Replace gas boilers with low-carbon heating, such as heat pumps. Consider enabling connection to future District Heat Networks, where possible.
 - Construct new buildings to Passivhaus standard and seek to reduce the embodied energy of the construction.
 - Design and deliver buildings and infrastructure with lower-carbon materials, such as recycled material, wool- or hemp-based insulation, and timber frames.
 - Use construction methods that reduce overall energy use, such as modular, factory-built components, or use of electrical plant on-site.
 - Install solar panels or other renewable energy technologies, and consider including battery storage.
 - Switch to a certified renewable energy provider e.g. utilise power purchase agreements (PPA)
 - Use energy-efficient appliances. For more information: <https://energysavingtrust.org.uk/advice/home-appliances/>
 - Install low-energy LED lighting.
 - Install measures to help manage building energy demand, such as smart meters, timers on lighting, or building management systems.

TRDC Climate and Sustainability Impact Assessment

Score / Colour Code	Impact and Recommendation
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Red (1)	Considerable inconsistency with the council's climate/sustainability objectives. Strong recommendation to review these aspects and find mitigations.
Grey (0)	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.

Travel			
Question	Impact	Score (0-4)	Justification or mitigation
8 Will this project increase overall private vehicle use?	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
9 Will this project purchase new zero-emission vehicles, or lower-emission vehicle models (compared to alternatives)?	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
10 Will this project support people to use active or lower-emission transport? <i>E.g. cycling, walking, switching to electric transport</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
11 Will the project be easily accessible for all by foot, bike, or public transport, including for disabled people?	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
12 Will the project provide or enhance infrastructure for bikes, public transport or zero-emission vehicles? <i>e.g. secure bike storage, EV charging points etc.</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
13 Has the project taken steps to reduce traffic? <i>e.g. Hosting event online, car-sharing, using e-cargo bikes, timing activities or deliveries to be outside peak congestion times</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
Average Score		#DIV/0!	

Ways to optimise sustainability and work towards net zero carbon:

- Reduce the need to travel e.g. through remote meetings, or rationalising routes and rounds.
- Share vehicles or substitute different modes of travel, rather than procuring new vehicles.
- Specify electric, hybrid, or most fuel efficient vehicles for new fleet or for services involving transport.
- Support users and staff to walk, cycle, or use public transport e.g. with cycle parking, training, incentives.
- Use zero-emission deliveries
- Model and mitigate the project's effect on traffic and congestion e.g. retiming the service or deliveries

Goods and Consumption			
Question	Impact	Score (0-4)	Justification or mitigation
14 Will Environmental Social and Governance (ESG) criteria be included in the procurement evaluation framework? (See TRDC Procurement Policy here: https://www.threerivers.gov.uk/services/your-council/our-policies-and-plans)	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
15 Will the project procure goods or services from a certified B Corporation or business with other industry-recognised environmental accreditations? <i>e.g. FSC certified wood products, organic produce, Fairtrade, ISO14001 etc.</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
16 Will this project reuse existing goods and materials to the greatest extent possible, instead of acquiring newly manufactured ones? <i>e.g. re-purpose natural materials found on-site, using refurbished electronic goods etc.</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
17 Does the project include maintenance, repair, or leasing to extend the longevity of the product and reduce reliance on buying newly manufactured goods? <i>E.g. repair and re-use; sharing and lending goods between services or people; leasing or product-as-a-service rather than ownership</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
18 Does the project use products and resources that are re-used, recycled, or renewable?	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
19 Does the project enable others to make sustainable choices within their lifestyles, or engage people about this? <i>e.g. promote re-use, repair or sharing</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	

Ways to optimise sustainability and work towards net zero carbon:

- Procure goods through sharing, leasing, or product-as-a-service models rather than ownership.
- Use pre-owned and reconditioned goods, and reduce reliance on procuring new goods.
- Use recycled materials, and procure items that can be reconditioned or recycled at end-of-life.
- Use lifecycle costing in business cases to capture the full cost of operation, repair and disposal of an item.
- Ensure meat and dairy is high-quality, high-welfare.
- Design waste, including food waste, out of business models e.g. separating (and composting) food waste; replacing single-use items with reusable items.
- Use contact points with residents, community groups and businesses to engage and enable them to adopt low-waste, low-carbon behaviours.

TRDC Climate and Sustainability Impact Assessment

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Light green (3)	Some positive impact for climate/sustainability. Recommendation to further enhance this aspect where possible and proceed.
Yellow (2)	Some possible negative impacts for climate/sustainability. Recommendation to review these aspects and find mitigations where possible.
Red (1)	Considerable inconsistency with the council's climate/sustainability objectives. Strong recommendation to review these aspects and find mitigations.
Grey (0)	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.

20	Is the material used able to be re-used, re-purposed, or recycled at end of its life? <i>e.g. recyclable materials, donation of old equipment/objects</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
21	Has the project taken steps to ensure any food and associated packaging is more sustainable? <i>E.g. recyclable/compostable packaging (non single use plastic), less and high-quality (high welfare) meat and dairy; minimises food waste; seasonal produce; locally sourced.</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
Average Score			#DIV/0!	

Biodiversity & Nature

Question	Impact	Score (0-4)	Justification or mitigation
<p><u>Examples for guidance:</u></p> <p>1. Negative impact: reduced variety of species, reduced number of trees and/or reduced area of habitat. No plans/resources for future management.</p> <p>2. Some negative impact: reduced variety of species</p> <p>3. Overall neutral impact</p> <p>4. Some positive impact: increased variety of species</p> <p>5. Positive impact: increase variety of species, increased number of trees and/or area of habitat. Plans and resources available for future positive management.</p>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
<p>22 Does the project include a management plan to ensure the biodiversity benefits are sustained over time?</p> <p><u>Examples for guidance:</u></p> <p>1. Negative impact: there is no plan or resource available for any future management</p> <p>2. Some negative impact: there is a plan for management but no resource</p> <p>3. Overall neutral impact: interventions have minimal management</p> <p>4. Some positive impact: there is a plan for short term management</p> <p>5. Positive management: there is a plan for long term (over 5 years) management</p>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
<p>24 What effect does this project have on the quality of non-amenity green/blue space i.e. woodland, grassland, wetland, gardens, lakes, rivers, ponds etc.?</p> <p><u>Examples for guidance:</u></p> <p>1. Negative impact: pesticides are used as management practice, amenity grass cutting regimes used</p> <p>2. Some negative impact: reduced variety of species planted, management with amenity focus</p> <p>3. Overall neutral impact</p> <p>4. Some positive impact: increased variety of species planted with appropriate management</p> <p>5. Positive impact: appropriate planting and management with a local focus (i.e. pollinator friendly planting, improving connectivity corridors)</p>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
<p>25 Does your project benefit priority species or habitats as identified in the Local Nature Recovery Strategy (LNRS)?</p> <p>Priority Species include: Nightingales, Swifts, Pasqueflower, Water Vole, White Admiral, rare arable plants.</p>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
<p>26 Does the project help people understand the value of biodiversity, and encourage residents to support it in their private and community spaces?</p>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
Average Score			#DIV/0!
Adaptation			

Ways to optimise sustainability and work towards net zero carbon: (Seek advice from Landscapes Team if required)

- Avoid converting green space to hard surfacing.
- Use underutilised space for planting, such as green roofs and walls.
- Plant native plants and perennials, rather than non-native ornamental species, to encourage biodiversity.
- Reduce trimming of grass and hedges, and avoid use of synthetic pesticides.
- Provide space for animals e.g. long grass areas, bird boxes, bat boxes, 'insect hotels', ponds, hedgehog hides and passages, log piles
- Consider the ecological impacts from manufacture and use of procured goods, e.g. water pollution; water consumption; land use change for farming; pesticide use; organic/regenerative farming methods
- For more information on priority species and habitats please see: <https://preview-hcc.cloud.contentis.com/about-the-council/how-the-council-works/partnerships/herts-nature-recovery-partnership/local-nature-recovery-strategy.aspx>

TRDC Climate and Sustainability Impact Assessment

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Red (1)	Considerable inconsistency with the council's climate/sustainability objectives. Strong recommendation to review these aspects and find mitigations.
Grey (0)	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.

Question	Impact	Score (0-4)	Justification or mitigation
27 Does any planned project, construction or building include measures to reduce water usage?	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
28 Does any planned infrastructure or building work ensure soft, permeable surfacing to reduce flood risk? <i>e.g. landscaped soakaway areas, de-paving areas, green roofs, ponds, swales, or permeable materials</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
29 Has the project or service considered ways to reduce the impact of extreme weather i.e. extreme heat, fire, flooding, and drought? <i>e.g. changing ways of working to reduce risk, reflective materials to reduce heat-gain, drought-tolerant planting, planting for shade and flood mitigation, insulation and ventilation, fans etc.</i>	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
Average Score		#DIV/0!	
Engagement and Influence			
Question	Impact	Score (0-4)	Justification or mitigation
30 Does this project raise awareness and understanding of climate change, biodiversity, and sustainability, and the steps that people can take to live more sustainably?	Neutral or not applicable. Recommendation to consider how benefits could be achieved in this area, but otherwise proceed.	0	
Average Score		#DIV/0!	
Total Overall Average Score		#DIV/0!	

Ways to optimise sustainability and work towards net zero carbon:

- Install water-saving devices in taps, showers and toilets
- Re-use grey water in new developments
- Capture and re-use rainwater where possible e.g. water butts for use in car washing, watering garden, toilets
- Ensure all new building or refurbishment (especially of homes) models and mitigates future overheating risk, with adequate ventilation and shading
- Avoid increasing areas of hard surfacing.
- Convert hard surfacing to green and permeable surfacing where possible, and install Sustainable Drainage systems (SUDS).
- Plant drought-tolerant plants and mulch landscapes to avoid water loss through evaporation.

Ways to optimise sustainability and work towards net zero carbon:

- 'Make every contact count', by using contact points with residents, businesses and community groups to promote understanding of the climate emergency.

Now the assessment is complete, copy and paste the box below into your business case or committee report (under environmental implications 6). The full assessment document can be attached as an appendix to your report. Procurement bidders must submit completed assessment with their tender.

Climate and Sustainability Impact Assessment Summary	
Homes, buildings, infrastructure, equipment and energy	#DIV/0!
Travel	#DIV/0!
Goods and Consumption	#DIV/0!
Biodiversity & Nature	#DIV/0!
Adaptation	#DIV/0!
Engagement and Influence	#DIV/0!
Total Overall Average Score	#DIV/0!

Equality Impact and Outcome Assessment (EIA)

EIAs make services better for everyone and support value for money by getting services right first time.

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users¹.

They analyse how all our work as a council might impact differently on different groups².

They help us make good decisions and evidence how we have reached these decisions³.

See end notes for full guidance.

For further support or advice please contact Community Partnerships

1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed⁴.

Title of EIA⁵		ID No.⁶	
Team/Service ⁷			
Focus of EIA⁸			

2. Update on previous EIA and outcomes of previous actions ⁹

What actions did you plan last time? (List them from the previous EIA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action plan below)

3. Review of information, equality analysis and potential actions

Protected characteristics groups from the Equality Act 2010	What do you know ¹⁰ ? Summary of data about your service-users and/or staff	What do people tell you ¹¹ ? Summary of service-user and/or staff feedback	What does this mean ¹² ? Impacts identified from data and feedback (actual and potential)	What can you do ¹³ ? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age ¹⁴				
Disability ¹⁵				
Gender reassignment ¹⁶				
Pregnancy and maternity ¹⁷				
Race/ethnicity ¹⁸ Including migrants, refugees and asylum seekers				
Religion or belief ¹⁹				
Sex/Gender ²⁰				

Protected characteristics groups from the Equality Act 2010	What do you know¹⁰? Summary of data about your service-users and/or staff	What do people tell you¹¹? Summary of service-user and/or staff feedback	What does this mean¹²? Impacts identified from data and feedback (actual and potential)	What can you do¹³? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Sexual orientation²¹				
Marriage and civil partnership²²				
Community Cohesion²³				
Other relevant groups²⁴				
Cumulative impact²⁵				
Assessment of overall impacts and any further recommendations²⁶				

4. List detailed data and/or community feedback that informed your EIA

Title (of data, research or engagement)	Date	Gaps in data	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)

5. Prioritised Action Plan²⁷

Impact identified and group(s) affected	Action planned (Action Owner)	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service plans and/or PDRs and monitored to ensure they achieve the outcomes identified.				

Page 106

EIA sign-off:

Staff member competing Equality Impact Assessment:

Date:

Head of Service

Date:

TRDC Equality lead:

Date:

Guidance end-notes

¹ The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

² Our duties in the Equality Act 2010

As a public sector organisation, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership).

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **promote equality of opportunity.** This means the need to:
 - Remove or minimise disadvantages suffered by equality groups
 - Take steps to meet the needs of equality groups
 - Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
 - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not.** This means:
 - Tackle prejudice
 - Promote understanding

³ EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

⁴ **When to complete an EIA:**

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

Do you need to complete an EIA? Consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

⁵ **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

⁶ **ID no:** The unique reference for this EIA.

⁷ **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

⁸ **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

⁹ **Previous actions:** If there is no previous EIA or this assessment is of a new service, then simply write 'not applicable'.

¹⁰ **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?¹⁰
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (eg: JSNA: and Herts Insight <https://www.hertfordshire.gov.uk/microsites/herts-insight/home.aspx>) and national ones where they are relevant.

¹¹ **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
 - (a) consult when proposals are still at a formative stage;
 - (b) explain what is proposed and why, to allow intelligent consideration and response;
 - (c) allow enough time for consultation;
 - (d) make sure what people tell you is properly considered in the final decision.

-
- Try to consult in ways that ensure all perspectives can be considered.
 - Identify any gaps in who has been consulted and identify ways to address this.

¹² Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
 - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
 - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
 - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
 - If there is negative differential impact, how can you minimise that while taking into account your overall aims
 - Do the effects amount to unlawful discrimination? If so the plan must be modified.
 - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

¹³ Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

¹⁴ **Age:** People of all ages

¹⁵ **Disability:** A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

¹⁶ **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

¹⁷ **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

¹⁸ **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers. Refugees and migrants means people whose intention is to stay in the UK for at least twelve months (excluding visitors, short term students or tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.

¹⁹ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

²⁰ **Sex/Gender:** Males and Females are covered under the Act. The Equality Act has some exceptions that allow employers or organisations to discriminate because of your sex

²¹ **Sexual Orientation:** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. There are a small number of circumstances when being treated differently due to sexual orientation is lawful.

²² **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

²³ **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

²⁴ **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

²⁵ **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

²⁶ **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy.
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

²⁷ **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.

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Equality impact Assessment

Project Information	
Project Name <i>This should clearly explain what service / policy / strategy / change you are assessing</i>	
Service Area <i>Main team responsible for the policy, practice, service or function being assessed</i>	
EIA Author <i>Name and Job Title</i>	
Date EIA drafted	
ID number <i>This will be added by the Strategy and Partnerships Team</i>	

Executive summary	
Focus of EIA <i>A member of the public should have a good understanding of the policy or service and any proposals after reading this section.</i> <i>Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'</i> <i>This section should explain what you are assessing:</i> <ul style="list-style-type: none"> • <i>If the EIA is attached to a report, summarise the report.</i> • <i>Provide information on whether any of the following communities could be affected by the policy, practice, service or function, or by how it is delivered?</i> • <i>(age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership) in addition, TRDC recognises other communities may be vulnerable to disadvantage, this includes carers, people experiencing domestic abuse, substance misusers, homeless people, looked after children, (ex) armed forces personnel.</i> 	

Mitigations		
Protected Characteristic	Potential Issue <i>Against each protected characteristics, make a frank and realistic assessment of what issues may or do occur</i>	Mitigating Actions <i>How can the negative impacts be reduced or avoided by the mitigating measures? Is further engagement with specific communities needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?</i>
Age		
Disability		
Gender reassignment (or affirmation)		
Pregnancy or maternity		
Race		
Religion or belief		
Sex		
Sexual Orientation		
Marriage and Civil		

Partnership		
The council recognises other communities may be vulnerable to disadvantage, this includes carers, people experiencing domestic abuse, substance misusers, homeless people, looked after children and care leavers, (ex) armed forces personnel.		

Actions Planned
<p><i>In this section you can add information on additional or proactive steps you are taking that enhance equity, engagement or equality of access to services, as well as those mitigating actions identified in the section above that will be undertaken.</i></p> <p><i>The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.</i></p>

Additional Information
<p><i>Space to provide any additional information in relation to protected characteristics or equity, diversity, equality and inclusion.</i></p>

Sign off:

Equalities Lead Officer	Date
Page 116	



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AUDIT COMMITTEE – 28 May 2026

PART I – DELEGATED

1 Summary

- 1.1 This report sets out the Audit Committee's latest Work Programme to enable the Committee to make updates as required.

2. Details

- 2.1 The Audit Committee meets five times per financial year between 1 April and 31 March. The work programme is presented at each meeting of the Committee to enable any changes to be made and to provide Members with updated information on future meetings.

- 2.2 The work programme includes a rolling annual training programme which is delivered prior to each committee. The following topics form the programme:

- Role of the Audit Committee
- Statement of Accounts
- Treasury Management
- Internal Audit
- Risk Management

- 2.3 Additional 'deep dive' training is arranged for members of the committee ahead of approval of the audited Statement of Accounts.

- 2.4 The following items are standing items on the agenda and are presented at each meeting of the Committee:

- Internal Audit Report – SIAS Audit Client Manager
- Financial and Budgetary Risks – Head of Finance
- Committee Work Programme

- 2.5 The programme of ad hoc reports scheduled to be presented to this Committee in the next 12 months is shown in the table below:

Financial Year 2025/26		
Date	Report	Officer Responsible
26/27 May 2026	TRAINING: Role of the Audit Committee (delivered online separately – 6.30pm start – 1hr)	Chief Accountant and Interim Head of Finance
28 May 2026	<ul style="list-style-type: none"> • SIAS Annual Assurance Statement & Internal Audit Annual Report • Annual Governance Statement • Statement of Accounts Update – Accounting Policies • Standing Items 	Client Audit Manager Director of Finance Chief Accountant
16 June 2026	TRAINING: Statement of Accounts (delivered online separately – 6.30pm start - 1hr 30 mins)	Chief Accountant and Interim Head of Finance
25 June 2026	<ul style="list-style-type: none"> • Approval of the draft Statement of Accounts 2025/26 • Treasury Management Annual Report 2025/26 • Fraud Annual Report • Standing Items 	Director of Finance Chief Accountant Interim Head of Finance
16 November (12 th another option)	TRAINING: Treasury Management training delivered by Arlingclose (delivered online separately – 1hr 30mins)	Director of Finance
26 November 2026	<ul style="list-style-type: none"> • Treasury Management Mid-Year Report 2026/27 • Draft Capital Strategy and Treasury Management Strategy Statement 2027/28 • External Auditor Plan 2026/27 (June?) • SIAS Progress Update Report 2026/27 • SIAS Board Annual Report • Standing Items 	Chief Accountant Interim Head of Finance and Chief Accountant External Auditors Client Audit Manager Client Audit Manager
19 January 2027	<ul style="list-style-type: none"> • Approval of the Final Statement of Accounts 2025/26 • Report of the External Auditor 	Director of Finance External Auditor

25 March 2027	<p>TRAINING: Internal Audit – Summer 2027</p> <ul style="list-style-type: none"> • SIAS Internal Audit Plan 2027/28 • SIAS Progress Update Report 2026/27 <p>Statement of Accounts Update - Accounting Policies 2026/27</p> <ul style="list-style-type: none"> • Risk Management Framework • Standing Items 	<p>Client Audit Manager</p> <p>Client Audit Manager</p> <p>Client Audit Manager</p> <p>Director of Finance</p> <p>Data Protection & Resilience Manager</p>
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3 Options/Reasons for Recommendation

3.1 The recommendation allows the Committee to determine its work programme.

4 Policy/Budget Implications

4.1 The recommendations in this report are within the Council’s agreed policy and budgets.

5 Financial, Legal, Equal Opportunities, Staffing, Environmental, Community Safety, Customer Services Centre, Website and Risk Management Implications

5.1 None specific.

6 Recommendation

6.1 That the Committee consider and makes necessary changes to its Work Programme.

Background Papers

Reports and minutes – Audit Committee

Report prepared by: Anita Hibbs, Committee Officer

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