

Audit and Governance Committee

Agenda

Date:	Monday, 28th July, 2025
Time:	10.30 am
Venue:	The Capesthorne Room - Town Hall, Macclesfield, SK10 1EA

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded, and the recordings will be uploaded to the Council's website

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

To receive apologies for absence from Members.

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary interests, other registerable interests, and non-registerable interests in any item on the agenda.

3. **Minutes of Previous Meeting (Pages 5 - 10)**

To approve as a correct record the minutes of the meeting held on Thursday 29 May 2025.

For requests for further information

Contact: Nikki Bishop, Democratic Services Officer

Tel: 01270 686462

E-Mail: CheshireEastDemocraticServices@cheshireeast.gov.uk

4. **Public Speaking Time/Open Session**

In accordance with paragraphs 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days in advance of the meeting and should include the question with that notice.

5. **Action Log (Pages 11 - 12)**

To receive an update on the committee action log.

6. **CQC Local Authority Assurance Outcome (Pages 13 - 20)**

To receive an update on the outcome of the CQC LA Assurance Assessment of Adults Social Care.

7. **Verbal update from the External Auditors on progress on 2023/24 Statement of Accounts Finalisation and progress on 2024/25 Statement of Accounts Audit Plan**

To receive a verbal update from the External Auditors on progress on 2023/24 Statement of Accounts Finalisation and progress on 2024/25 Statement of Accounts Audit Plan.

8. **Final Outturn and Draft Statement of Accounts 2024-25**

To receive a pre-audited overview of the Council's Outturn and the draft Statement of Accounts for 2024/25.

Report to follow.

9. **Draft Financial Statements – Wholly Owned Companies 2024/25 and Outturn Update 2024/25 (Pages 21 - 34)**

To receive the draft financial statements of Ansa Environmental Services Ltd and Orbitas Bereavement Services Ltd for the year 2024/25.

10. **Member Training and Development Plan (Pages 35 - 74)**

To consider the refreshed Member Training Strategy and Programme.

11. **Internal Audit Opinion 2024-25 (Pages 75 - 96)**

To receive the Annual Internal Audit Opinion for 2024-25.

12. **Risk Management Report 2024-25** (Pages 97 - 142)

To receive an update on risk management activity during 2024-25.

13. **Draft Annual Governance Statement 2024-25** (Pages 143 - 200)

To consider the draft Annual Governance Statement 2024-25.

14. **Complaints and Compliments Annual Report 2024-25** (Pages 201 - 292)

To receive the Annual Report 2024-25.

15. **Regulation of Investigatory Powers Act (RIPA) – Outcome of IPCO Inspection** (Pages 293 - 296)

To receive a report which sets out the outcome of the inspection by the Investigatory Powers Commissioner's Office.

16. **Work Programme** (Pages 297 - 300)

To consider the Work Programme.

Membership: Councillors S Adams, M Beanland (Chair), L Braithwaite, B Drake (Vice-Chair), R Fletcher, A Heler, P Redstone, J Snowball, R Jones and J Clark

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Audit and Governance Committee**
held on Thursday, 29th May, 2025 in the The Capesthorne Room - Town Hall,
Macclesfield SK10 1EA

PRESENT

Councillor M Beanland (Chair)
Councillor B Drake (Vice-Chair)

Councillors R Fletcher, A Heler, C Hilliard, P Redstone, M Sewart (sub for Cllr Adams), J Snowball, R Jones and J Clark

VISITING MEMBERS

Cllr C O'Leary

OFFICERS IN ATTENDANCE

Janet Witkowski, Acting Governance, Compliance and Monitoring Officer
Josie Griffiths, Head of Audit, Risk and Assurance
Sal Khan, Interim Director of Finance and Deputy S151 Officer
Tracey Baldwin, Principal Accountant
Michael Todd, Internal Audit Manager
Nikki Bishop, Democratic Services Officer

ALSO IN ATTENDANCE

Hassam Rohimun, Ernst & Young LLP (external auditor)

1 APOLOGIES FOR ABSENCE

Apologies were received from Councillor S Adams and Councillor L Braithwaite. Councillor M Sewart was present as substitute.

It was noted that Councillor P Redstone would arrive late.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That the minutes of the meeting held on 31 March 2025 be agreed as a correct record and signed by the Chair.

4 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public registered to speak.

5 ACTION LOG

The committee received an update on the action log. The following was noted:

- Updated Global Internal Audit Standards: It was confirmed that a briefing to update the committee on the new standards would be arranged once the final version of the external assurance report on internal audit had been completed. Officers committed to following this up and clarifying timescales.
- Compliance with the Procurement Act 2023: It was agreed that the comments from the committee in relation to the council's compliance with the Procurement Act 2023 would be taken into consideration during the next review of the 2025-26 Internal Audit Plan.

RESOLVED:

That the action log and updates provided be noted.

6 PROVISIONAL AUDIT PLANNING REPORT OF ERNST & YOUNG LLP - 2024/2

The committee considered the report which provided the basis for the committee to review the proposed audit approach and scope for the 2024-25 external audit.

Mr H Rohimun - External Auditor, Ernst & Young LLP (E&Y), presented the report to the committee and summarised E&Y's evaluation of the key issues driving the development of an effective audit.

An update was provided on the measures introduced to address the backlog of publishing audited financial statements and to reform the local audit system. A disclaimed audit opinion on the 2023-24 financial statements was anticipated as a result of insufficient assurance over the closing balances in 2023-24. As a result, E&Y would not have sufficient assurance over the opening balances for 2024/25 and it was anticipated that a disclaimed audit opinion would also be given for 2024-25. Guidance was awaited from the National Audit Office and Financial Reporting Council which would ensure a consistent approach was undertaken to restoring assurance for disclaimed periods. The committee queried the ongoing issues relating to closing and opening balances. It was confirmed that work would be undertaken to rebuild assurance in this area.

It was highlighted that previously, there had been issues with the readability of transaction files and the committee sought assurance that should an issue arise during sampling scheduled for later in the year, that this would be resolved quickly as this was a major requirement of an effective audit. It was confirmed that no issues had been identified to date, but any concerns would be raised with management to look at and address. Any significant matters would be reported back to the Audit and Governance Committee.

It was requested that the External Auditors 'Value for Money Statement' be added to the Committee Work Programme at the earliest opportunity.

It was reported that group materiality for 2024-25 had been set at £9.1m. This represented the group's 2023-24 gross expenditure on provision of services. The committee were asked to confirm its understanding, and agreement to, the materiality and reporting levels. This was formally proposed, seconded and subsequently carried unanimously.

RESOLVED (unanimously):

That the Audit and Governance Committee

1. Note the Provisional Audit Planning report by Ernst & Young (LLP) for 2024/25 and that following completion of their planning procedures, Ernst & Young will update the Committee on any changes in identified audit risks.
2. Agree its understanding of, and approval of, the materiality and reporting levels, as set out within the external auditors report.

7 INTERNAL AUDIT UPDATE - PROGRESS AGAINST INTERNAL AUDIT PLAN 2024-25

The committee considered the report which provided an update of the work undertaken by Internal Audit between April 2024 and March 2025.

The committee noted that significant improvement had been made in the implementation of agreed audit actions with 94% of actions being implemented during 2024-25 compared to 49% during the previous financial year. It was highlighted that a full review had been undertaken to assess how internal audit actions were raised to ensure actions were more succinct and smarter. Actions had also been broken-down, so that where one element of an action had been completed, this could be subsequently 'closed down'. The follow-up process on agreed internal audit actions had also changed and was now done on a monthly basis. This had been helpful in identify issues early-on. Support and increased engagement from action-owners and the Corporate Leadership Team had had a positive impact on progress. The committee thanked the Internal Audit team for their work.

Councillor P Redstone arrived at 11.20am

The committee noted the ongoing internal audit assignments as at 31 March 2025 and queried the anticipated 'Limited' assurance rating in relation to the 'Leavers – equipment/system access' audit. It was clarified that the scope of this audit had been much wider than just system access and included matters such as the return of car parking passes, laptops, mobile phones etc. Any significant issues would be raised immediately with management to be addressed, rather than waiting for the final audit report.

It was queried why the audit work in the Adults, Health and Integration service had not increased, given the budget pressures facing this area. It was clarified that two audits were planned for 2025-26 in relation to the implementation of the Adult Social Care Charging Policy and Adults Direct Payments. These had not been prioritised for 2024-25 as these were new systems/processes that had not yet been fully implemented. Delaying these audits to allow internal audit to provide assurance as to whether the intended improvements had been achieved.

The committee queried the audit in relation to officer decision records. It was confirmed that the completion of this audit had been delayed due to additional testing being carried out. The report would be reviewed by the Head of Audit, Risk and Assurance and the Monitoring Officer who would look at the report in context with a number of other key workstreams underway in relation to governance and decision-making (including training and report writing). It was confirmed that a complete review of the ODR process and delegated authority (both to officers as set out within the Constitution and delegated authority from Committees) would be needed to ensure that officers and members fully understood the process however the first step would be to receive the audit report and its recommendations.

In relation to the Accounts Payable audit report which reviewed the processes and controls in place for the area of Unit4, it was agreed that the one-page summary would be shared with committee members following finalisation of the report.

RESOLVED:

That the briefing report be received and noted.

8 RECRUITMENT OF CO-OPTED INDEPENDENT MEMBERS

The committee considered a report in relation to the term of office for its co-opted independent members. It was noted that the term of office for one co-opted independent member was due to conclude in April 2026.

The committee considered the proposal to extend the co-opted independent member's term of office to October 2027, to be co terminus

with the second co-opted independent members term of office – which would end in October 2027.

It was proposed, seconded and subsequently carried unanimously that the committee support the above recommendation. The committee thanked the co-opted independent members for their work which was extremely valued.

Mr R Jones, co-opted independent member, took the opportunity to thank the committee for their confidence.

RESOLVED:

That the Audit and Governance Committee

1. Recommends to Full Council that the current co-opted post holder's term of office be extended to October 2027.

9 WORK PROGRAMME

Councillor C O'Leary addressed the committee as a visiting member and reiterated earlier points made in relation to officer decisions and the importance of the council undertaking an audit of officer decisions and the management of delegated authority given to officers by committees. Cllr O'Leary stated the importance of there being consistency between committees and elected members knowing exactly what decisions they were making and what was being delegated. Finally, Cllr O'Leary highlighted the importance of the council complying with legal obligations to publish officer decisions. In response, the Monitoring Officer confirmed that there would be a full review of officer decisions, and that training underway would seek to ensure that all reports and recommendations to committees were much clearer, so that members fully understood the implications of any decisions made / delegations given. Further work was underway to develop the working relationship between officers and members and training and development sessions would be arranged to support members and officers working together on such matters.

The committee considered the Work Programme and noted the following:

- Member Training Plan/Strategy: it was noted that this would come to the July Committee for consideration. A draft had been circulated to the committee for comments. The Chair urged all committee members to respond as soon as possible.
- External Audit Value for Money report to be added to the Work Programme for the committee's December meeting.
- Whistleblowing Policy – it was noted that this would be considered by the committee in July, and subject to committee approval, be recommended to the October Full Council meeting.

RESOLVED:

That the Work Programme be received and noted.

The meeting commenced at 10.30 am and concluded at 12.03 pm

Councillor M Beanland (Chair)

Audit and Governance Committee - Action Log

Committee Date	Action	Lead Officer	Update on Progress
March 2025	The committee queried the new changes arising from the recently introduced CIPFA standards for internal audit. It was agreed that this issue would be best covered through an all-committee briefing however a number of the key principles remained the same. Officers committed to arranging a briefing session for the committee	Head of Audit, Risk and Assurance	Update 29 May 2025: briefing to be scheduled following the final external assurance report on internal audit.
May 2025	It was requested that the External Auditors 'Value for Money Statement' be added to the Committee Work Programme at the earliest opportunity.	S151 Officer	Completed: Item added to the Work Programme for December 2025.
May 2025	In relation to the Accounts Payable audit report which reviewed the processes and controls in place for the area of Unit4, it was agreed that the one-page summary would be shared with committee members following finalisation of the report.	Internal Audit Manager	
May 2025	Member Training Plan/Strategy: it was noted that this would come to the July Committee for consideration. A draft had been circulated to the committee for comments. The Chair urged all committee members to respond as soon as possible.	Audit and Governance Committee Members	Completed: on the agenda for July meeting for further consideration.

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OPEN

Audit and Governance Committee

28 July 2025

CQC Local Authority Assurance Outcome

Report of: Helen Charlesworth-May, Executive Director, Adults, Health and Integration

Report Reference No: AG/22/25-26

Ward(s) Affected: All

Purpose of Report

1. This report is intended to update the Audit and Governance Committee on the outcome of the Local Authority assurance visit by the Care Quality Commission (CQC) during week beginning 20 January 2025.
2. To advise members that Cheshire East received a 'Good' rating with a score of 75% with a link to the full Cheshire East CQC report. [Cheshire East Council: local authority assessment - Care Quality Commission](#)
3. At the time of writing this score was one of the highest scores for Council's deemed as 'Good'.
4. Consideration of this report is in line with the remit of the committee which has within its terms of reference to receive 'assurances from across the organisation. In doing so, the Committee will consider the effectiveness of the arrangements described, identifying further information needed and/or making recommendations for improvements and additional action required, which can include further reporting on matters to those charged with governance.'

Executive Summary

5. The Health and Care Act 2022 introduced a new duty for the CQC to assess local authorities' delivery of their adult social care functions under part 1 of the Care Act 2014. The process known as 'local authority assurance' commenced in April 2023. When introduced it was anticipated that all local authorities would go through this process by April 2025.
6. The local authority assurance process begins when a local authority receives a notification letter from the CQC. Following receipt of this letter, each local authority is expected to submit a predetermined Information Return (IR) through a secure CQC portal within a 3-week timeframe. What follows is a period of desktop analysis by CQC, this includes, but is not limited to, publicly available information and data returns produced over the past 12 months by the local

authority, and some discussion with providers and people who use and access services, prior to the local authority receiving 6-8 weeks' notice of an onsite visit.

7. The onsite visit in Cheshire East took place during week beginning 20 January 2025. During the onsite visit, the CQC met with a variety of individuals, including the Chief Executive, Executive Director of Adults, Health and Integration the acting Director of Public Health, the Principal Social Worker for Adults. elected members, groups of staff, partners, and providers. Following the onsite visit CQC published a draft report and a rating for each of the 4 themes in what is known as the Single Assessment Framework (SAF). The draft report was shared with the Executive Director of Adults, Health and Integration who was given 10 days to comment on factual accuracy and was then subject to an internal CQC moderation process before being published as a final report on 14 May 2025.

RECOMMENDATIONS

The Audit and Governance Committee is recommended to:

1. Support and comment upon the rating and feedback of the Cheshire East Council CQC LA Assurance Assessment of Adults Social Care and the initial response from the directorate.

Background

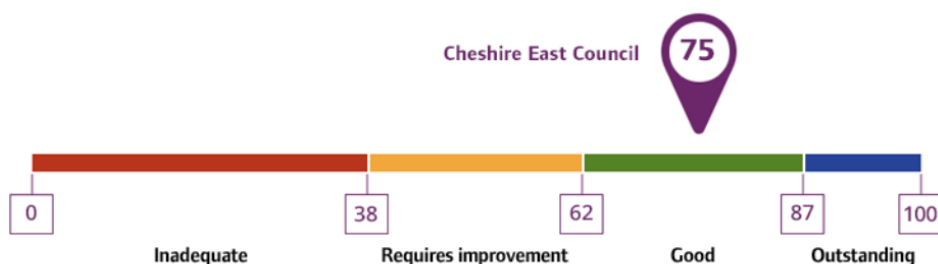
8. The statutory duties of adult social care services are set out in Part 1 of the Care Act 2014. The legislation places a duty on councils to support and promote the wellbeing and independence of working age disabled adults and older people, and their unpaid carers and gives them more control of their care and support.
9. CQC introduced a new 'Single Assessment Framework' (SAF) in July 2022. The SAF unifies assessment approaches for all health and care organisations in England to make assessment simpler, more dynamic, and more evidence led. This includes care providers, whether run by local authorities or private and third sector providers, who have been continually assessed by the CQC since 2010.
10. The SAF has nine 'quality statements' in four themes. Referred to as 'we statements' written from the perspective of the organisation and 'I' statements written from the perspective of people who use and access adult social care services. For consistency of assessment evidence inspectors focus on people's experiences, feedback from staff and leaders, observations of care, feedback from partners, processes, and outcomes of care.
11. Reports are published on the CQC website for each local authority. Reports include findings for each of the themes and each quality statement and will outline strengths and areas for development.

CQC will score each quality statement from one to four:

- 1 = Evidence shows significant shortfalls in the standard of care.
- 2 = Evidence shows some shortfalls in the standard of care.
- 3 = Evidence shows a good standard of care.
- 4 = Evidence shows an exceptional standard of care.

An overall score is calculated against five key questions, whether health and care organisations are safe, effective, caring, responsive to people's needs, and well-led. Scores are in four categories - inadequate, requires improvement, good or outstanding.

Cheshire East scored 3 against each quality statement. At the time of publication only two local authorities scored higher than Cheshire East scoring 78% and 89%. Only one council has been rated as outstanding to-date, achieving a score of four against each domain.



Briefing information

12. CQC undertook analysis of publicly available data for Cheshire East and contacted several providers and partner agencies. CQC also requested an anonymised list of 50 people who have used or have accessed services within the past 12 months. From this list, CQC selected 10 individuals to contact to discuss their experience (having obtained consent). See, appendix one for timeline.
13. The Reform, Assurance and Development team collated data for the information return and were the single point of contact for the CQC local assessment process. They coordinated the CQC onsite visit in conjunction with the senior management. The onsite visit included: meetings with staff, partners, providers, elected members, and experts by experience. The CQC set up meeting with the senior management team before the onsite visit highlighted strengths and areas of improvement identified from the self-assessment. An LA Assurance Improvement Plan linked to the wider Council's Transformation Plan was already in place and being monitored. This was updated with CQC findings from their report.
14. The key areas for improvement are set out in the table below, notable findings from CQC were that the Service knew itself; its areas for improvement and its strengths, and that staff felt supported by leaders, safe to practice with a culture of learning. These are regarded as critical measures for ensuring long-term improvement and ongoing success.
15. The main areas for improvement against the four CQC themes are:

Working with people	Providing Support	Ensuring Safety	Leadership
Increase the number of people receiving a direct payment.	Increase the number of people supported outside care homes.	Further develop transition process (preparing for adulthood) with Children's Social Care.	Maintain recruitment across the Service.
Improve service and offer to Carers.	Further develop co-production with people and partners.	Increase links between Safeguarding Boards and wider Council, sharing risks, reviewing systems for safety and promoting the Board's work.	Reduce levels of sickness and absence.
Further develop EDI resources.	Review the cost of supporting people with a learning disability and autism.	Improve awareness raising of learning from safeguarding adult reviews and domestic abuse related deaths.	Complete workforce strategy to include both internal and external workforce.
Improve waiting lists and waiting times.	Develop community-based model of support for people living with dementia to ensure timely discharge from hospital.	Further work to embed Making Safeguarding Personal outcomes.	Progress Service transformation themes linking with corporate priorities.

16. CQC have advised that following completion of all baseline assessments they will be reviewing how the Assurance Framework continues, this will be done with a variety of stakeholders including hearing from LAs about their experience. Options could include changing the themes/topics and quality statements, the frequency of assessments, and scoring methodology.

Consultation and Engagement

17. As part of the LA Assurance process CQC contact a range of people including those who access support services, their carers, and families, also staff, providers, and partners such as Health to gain feedback of their experience of CEC either through social care processes or as an employee. This was completed by CQC as part of the CQC LA Assurance framework timescales as detailed in the report.

Reasons for Recommendations

18. To provide the committee with appropriate assurance in line with its remit as set out in paragraph 4 of this report.

Other Options Considered

19. There are no relevant other options.

Implications and Comments

Monitoring Officer/Legal/Governance

20. The legal position regarding the CQC report is as stated.
21. The CQC local authority assurance process links directly to an assessment of how well the local authority is meeting its statutory responsibilities under Part 1 of the Care Act 2014. Whilst the Health and Care Act 2022 provides the Secretary of State with powers of intervention in local authorities who are deemed to be 'inadequate', this is not relevant in this instance.

Section 151 Officer/Finance

22. There are no financial implications or changes required to the MTFS as a result of the recommendations in this report.

Human Resources

23. There are no human resources implications associated with this process other than allowing staff time to attend focus group discussions with the CQC.

Risk Management

24. The CQC assurance process includes a review of the management of risk.

Impact on other Committees

25. The substance of this report has already been the subject of a report to the Adults and Health Committee.

Policy

26. CQC local authority assurance relates to "A Council which empowers and cares about people" and "Improving Health and Well Being" and relates to both Cheshire East residents and staff.
27. For Adults, Health & Integration there could be changes to policies as part of the improvement plan and improved work practice.
28. CQC local authority assurance relates to "A Council which empowers and cares about people" and "Improving Health and Well Being" and relates to both Cheshire East residents and staff. And links to the priorities within the [Corporate Plan](#). For Adults, Health & Integration there could be changes to policies as part of the improvement plan and improved work practice.

Equality, Diversity, and Inclusion

29. Equality, Diversity, and inclusion are central themes that run through the CQC local authority assurance process. An Equality Impact Assessment is not appropriate.

Other Implications

30. Rural Communities - CQC assurance process includes a review of equity and experience in outcomes. Access to information, advice, and services by those who live in rural communities will be considered as part of this process.
31. Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND) - The CQC assurance process includes a review of the transition of young people between Children's and Adult Social Care Services, particularly in respect of Preparing for Adulthood.
32. Public Health - Individual wellbeing is central to the Care Act 2014. Additionally, one of the CQC Quality Statements relates to equity and experience in outcomes. The Public Health team were actively involved in the preparation for the CQC assurance process. It is anticipated that there will be a positive impact on the health and wellbeing of Cheshire East residents.

Consultation

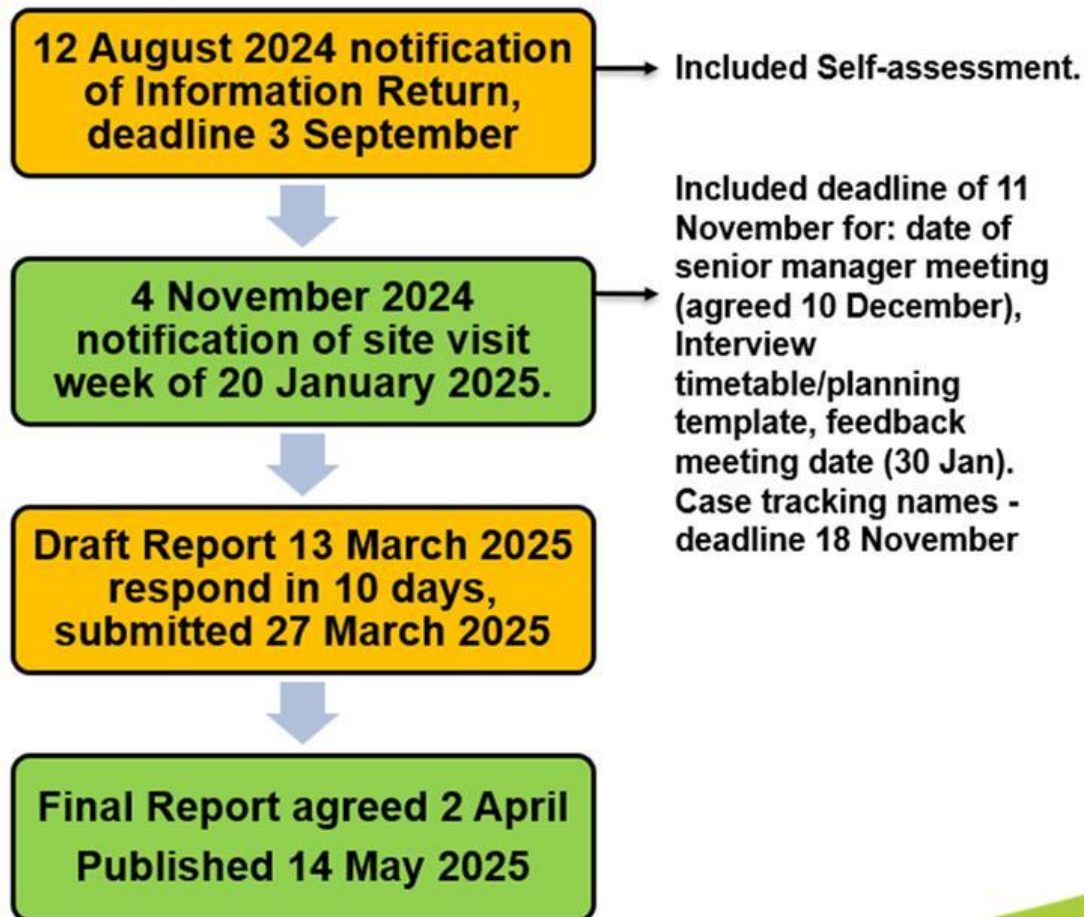
Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy) :</i>			
Ashley Hughes	S151 Officer	16/07/25	16/07/25
Janet Witkowski	Acting Monitoring Officer	16/07/25	16/07/25
<i>Legal and Finance</i>			
Nikki Wood Hill	Finance Manager	16/07/25	16/07/25
Roisin Beressi	Principal Lawyer	16/07/25	17/07/25
<i>Executive Directors/Directors</i>			
Helen Charlesworth-May	Executive Director Adults, Health, and Integration	16/07/25	16/07/25

Access to Information	
Contact Officer:	Sheila Wood. Head of Improvement and Assurance Adult Social Care Operations sheila.wood@cheshireeast.gov.uk

Appendices:	Appendix 1: Timeline
Background Papers:	Local authority assessments - Care Quality Commission (cqc.org.uk) Link to Cheshire East Report: https://www.cqc.org.uk/care-services/local-authority-assessment-reports/cheshireeast-0525

Appendix 1: Timeline

Timeline



OPEN

Audit and Governance Committee

28 July 2025

Draft Financial Statements – Wholly Owned Companies 2024/25 and Outturn Update 2024/25

**Report of: Ashley Hughes, Executive Director of Resources,
Section 151 Officer**

Report Reference No: FSC/09/25-26 AG/16/25-26

Ward(s) Affected: Not applicable

For Scrutiny

Purpose of Report

- 1 This report confirms that the Council's wholly owned companies (WOC's) will publish, on their websites, their pre-audit Summary Financial Statements for year ended 31 March 2025, alongside the Council's 2024/25 Group Financial Statements.
- 2 Information on the 2024/25 pre-audit Financial Statements for the WOC's will be presented to the Committee. This step is taken to provide Committee members with an early summary of the Company single entity accounts and whilst the Committee do not approve the Financial Statements it enables them to review in advance of any formal responsibility to approve the Council Group Accounts which these Financial Statements feed into.
- 3 This report provides members with the pre-audited overview of the Company Outturn for the financial year 2024/25. Members are being asked to note the financial performance of the Companies.

Executive Summary

- 4 This report outlines the timelines and processes for the pre-audited WOC's Financial Statements for 2024/25.
- 5 This report also provides Members with an overview of the Outturn position for the Companies for the financial year 2024/25.

- 6 The report provides an update on the changes to the WOC.

RECOMMENDATIONS

The Audit and Governance Committee is recommended to:

1. Note the summarised position of the WOC Financial Statements for year ended 31 March 2025 based on the information provided at this meeting and included in this report at Appendix 1.
2. Note the dates in relation to the approval process for the Financial Statements.
3. Note the overall financial performance of the WOC's in the 2024/25 financial year, as contained within the Appendix 1, as follows:
 - a. ASDV Reserves increased by £0.334m, retained reserves are £0.848m.
 - b. Wholly Owned Companies Net Core Contract Spending was £43.611m.

Background

- 7 The Company financial statements are prepared in accordance Financial Reporting Standard 101 (Reduced Disclosure Framework) in accordance with recognition, measurement and disclosure requirements of International Financial Reporting Standards (IFRSs) as adopted by the European Union (EU).
- 8 Following the decision made by the Finance Sub-Committee on [25 June 2024](#), the draft financial statements for Ansa Environmental Services Ltd (Ansa) and Orbitas Bereavement Services Ltd (Orbitas) have been prepared on break up basis* and comply with the Companies Act 2006.

* Under the Going Concern section within the Company Accounts, there is reference to the Accounts being prepared on a “break up” basis rather than being a Going Concern. This has been quoted and used previously and is an accounting method used when a company is ceasing operations or is in the process of liquidation, requiring financial statements to reflect the company's ability to settle its liabilities.

- 9 The CEC Group statements consolidate the accounts of CEC and two wholly owned subsidiaries (Ansa and Orbitas).
- 10 This mirrors treatment of these organisations in 2023/24. The single entity statements for Ansa and Orbitas will be presented to the Company

Boards for approval in October 2025 and will also be brought back to the Committee for noting in December 2025.

- 11 The objective of the Financial Statements is to provide information about the WOC's financial performance that is useful to a wide range of interested parties including CEC as Shareholder. Its purpose is to give readers and stakeholders clear information about the Company finances and to answer questions such as: what did services cost; where the money came from; what are the significant events this year; and what is the Company net worth?
- 12 Members are not required to approve the pre-audit company Financial Statements. However, the Executive Director of Resources (Section 151 Officer) is providing the Committee with an early indication of the key messages from these Financial Statements as part of the overall financial reporting for the Cheshire East Group.
- 13 A Summary Financial Statement document comprising of the Statement of Consolidated Income (Profit & Loss) and the Statement of Financial Position (Balance Sheet) will be published alongside the Council's draft 2024/25 Accounts (estimated 31 July 2025) for each respective company on their website with a link to the CEC Group Accounts. Company Boards are responsible for approving the Financial Statements and ensuring that they are published at Companies House 9 months after the Accounting Date (31 March 2025), therefore on or before 31 December 2025.
- 14 The final audited Financial Statements will also be presented to this Committee for noting in December 2025 along with a copy of the respective External Audit Reports.

2024/25 Outturn

- 15 The core contract expenditure of Ansa and Orbitas, charged at cost to CEC in 2024/25 is £43.611m (2023/24: £45.051m). This reduction in costs is due to Orbitas coming back in house on 1 February 2025 and the wind down of ANSA, most of which came back into CEC on 1 April 2025.
- 16 The movement in reserves reflecting net (after tax) commercial profits of Ansa and Orbitas were:
 - Opening Balances £2.014m
 - Dividend Payment (£1.500m)
 - In Year Profit £0.334m
 - Closing Reserves £0.848m

Update on Wholly Owned Companies

- 17 Following a review of the two remaining WOCs the recommendation to bring both Ansa and Orbitas back in house was considered and approved by members at Finance Sub-Committee on 25 June 2024.
- 18 Following this decision a number of workstreams were formed to ensure a smooth transition back to the Council. Orbitas was brought back with effect from 1 February 2025 and most of Ansa from 1 April 2025.
- 19 It was not possible to bring the Ansa transport service back on that date due to operator licence issues and a revised date is being established in 2025/26.
- 20 Therefore, the intention is that the accounts for Orbitas for 2024/25 will be the last set of accounts for that company and it will be wound up in the 2025/26 financial year. For Ansa, as that has carried on trading but at a reduced level, it is expected that the 2025/26 accounts will be the final set and these will need to be audited. It is expected that Ansa will be wound up in the 2026/27 financial year.

Consultation and Engagement

- 21 The WOC Summary Financial Statements will be made available on the company websites in line with the Council's draft 2024/25 Accounts publication date (TBC – estimated 31 July 2025).
- 22 The WOC's are required to publish their audited Financial Statements at Companies House on or before 31 December (for Accounting periods ending 31 March). Accounts for each of the private companies within the Cheshire East Group will also be provided to Companies House as required.

(website: <https://www.gov.uk/government/organisations/companies-house>)

Reasons for Recommendations

- 23 The draft Financial Statement present the financial performance for the companies for the financial year 2024/25. The Executive Director of Resources (Section 151 Officer) is providing the Committee with an early indication of the key messages from these Financial Statements as part of the overall financial reporting for the Cheshire East Group.

Other Options Considered

24

Option	Impact	Risk
Outturn reporting and Draft Accounts could be delayed until post audit, to avoid the risk of provisional figures changing.	This is not a recommended option as the audit completion certificate is not expected until October 2025	Delaying the reporting element of the company out-turn and Accounts minimises the ability to react to issues that may impact on the Group and in-year monitoring. Provisional reporting has historically been accurate, so it is appropriate to report the financial information provided in this report.

Implications and Comments

Monitoring Officer/Legal/Governance

- 25 The financial statements have been prepared in accordance Financial Reporting Standard 101 (Reduced Disclosure Framework) in accordance with recognition, measurement, and disclosure requirements of International Financial Reporting Standards (IFRSs) as adopted by the European Union (EU).
- 26 Following the decision made by the Finance Sub-Committee on 25 June 2024, the draft Financial Statements for Ansa and Orbitas have been prepared on a break-up basis and comply with the Companies Act 2006.
- 27 The Accounts and Audit (Amendment) Regulations 2022 statutory audit deadlines for 2024/25 state the publication date for audited accounts is 30 June 2025 for all local authority bodies. CEC have published a delay notice. As part of the Cheshire East Council Group, the Wholly Owned Companies are required to comply with this same deadline but are only required to publish Draft Summary Financial Statements on their respective websites.

- 28 The audited Financial Statements are to be approved by the Company Boards and published by the 31 December 2025 on Companies House.

Section 151 Officer/Finance

- 29 The Financial Statements summarise the financial activities of the Companies for the preceding financial year and their position at the year end. They summarise the Company turnover and expenditure, assets and liabilities, and the level of reserves and indebtedness. As the statements are subject to external audit and opinion, they present a key measurement of the overall financial performance of the company. The Financial Statements are an important part of Company and also Council Group financial governance and stewardship arrangements.

Human Resources

- 30 There are no Human Resources Implications.

Risk Management

- 31 The financial statements have been prepared in accordance with Financial Reporting Standard 101 (Reduced Disclosure Framework) in accordance with recognition, measurement and disclosure requirements of International Accounting Standards in conformity with the requirements of the Companies Act 2006.
- 32 Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law including FRS 101 "Reduced Disclosure Framework"). Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs and profit or loss of the Company for that period.
- 33 Failure to prepare the financial statements as described above could result in a qualification of the accounts which may lead to further audit costs in future as well as an adverse impact on the Company and Council reputation.

Impact on other Committees

- 34 There are no direct impacts on other Communities.

Policy

- 35 There are no Policy implications.

Commitment 3: An effective and enabling council
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Equality, Diversity and Inclusion

36 There are no Equality, Diversity or Inclusion Implications.

Other Implications

37 N/A

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy) :</i>			
Ashley Hughes	S151 Officer	04/07/25	17/07/25
Janet Witkowski	Acting Monitoring Officer	04/07/25	17/07/25
<i>Legal and Finance</i>			
Janet Witkowski	Acting Monitoring Officer	04/07/25	17/07/25

Access to Information

Contact Officer:	Tracy Baldwin - Finance Manager – Strategic Finance and Accounting Tracy.baldwin@cheshireeast.gov.uk
Appendices:	Appendix 1 – Presentation - Summary Wholly Owned Company Financial Statements 2024/25
Background Papers:	None

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Audit and Governance Committee 28th July 2025

2024/25 Draft Financial Statements Wholly Owned Companies

Publishing deadlines

The Accounts and Audit (Amendment) Regulations 2024

- The Accounts and Audit (Amendment) Regulations 2024 statutory audit deadlines for 2024/25 state the publication date for draft accounts 30th June 2025 for all local authority bodies.
- As part of the Cheshire East Council Group, the Wholly Owned Companies (WOC's) are required to comply with this same deadline but are only required to publish Draft Summary Financial Statements on their respective websites.
- The WOC's are required to publish their audited Financial Statements at Companies House on or before 31st December (for Accounting periods ending 31 March).

Important Dates

July 31st (TBC)	Summary Financial Statements on company websites
July 29th	Committee receive report on draft Financial Statements – WOC's
July - Aug	Grant Thornton on site for main audit (July)
October	WOC Boards receive audit findings and Audited FS for Approval.
Date TBC	Committee receive Audit Findings and Audited Financial Statements for noting.
On or before December 31st	Audited Financial Statements deadline to be published at Companies House.

Approving the Accounts

- The CEC Group Accounts require the approval of the Audit & Governance Committee.
- The wholly owned companies as entities within the CEC Group also have single entity accounts that require approval by the Company Board. Recommendations will be made at the October 2025 Board cycle.
- The Group of Companies accounts are audited by Grant Thornton UK LLP.

Wholly Owned Company – Single Entity Financial Statements

Strategic Report

- Overview of financial performance.
- Includes achievements, risks and lots of facts and figures.

Management Accounts headlines

- The WOC out-turn performance is split between Core Services provided to CEC and Commercial activities.
- Core Services provided to CEC should operate on a net cost basis i.e. if the company is requested by the Council to provide additional services – then the company is paid by the Council for the additional services.
- Commercial Activities are subject to Corporation Tax and out-turn profits are retained 100% by the Company.
- WOC Reserves decreased by £1.116m (2023/24 £0.173m), leaving retained reserves at £0.848m. Interim Dividends were paid by the companies to CEC in 24/25 to the value of £1.5m.
- Wholly Owned Companies Net Core Contract Spending was £43.611m (2023/24 £45.051m)

Members of the Committee should consider:

- Relevance of the information provided
- Transparency of the accounts
- Engage with the Finance Team on any queries up to the Committee Date

The Finance Team will:

- Work with Grant Thornton and Ernst Young to complete the audit.
- Finalise the accounts based on feedback

Wholly Owned Company – Out-turn Performance 2024/25

Out-turn	Ansa £'000	Orbitas £'000
Core Management Fee 2024/25	42,579	1,926
Additional Management Fee claimed in year*	(323)	253
Revised Management Fee 2024/25	42,256	2,179
Core Contract Out-turn 2024/25	41,562	2,049
Overspend/Underspend at Out-turn	(694)	(130)
Rebate to CEC /(Additional Cost to CEC)	694	130
Core Out-turn - post rebate/Charge to CEC -(over)/under	0	0
Commercial Out-turn after Tax	259	75
Net Profit retained by Company	259	75

*Additional Management Fee claims, reflected in CEC in year reporting are in respect of:

- ANSA – Improved Inflation on waste contracts and recycling income improvement
- Orbitas – Pay inflation plus Handyperson additional demand from Adult Social Care

Movement in reserves (£m)	Ansa £'000	Orbitas £'000	Total £'000
Opening Balance	1,491	523	2,014
Dividend	(1,110)	(390)	(1,500)
In Year Profit	259	75	334
Change	(851)	(315)	(1,166)
Closing Balance	640	208	848

Ansa Environmental Services Limited - Out-turn
Performance 2024/25

Statement of Consolidated Income	2024/25 £'m	2023/24 £'m
Turnover	54.725	50.456
Cost of Sales	(46.072)	(43.617)
Gross Profit or (Loss)	8.653	6.839
Administration Costs	(8.209)	(6.572)
Other Operating Income/Expenditure (net)	(0.002)	0.002
Net Operating Profit / (Loss)	0.443	0.269
Interest Receivable / Payable (net)	(0.090)	(0.179)
Corporation Tax	(0.094)	0.017
Net Profit	0.259	0.107

Statement of Financial Position	2024/25 £'m	2023/24 £'m
Long Term Assets	3.965	4.532
Current Assets	9.583	9.896
Current Liabilities	(9.735)	(9.205)
Long Term Liabilities	(3.173)	(3.732)
Net Assets	0.640	1.491
Shareholdings	-	-
Retained Reserves	0.640	1.491
Equity	0.640	1.491

Orbitas Bereavement Services Limited - Out-turn
Performance 2024/25

Statement of Consolidated Income	2024/25 £'m	2023/24 £'m
Turnover	2.162	2.543
Cost of Sales	(1.518)	(1.588)
Gross Profit or (Loss)	0.644	0.955
Administration Costs	(0.555)	(0.867)
Other Operating Income/Expenditure (net)	(0.002)	-
Net Operating Profit / (Loss)	0.088	0.088
Interest Receivable / Payable (net)	0.011	-
Corporation Tax	(0.024)	0.022
Net Profit	0.075	0.066

Statement of Financial Position	2024/25 £'m	2023/24 £'m
Long Term Assets	0.004	0.008
Current Assets	0.469	1.122
Current Liabilities	(0.265)	(0.604)
Long Term Liabilities	-	-
Net Assets	0.208	0.525
Shareholdings	-	-
Retained Reserves	0.208	0.525
Equity	0.208	0.525

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OPEN

Audit and Governance Committee

28 July 2025

Member Training and Development Plan

Report of: Janet Witkowski, Acting Governance, Compliance and Monitoring Officer

Report Reference No: AG/36/24-25

Ward(s) Affected: All

For Decision

Purpose of Report

- 1 To consider how member training and development at Cheshire East Council could be repositioned to deliver the recommendations set out in the Corporate Peer Challenge report and be more responsive to emerging training needs as the Council's Transformation Plan is implemented.
- 2 The report is being submitted to the Audit and Governance Committee in line with Paragraph 45 of its Terms of Reference i.e., to review, advise, monitor and report to full Council on member training.

Executive Summary

- 3 In March 2024, the Council underwent a Local Government Association (LGA) Corporate Peer Challenge review; the aim being to support the authority in managing its concurrent challenges of financial sustainability and service improvement.

- 4 The LGA's report was published in July 2024 [LGA Corporate Peer Challenge 2024](#) - three of its recommendations (abridged below), relating directly to member training:

Recommendation 10: Give more time and emphasis to scrutiny across the Council.

Recommendation 12: Improve financial reporting mechanisms and training.

Recommendation 14: Launch a programme of training and development for Members (and officers).

- 5 Accordingly, the current Member Training and Development Programme and the Member Development Strategy have been reviewed, refocused and repositioned to deliver the improvements required. This report seeks approval of the changes proposed.

RECOMMENDATIONS

The Audit and Governance Committee is recommended to:

1. Approve the Cheshire East Council Member Training and Development Plan, supplementary Committee training programmes, and the Member Development Strategy 2025- 2027, and that these documents be adopted with immediate effect.
2. Grant delegated authority to the Governance, Compliance and Monitoring Officer to make changes to the Member Training and Development Plan and/or Member Development Strategy 2025-2027 as they consider are required, to ensure that future training priorities/training needs are addressed.
3. Agree that periodic reviews of the Member Training and Development Plan and the Member Development Strategy be carried out by the Audit and Governance Committee, such reviews to be included in the Committee's work programme.
4. Invite the Constitution Working Group to consider changing the Constitution, to make the mandatory elements of the committees' training programmes compulsory for its membership.
5. Agree that an annual report be submitted to the Audit and Governance Committee for the purpose of monitoring compliance

with any key performance indicators set out in the Member Development Strategy.

6. Agree that individual Member attendance at mandatory training events (including non-attendance) be recorded and published annually on the Council's website, recording to commence in July 2025 for publication by end July 2026.

Background

- 6 Our Members are representatives and champions of their communities as well as Corporate Parents for children and young people in our care. Members play a vital role in shaping the future of Cheshire East and improving the quality of life of local people.
- 7 To ensure that Members clearly understand their governance, decision-making and leadership responsibilities, a comprehensive training programme is delivered, which runs throughout their four-year term of office.
- 8 Cheshire East's Member Development Programme was last refreshed in 2022, using as its baseline the foundation skillset identified in the Local Government Association's (LGA) [Local Leadership Framework for Councillors | Local Government Association](#).

Repositioning Training and Development at Cheshire East

- 9 In March 2024, the Council underwent an LGA Corporate Peer Challenge review; the aim being to support the authority in managing its concurrent challenges of financial sustainability and service improvement.
- 10 The LGA's report was published in July 2024 and contained three recommendations pertinent to member development, which are set out in paragraph 4. Within the body of its report, the LGA also highlighted other key areas for improvement i.e.,
 - Support Committees to focus on the strategic issues facing the Council and understand the different functions and responsibilities across the tiers of local government.
 - Improve training for Members in the areas of finance, equality and corporate parenting.
 - Provide further training and development to support elected members (and officers working with them) in having the skills and capacity

necessary to improve the performance of the Council's committee system.

- 11 In its present format, the Member Training and Development Programme does not focus enough on strategic decision-making, nor is it sufficiently in-depth to enable the Council to address the LGA's recommendations and support the aspirations of the Transformation Plan.
- 12 Given that training for members (and officers) will be one of the mechanisms driving forward change, work has been undertaken to review, refocus and reposition the Member Training and Development Programme and Member Development Strategy.

Repositioning Member Training and Development

- 13 Initial discussions have taken place with the LGA on identifying an alternative framework to build the programme around, which resulted in the following broad headlines being identified:
 - Geography of decisions.
 - Scrutiny within decision making.
 - Financial challenges.
 - Working within a committee system.
 - Skills and knowledge.
- 14 The programme attached to the report at Appendix 1 (hereafter referred to as the Member Training and Development Plan), has applied the above methodology to reposition the Council's approach to member training and development, in response to the recommendations in the peer challenge report.
- 15 Accordingly, some subjects which were previously delivered as stand-alone sessions have been combined into strategic or holistic themes and are marked as new in the plan, alongside additional content. The arrows at the side of the events indicates where the content overlaps or interconnects with another. Beginning with the welcome event, the Plan also suggests the sequence of delivery.
- 16 As far as possible, and to ensure the Plan is cost effective, the events set out in the Member Training and Development Plan will be delivered in-house, but specialist subjects will require external training to be commissioned e.g., scrutiny, building effective relationships and strategic decision making. Budgetary provision has been set aside for this.

- 17 The Member Training and Development Plan will cover a four-year period, starting from the Member's election to the end of their term of office. As delivery of the Transformation Plan gathers pace, new priorities for member training will emerge. Therefore, the Plan will be a living document, able to flex, respond and adapt to emerging issues.
- 18 To facilitate this, the Audit and Governance Committee is requested to grant delegated authority to the Governance, Compliance and Monitoring Officer to make changes to the Member Training and Development Plan, as they consider may be required. As the Plan will come into force part-way through the current cycle, 2025 to 2027 will be used as a transitional period; to deliver the priority areas identified in paragraphs 4 and 10 of this report and enhance the content in advance of the local elections in 2027.
- 19 To ensure the Member Training and Development Plan continues to remain relevant and is responsive to change as the Council transforms, periodic reviews will be carried out by the Audit and Governance Committee; such reviews to be included in the Committee's work programme.
- 20 From 2025/2026, bi-annual briefings will be held for Members; the working title being Strategy and Success briefings. These events will provide an opportunity for the Council to reflect on past successes and look ahead at the opportunities/challenges facing the authority. The briefings will include topics such as the strategic direction of the Council, performance management, risk and assurance and emerging national and local issues. Any Member training needs raised at the Strategy and Success briefings will be considered by the Governance, Compliance and Monitoring Officer for inclusion in the Member Training and Development Plan.
- 21 Members play a fundamental role in setting the strategic direction of the authority. It is vital therefore that they understand the legal obligations placed on the Council and its Members, to ensure effective and responsive governance and decision-making. For this reason, many of the subjects within the Member Training and Development Plan will be mandatory for all Members.
- 22 To strengthen Members' understanding of the decision-making process, committee specific training programmes have been developed, each based around core subjects common to all committees. To illustrate what these supplementary training programmes may look like, Appendix 2 provides *draft* programmes for two committees - Children's and Families and Audit and Governance.

- 23 On adoption of the Member Training and Development Plan, each committee will be invited to tailor the content of its own draft programme, in line with the Member Development Strategy. Committees will be expected to utilise free training support and resources offered by organisations such as the LGA, Centre for Governance and Scrutiny (CfGS), Chartered Institute of Public Finance and Accountancy (CIPFA) etc. These programmes will then sit underneath the Member Training and Development Plan and will provide subject focused training for the committees whilst ensuring that Members are aware of the expectations placed upon them, when appointed to the body concerned.
- 24 To bring the service committees in line with the requirements placed upon the Council's quasi-judicial bodies, Audit and Governance Committee is asked to invite the Constitution Working Group to consider changing the Constitution, to make the mandatory elements of the committee training programmes compulsory for its membership.
- 25 To promote awareness of the expectations placed on Members regarding their training and development, and to provide space in the calendar for training to be delivered, the following changes will be implemented:
- Additional information will be supplied to candidates standing for election, on the expectations placed upon Cheshire East Members in respect of their training and development; this will include placing a link to the Member Development Strategy on the [Standing as Cheshire East Councillor](#) web page. A copy of the Member Training and Development Plan will be included in the welcome pack issued following a Councillor's election.
 - To provide space for events and to assist with diary management, training days will be added to the approved calendar of meetings. These will not be subject specific but open for any training to be delivered. Ad hoc training/briefings which need to be arranged outside of the dates identified, will continue to be provided, as required.
 - The frequency of reminders to complete the online e-learning modules will be increased and regular drop-in sessions to help Members navigate the system will be scheduled in the calendar.

- 26 The peer challenge review report recommended that Members' attendance (including non-attendance) at training events should be made public. In proposing this recommendation to Audit and Governance Committee, it is important to note that only attendance at mandatory events and completion of the mandatory online programme would be recorded. At the end of each financial year, a Member's individual attendance record would be published alongside their record of allowances for the year past.
- 27 Furthermore, to monitor compliance with the programme, key performance indicators will be considered for inclusion in the Member Development Strategy, the statistical analysis from which to be reported to the Audit and Governance Committee.

Member Development Strategy

- 28 An essential component of a successful Member Training and Development Plan is to have a comprehensive and co-ordinated strategy in place. A well-structured strategy champions training and development as a tool which:
- Enables Members to work effectively and understand their governance role and decision-making responsibilities; and
 - Provide opportunities for Members to build their leadership skills which in turn, benefits both the individual and the Council.
- 29 Accordingly, the extant Member Development Strategy has been refreshed to bring it into line with the new Member Training and Development Plan. The strategy (Appendix 3) identifies the Council's commitments in respect of providing training and development opportunities for its Members but also sets out the expectations placed on Councillors in respect of their engagement with formal training and with development opportunities provided for them.
- 30 Once adopted, the Member Training and Development Plan together with the supplementary committee training programmes will sit underneath the Member Development Strategy. To ensure the content of the strategy remains relevant as the Council transforms, periodic reviews will be carried out by the Audit and Governance Committee; such reviews to be included in the Committee's work programme.
- 31 Further work will be undertaken in due course with the Director of People and Customer Experience to look at joint officer and member training in conjunction with the Local Government Association.

Consultation and Engagement

- 32 Consultation has taken place with the Local Government Association (LGA) to reshape the Member Training and Development Plan so that it can deliver the recommendations in the Corporate Peer Challenge Review report. Engagement with the Member Training and Development Plan by Members will be monitored by the Audit and Governance Committee.

Reasons for Recommendations

- 33 The recommendations in the report will enable the Council to implement the changes recommended by the LGA Corporate Peer Challenge Review report, deliver change in respect of the Transformation Plan, support the development of its elected Members and fulfil commitment 3 in the [Cheshire East Plan 2025-29](#) (becoming an effective and enabling Council).

Other Options Considered

33

Option	Impact	Risk
Change the Council's approach to member development, in accordance with the LGA's recommendations by refocusing the Member Training and Development Plan and Member Development Strategy.	This will bring about the improvements required in respect of governance, decision-making and improved understanding of Members' roles and responsibilities.	Taking no action will negatively impact on the Council's ability to manage its concurrent challenges of financial sustainability and service improvement.
Continue to deliver training based on the current programme of training and development.	The programme would not be sufficiently strategic in nature, nor in-depth enough to have a positive impact on Members' ability to make legally sound decisions and understand their governance role and responsibilities as the Council transforms.	The current approach would not be capable of delivering the recommendations of the Corporate Peer Challenge Review report and the aspirations of the Transformation Plan.

Do nothing	Without a refocused approach the Council will not be able to move forward.	Taking no action will negatively impact on the Council's ability to manage its concurrent challenges of financial sustainability and service improvement.
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Implications and Comments

Monitoring Officer/Legal/Governance

- 34 There are no direct legal implications arising from this report; however, training and development is critical to ensuring elected Members are aware of the legislative framework within which local government decision making operates. The package of training and development set out in the Member Development Plan and Member Development Strategy is designed to support Members in making effective and legally sound decisions.

Section 151 Officer/Finance

- 35 Budgetary provision has been made available to commission the training outlined in the programme, subject to financial constraints. The use of online training or subsidised/free support from leading local government organisations will ensure that the Member Development Plan remains both relevant and cost effective, allowing best use of the resources available.

Human Resources

- 36 No human resource implications have been identified.

Risk Management

- 37 The risk of deferring or not adopting a new approach to Member Training and Development is set out in paragraph 33 of this report.

Impact on other Committees

- 38 The introduction of committee specific training programmes will provide a more subject focused approach to training for the body concerned, whilst ensuring that its membership is aware of the wider training requirements placed on all elected Members, as set out in the Member Development and Training Plan.

Policy

- 39 Corporate Plan Commitment 3: an effective and enabling council. The changes proposed will enable the Council to provide strong community leadership and governance for our residents, businesses and partners. To deliver our ambitions for Cheshire East, the Member Training and Development Plan will support the Medium-Term Financial Strategy 2025-29, the Transformation Plan, the Corporate Peer Challenge Action Plan, the Children's Services Improvement Plan, the Equality, Diversity and Inclusion Strategy 2021-25 and the Digital Inclusion Plan 2023-2026.

Equality, Diversity and Inclusion

- 40 Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. Mandatory equality, diversity and inclusion training has been included in the Member Training and Development Plan for Councillors which must be completed each year.

Other Implications

- 41 The recommended improvements in the report in respect of safeguarding children and young people, will improve the quality of decision making for the benefit of children and young people, and cared for children within Cheshire East.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy):</i>			
Ashley Hughes	S151 Officer	03/07/25	17/07/25
Janet Witkowski	Acting Monitoring Officer	03/07/25	15/07/25
<i>Legal and Finance</i>			
Julie Gregory	Head of Legal	Click or tap to enter a date	Click or tap to enter a date

<i>Other Consultees:</i>			
<i>Executive Directors/Directors</i>			
Brian Reed	Head of Democratic Services	Click or tap to enter a date	Click or tap to enter a date

Access to Information	
Contact Officer:	Brian Reed, Head of Democratic Services brian.reed@cheshireeast.gov.uk
Appendices:	Appendix 1: Member Training and Development Plan Appendix 2: Member Development Strategy 2025 2027 Appendix 3: Draft committee training programme - Children's and Families Committee and Audit and Governance Committee
Background Papers:	LGA Corporate Peer Challenge Final Report 2021 Member Training and Development Plan 2023 - 2027 Member Development Strategy 2009

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Member Training and Development Plan

Event Details/Plan Objective (Geography of Decisions/Financial Challenges/Skills and Knowledge)	When delivered:	Audience	Status/Format Provider
Welcome event: <ul style="list-style-type: none"> • Introduction to the Council. • Cheshire East Plan. • Opportunities and challenges facing Cheshire East in next four year. 	Each election year in May <i>Stand-alone event</i>	All Councillors	Mandatory/in person In House
Geography of Decisions NEW: <ul style="list-style-type: none"> • Understanding the different functions and responsibilities across local government levels. • Distinguishing strategic issues from local and community matters. • Recognising the different geographies that Councillors are working across. • Relationship between Ward and Borough level decision making and engagement. 	Each election year in May <i>Stand-alone event</i>	All Councillors	Mandatory/in person External provider/In house
Strategy and Success briefing NEW: Opportunities, risks, and challenges facing Cheshire East in the forthcoming financial year in respect of local government (e.g. devolution), strategic decisions, proposed policy changes, performance management, emerging national and local issues impacting on the authority.	Annually in May and October <i>Format will combine key elements from the first two events</i>	All Councillors	Mandatory/in person
Introduction to Local Government: <ul style="list-style-type: none"> • Facts and information, and links to other resources. 	Annually from September	All Councillors but aimed at members new to local government	Discretionary/online learning In house

Event Details/Plan Objective (Skills and Knowledge)	When delivered:	Audience	Status/Format Provider
Getting Started with IT Workshop: <ul style="list-style-type: none"> Handout of ICT kit; including a basic overview of the device. 	Each election year in May	All Councillors	Mandatory/in person In house
ICT Bitesize Sessions: <ul style="list-style-type: none"> On Windows/Outlook/Teams and Teams telephony. 	Each election year in June and July	All Councillors	Discretionary/in person In house
Mod.Gov App Training: <ul style="list-style-type: none"> Orientation event to help members navigate Mod.Gov app. 	Each election year in June and July	All Councillors	Mandatory/in person In house
Introduction to Online Learning: <ul style="list-style-type: none"> Orientation event to help members navigate the Learning Lounge. Regular drop-in sessions for members who need additional support/familiarisation with the system. 	Each election year in September Annually thereafter from September	All Councillors	Mandatory Year 1, discretionary thereafter/in person In house

Event Details/Plan Objective (Geography of Decisions/Working within a Committee System/Skills and Knowledge)	When delivered:	Audience	Status/Format Provider
Councillors' Code of Conduct: <ul style="list-style-type: none"> • General principles of conduct. • Specific obligations in relation to standards of conduct by Cheshire East Councillors. • Advice on completion of ROI forms. 	Each election year in May, June, and July Annually thereafter in June	All Councillors	Mandatory/in person within 28 days of election or notification of annual return. In house
Working effectively as a CE Councillor: <ul style="list-style-type: none"> • Member/officer relations in respect of the wider policy framework and scheme of delegation. • Decision making framework/governance/Constitution. • Cheshire East Values 	Each election year in May	All Councillors	Mandatory/in person In house
Working within a Cheshire East Committee system: <ul style="list-style-type: none"> • Strategic decision making for service committees. • Strategic decision making in respect of financial decisions. • Scrutiny within a committee model of governance. • Committee procedural rules and decision-making process. 	Each Election year in May and June (in person) Annually thereafter in September (online)	All Councillors	Mandatory/in Person/online part of mandatory Induction Programme on Learning Lounge External provider/in house
Building Effective Relationships: NEW <ul style="list-style-type: none"> • Empower individuals to build relationships and support colleagues to have open and honest conversations. • Explore the barriers to having effective conversations and the importance of recognising and mitigating those challenges. • Bring to life relevant examples around engagement, co-creation, and collaboration. 	Each election year in July or September	All Councillors	Mandatory/in person External provider

Event Details/Plan Objective (Geography of Decisions/Financial Challenges/Working in a Committee System/Skills and Knowledge)	When delivered:	Audience	Status/Format Provider
Service Committee Briefings (Introduction to): <ul style="list-style-type: none"> • Directorate presentations • Terms of Reference/decision making powers. • Key issues such as budget/financial challenges, transformation, and Cheshire East Plan. • Work programme. 	Each election year in June and July On appointment to the Committee	All Service Committee members	Mandatory/in person (committee), mandatory/in person/Teams (individual member) In house
Quasi-judicial Committee Training: <ul style="list-style-type: none"> • Committee specific presentation • Applicable legislation/policies relating to the body concerned. • Terms of reference, decision making powers • Relevant protocols. 	Each election year in June and July On appointment to the Committee	All quasi-judicial Committee Members.	Mandatory/in person. Training must be completed before member can take place on committee
Introduction to Council Services: NEW Directorate led sessions on services provided by Cheshire East Council, excluding Highways which provides four sessions each year.	Each election year in June and July Annually (Highways)	All Councillors	Mandatory/discretionary dependent on subject In person/Teams/In house
Chairing Skills: NEW Chairing skills for Committee Chairs and Vice Chairs. Separate sessions for i) Service Committees; and ii) Regulatory Committees.	Each election year in June and July When new Chair/Vice Chair appointed	Committee Chairs and Vice Chairs	Mandatory/in person External provider/in house
Joint Strategic Needs Assessment (JSNA): NEW <ul style="list-style-type: none"> • What is the JSNA. • How each chapter is written and kept up to date. • Range of resources available. • How should Councillors and Committees use the Tartan Rug in decision making. 	Annually in June and July	All Councillors	Mandatory/in person/Teams In house

Event Details/Plan Objective (Working in a Committee System/Skills and Knowledge)	When delivered:	Audience	Status/Format Provider
Planning Committee Training (Introduction to): <ul style="list-style-type: none"> • Process/ legislation/ policy. • Enforcement. • Planning matters (material considerations)/ the role of conditions and legal agreements. • Probity and the code of conduct. • Prepare for a planning meeting. 	Each election year in May and June, delivered as a 3-part programme, parts 1 and 2 open to all councillors	Planning Committee Members and substitutes	Mandatory/in person <i>(Planning module due to be added to Learning Lounge in 2025)</i> In House
Section 106 Training: <ul style="list-style-type: none"> • An explanation of the S.106 process. • How and when Members will engage in the process of developing a S.106 agreement. • Constraints on how the Local Planning Authority can seek and secure S.106 funding. • How S.106 spend will be monitored and reported moving forward. • Reports to members on a ward basis and FAQs. 	Each election year in May	All Councillors	Mandatory for Planning Committee Members and substitutes. In person/Teams In house

Plus

Planning Committee Training (Updates/forthcoming decisions/changes in legislation in respect of): <ul style="list-style-type: none"> • Process/ legislation/ policy. • Enforcement. • Planning matters (material considerations)/ the role of conditions and legal agreements. • Probity and the code of conduct. • Section 106 – developing an agreement, constraints, spend. • Emerging issues. 	Each election year, four general sessions to be held. Annually five general sessions to be held on a range of topics.	Planning Committee Members and substitutes	Mandatory/in person In house
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Event Details/Plan Objective (Scrutiny within Decision Making/Financial Challenges/Working in a Committee System)	When delivered:	Audience	Status/Format/Provider
Scrutiny Essentials in a Committee System: <ul style="list-style-type: none"> • The building blocks of effective scrutiny within the committee system. • How scrutiny can add value to key items such as policy development, decision making and performance. • The options available to conduct detailed scrutiny, such as task and finish groups. • Culture and mindset required for effective scrutiny. 	Each election year in June, July, or September On appointment to the Committee	All Councillors	Mandatory/in person/Teams External provider/in house
Strategic decision-making for Service Committees (In the context of consistent approach to scrutiny, forward planning and agenda setting to maximise member input into the decision-making process) NEW <ul style="list-style-type: none"> • Strategic decision making for service committees. • Strategic decision making in respect of financial decisions • Scrutiny within a committee model of governance • Plus, key elements from working effectively as a CE Cllr 	Annually in June and July	All Councillors appointed to a Service Committee	Mandatory/in person External provider/in house
Training for Scrutiny Committee: <ul style="list-style-type: none"> • Committee purpose and role. • Taking an analytical approach. • Basic principles of scrutiny. • Questioning skills. • What are our objectives. • Key lines of enquiry. • Active listening/reflection. 	Each election year in June and July On appointment to the Committee	Members of the Scrutiny Committee	Mandatory/in person/Teams External provider/in house
Scrutiny support for Lead Committee Members: NEW <ul style="list-style-type: none"> • Chairs and Vice Chairs Service Committees. • Opposition Spokespersons from Service Committees. 	Each election year in June and July On appointment to the Committee	As prescribed	Mandatory/in person/Teams External provider/In house

Event Details/Plan Objective (Scrutiny within Decision Making/Financial Challenges/Working in a Committee System)	When delivered:	Audience	Status/Format Provider
Financial challenges: NEW <ul style="list-style-type: none"> • Strategic financial decision making for service committees. • Strategic financial decision making in respect of financial decisions. • Leadership support for Committee Chairs/Vice Chairs. • Scrutiny within a committee model of governance. 	Each election year in June and July.	All Councillors	Mandatory/in Person In house
Financial Management Code <ul style="list-style-type: none"> • Structure of Council finances/understanding S114. • Financial decision making. • Role of service committees. • Financial planning and reporting cycle. • Revenue budget and MTFS. • Capital Planning and programme. • Management of reserves. • Treasury management. • Engagement sessions as part of budget consultations on the proposed (year) (MTFS). 	Financial Management Code each election year in June and July.	All Councillors	Mandatory/in person/Teams
Risk and Assurance: NEW To provide members with an understanding of the basics of risk management principles, and the role Members have in supporting effective management of the Council's risks.	Each election year in June or July Secondary session in September or October.	All Councillors	Mandatory/in person/online learning. In house
Medium Term Financial Strategy: Key elements from the three sessions above.	Annually in September and December.	All Councillor	Mandatory/in person/Teams/in house

Event Details/Plan Objective (Skills and knowledge)	When delivered:	Audience	Status/Format Provider
Protecting and Managing Information: <ul style="list-style-type: none"> • UK General Data Protection Regulation (UK GDPR). • Information Security • Records Management. 	Annually from September	All Councillors	Online mandatory module to be completed within six months of election and annually thereafter. In house
Data Protection Responsibilities/ Cyber Security: <ul style="list-style-type: none"> • Why compliance and cyber security is important. • Freedom of Information (FOI) the Cllrs role. • Use of email and types of threat. • What Councils do to protect the authority. • What Councillors should do/not do to protect the Council and themselves. • Recognise information security/data breaches. 	Separate sessions each election year in July Annually thereafter as a combined subject from September	All Councillors	Mandatory/in person/Teams In house
Communication Channels NEW: To promote understanding of- <ul style="list-style-type: none"> • How the media operates. • How to deal with media enquiries/requests for interviews. • Cheshire East customer services standards. • How formal correspondence is dealt with. • The Council's complaints procedure. 	Each election year in July or September Annually thereafter in September	All Councillors	Mandatory/in person/Teams In house
Social Media NEW: <ul style="list-style-type: none"> • Understanding the different roles on social media. • Accessing and navigating social media. • Engaging in healthy debate, dealing with misinformation, and staying safe online. • Conduct when using social media. 	Each election year in July or September Annually thereafter in September	All Councillors	Mandatory/in person/Teams External provider/in house

Event Details/Plan Objective (Skills and knowledge)	When delivered:	Audience	Status/Format Provider
Equality in the Workplace: Increase awareness of equality in the workplace and to identify the expectations on elected member in terms of their behaviour.	Annually from September	All Councillors	Online mandatory module to be completed within six months of election and annually thereafter.
Dignity at Work: Covers dignity at work, bullying and harassment, how behaviour can impact on others, acceptable and unacceptable behaviour for members, identify what action to take if have concerns.	Annually from September	All Councillors	Online mandatory module to be completed within six months of election and annually thereafter.
Unconscious Bias: <ul style="list-style-type: none"> Course will help members to identify, acknowledge, and challenge unconscious bias in the workplace. 	Annually from September	All Councillors	Discretionary/online module
Safeguarding Adults: <ul style="list-style-type: none"> Overview of Adults Safeguarding. 	Annually from September	All Councillors	Online mandatory module to be completed within six months of election and annually thereafter.
Safeguarding Children: <ul style="list-style-type: none"> Insight into the safeguarding of children and young people. How to respond to potential safeguarding issues. 	Annually from September	All Councillors	Online mandatory module to be completed within six months of election and annually thereafter.
Corporate Parenting: <ul style="list-style-type: none"> Understand what it means to be a corporate parent. Gain an awareness of the needs of Cared for Children and Care Leavers and their outcomes. Consider how our responsibilities as Corporate Parents can be put into practice. 	Annually from September	All Councillors	Mandatory/in person External/in house

Event Details/Plan Objective (Skills and knowledge)	When delivered:	Audience	Status/Format Provider
Personal Resilience: One module from: <ul style="list-style-type: none"> • Mental health. • Personal resilience. • Managing your priorities. • Managing yourself and your time. 	Annually from September	All Councillors	Online mandatory module to be completed within six months of election and annually thereafter. In house
Members' Health and Wellbeing: <ul style="list-style-type: none"> • Identifying support available for members. • Personal safety guidance. • Dealing with harassment, abuse and intimidation. • Parental Leave. 	Annually from September	All Councillors	Mandatory/in person/Teams/online learning External/in house
Essential Information for Cllrs: <ul style="list-style-type: none"> • Members' allowances and mileages. • Member training and development. • Democratic Services support. • General housekeeping. • Use of IT/working abroad. 	Each election year from July	All Councillors	Mandatory/in person In person
Members Enquiries Service/TRACE: <ul style="list-style-type: none"> • What is Members Enquiries Service (MES). • What is TRACE. • How to use the services. • Escalations and further information. 	Each election year in July Annually from September	All Councillors	Mandatory/in person In house
Emergency Planning: <ul style="list-style-type: none"> • Role of the Emergency Planning Team/Members. • Risks we face in Cheshire East. • How we respond to incidents in Cheshire. • How the Council responds to incidents. • Community Resilience. 	Annually in October	All Councillors	Mandatory/MS Teams In house

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AUDIT AND GOVERNANCE COMMITTEE TRAINING PROGRAMME

Learning objectives:	
To ensure that Members appointed to the Committee are fully equipped with the knowledge and skills required to discharge the duties and responsibilities placed upon them.	
Mandatory Induction Programme:	
<ul style="list-style-type: none"> • Introduction by the Chair/lead officers. • Introduction to the membership. • Dates and locations of meetings. • Terms of reference/decision making powers. 	<ul style="list-style-type: none"> • Key areas of the Committee's responsibilities: <ul style="list-style-type: none"> ○ External Audit ○ Financial Statements ○ Annual Governance Statement ○ Internal Audit ○ Risk Management ○ Whistleblowing ○ Code of Conduct ○ Work programme.
Mandatory Training which must be completed by Members appointed to the Committee:	
General	Committee specific
<ul style="list-style-type: none"> • Working within a Cheshire East committee system. • Financial management code/MTFS. • Risk and assurance. 	<ul style="list-style-type: none"> • Chairing skills (Chair/Vice Chair) • LGA Leadership essentials – Audit Committees (Chair) • LGA e-learning – Audit Committee an introduction
Supporting documents:	
<ul style="list-style-type: none"> • Committee procedure rules and terms of reference. • Cheshire East Plan. • MTFS. • Signposting to SharePoint site for reference documents • Audit, Scrutiny and Risk - CFGS • Ten questions for audit committees Local Government Association • Must know guide: Working with auditors Local Government Association • Local authority audit committees CIPFA 	

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CHILDREN'S AND FAMILIES COMMITTEE TRAINING PROGRAMME

Learning objectives:	
To ensure that Members appointed to the Committee are fully equipped with the knowledge and skills required to discharge the duties and responsibilities placed upon them.	
Mandatory Induction Programme:	
<ul style="list-style-type: none"> • Introduction by the Chair/lead officers. • Introduction to the membership. • Dates and locations of meetings. 	<ul style="list-style-type: none"> • Directorate presentation. • TOR/decision making powers. • Briefing on key issues to include budget/financial challenges, transformation, and Cheshire East Plan. • Work programme.
Mandatory Training which must be completed by Members appointed to the Committee:	
General	Committee Specific
<ul style="list-style-type: none"> • Working effectively as a Cheshire East Councillor. • Working within a Cheshire East committee system. • Joint Strategic Needs Assessment. • Scrutiny essentials in a committee system. • Strategic decision making for Service Committees. • Financial challenges • Financial management code/MTFS. • Risk and Assurance. 	<ul style="list-style-type: none"> • Chairing skills (Chair/Vice Chair). • Learning Lounge e-module: Safeguarding Children and Young People. • Learning Lounge e-module: Corporate Parenting. • LGA Leadership Essentials Children's Services/model Induction for Children's Services lead member (statutory requirement) (Chair).
Supporting documents:	
<ul style="list-style-type: none"> • Committee procedure rules. • Committee's terms of reference. • Cheshire East Plan. • MTFS. • Corporate parenting: Resource pack for councillors Local Government Association 	

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Cheshire East Council Member Development Strategy

2025 -2027

DRAFT

Foreword by the Leader, Deputy Leader and Chief Executive

Cheshire East is a great place to live, work and visit for many, and has so much potential to be a brilliant place for everyone. We are ambitious for our communities and places and know the importance of getting the basics right to help unlock the opportunities.

We have a shared vision and commitments for the borough; short and longer-term through the Cheshire East Plan 2025-29 and have created an ambitious and robust set of plans to deal with financial, organisational and service challenges. Delivery of these will improve outcomes for our residents and the culture, governance and performance of the council.

We are committed to being a financially sustainable council, through transformation and continuous improvement, effective and responsive governance and decision-making. Strong leadership is key to delivering these plans and achieving an efficient, accountable, and enabling council.

Our Members are representatives and champions of their communities as well as Corporate Parents for children and young people in our care. Members play a vital role in shaping the future of Cheshire East and improving the quality of life for local people.

The Member Development Strategy recognises that, whilst many Members will have served for more than one term and will have built up their knowledge and experience, all Members need to be supported in their roles and have ongoing development needs especially through a period of change for the council. This may be as -

- A new Councillor, gaining core skills and knowledge of the council, its governance and decision-making structures and its services, and understanding their own statutory responsibilities i.e., as a corporate parent.
- A committee Member, continuously developing their decision-making skills to maintain the strategic direction of the Council.
- A Member appointed or soon to be appointed to a position of responsibility requiring new/additional skills or knowledge such as committee chair or vice chair.
- An experienced Member, refreshing their knowledge, skills and ways of working.
- All Members, to keep abreast of local and national drivers for change and improvement, especially in respect of local policies, priorities and service delivery.

This strategy aims to provide Members with the knowledge and skills necessary to fulfil their roles and responsibilities. Only by having Members willing to embrace and participate in training and development opportunities, can the council deliver on its vision.

Rob Polkinghorne
Chief Executive

Councillor Nick Mannion
Leader of the Council

Councillor Michael Gorman
Deputy Leader of the Council

Member Engagement with the Strategy

We need people from all backgrounds and experiences (to stand as a Councillor) who reflect the communities that they serve (paraphrased from Local Government Association publication, Make a Difference, Be a Councillor, published June 2022).

Being a Councillor requires hard work and dedication, but the effectiveness of the strategy is reliant on all Members making a commitment to allocating time each year to develop themselves and to take an active part in events organised on their behalf.

The personal benefits for Members who invest time and commit to their development includes attaining skills which –

- Allows them to exert appropriate influence where it matters.
- Enables them to work effectively by understanding their governance roles and responsibilities.
- Builds personal capacity to deliver change and improvement by keeping up to date with the transforming face of local government.
- Provides opportunities to develop in the field of public service leadership by increasing confidence and the ability to fulfil personal ambitions for the benefit of the local community and oneself.

When undertaking their role as a Cheshire East Councillor, Members are expected to act in the best interests of the authority and its residents. Accordingly, the training and development delivered by Cheshire East has been specifically tailored to the role(s) Members perform within the authority.

Training which is designated as mandatory has been designed to:

- Align with the council's strategic priorities of unlocking prosperity for all, improving health and wellbeing and effective and enabling council.
- Explain the council's governance structures, the committee system and the scheme of delegation.
- Ensure that the council and its Members are compliant with the legal obligations placed upon them when making decisions.

As legislation and best practice is consistently changing, Members are required to refresh their skills each year.

To actively promote the Member Training and Development Plan, and manage a candidate's expectations in respect of the above, the [Standing as Cheshire East Councillor](#) page on the website includes a link to the Member Development Strategy.

The importance placed by Cheshire East Council on Member training and development, will also be promoted in the letters sent to candidates standing for election and in the welcome packs provided to newly elected Councillors.

Member Training and Development Plan

Cheshire East Council is committed to supporting its Councillors in their complex roles as soon as possible after their election or following their appointment to a new role.

The four-year Member Training and Development Plan which sits underneath this strategy is both strategic and holistic in its approach and has been designed to flex, respond and adapt to emerging issues. It has five holistic themes within which the plan has been framed i.e.,

- Geography of decisions.
- Scrutiny within decision making.
- Financial challenges.
- Working in a committee system.
- Skills and knowledge.

The plan can be separated into three interconnected training and development programmes, each designed to support Members at key stages during their term of office i.e.,

- As a new Councillor, gaining core skills and knowledge of the council, its governance and decision-making structure and its services (*the induction programme*).
- As a Committee Member, continuously developing their decision-making skills to maintain the strategic direction of the council (*the induction programme, committee programme and annual programme*).
- As an experienced Member, refreshing their knowledge, skills and ways of working (*the induction programme and annual programme*).

To ensure the content of the Member Training and Development Plan remains relevant, periodic reviews will be carried out by the Audit and Governance Committee. Budgetary provision has also been made available to facilitate its delivery.

Opportunities to deliver training to a member/officer audience will be sought, to encourage shared learning, strengthen the Member/officer relationship and reduce costs.

Members will be supported so that they can develop the skills and knowledge appropriate to their position and responsibilities (see below), in recognition of the importance of their role within the council, with their residents, and with partner organisations:

[Leader and Deputy](#)

[chair-and-vice-chair-jd.pdf](#)

[Role of Opposition Spokesperson \(004\)](#)

Elected Member (under development)

Member Training and Development Programmes

Induction Programme

A high quality and comprehensive induction programme is provided for Cheshire East Councillors during their first year of office.

The programme is designed for both new and returning Members and unless otherwise stated **all sessions are mandatory**.

For Members elected following a by-election, Democratic Services will arrange a tailored induction course based on the same subjects, albeit in a more abridged format.

The Induction programme's key objectives are to:

- Enable Members to get up to speed quickly on the legislative framework within which local government decision making operates.
- Familiarise them with their governance and decision-making roles.
- Develop their knowledge and skills.
- Build professional working relationships with others both inside and outside of the organisation.

As a digital council, laptops will be supplied to each Member following their election. An orientation session on using the device will be provided at the point of collection. Members will also be offered bitesize training courses on the use of Windows, Outlook and Teams together with a session on using the Mod.Gov app to access and annotate agendas.

Priority will be given to those Members who require assistance to meet the desired basic standard.

The council's online learning platform Learning Lounge [Cheshire East Council: Log in to the site](#) can be accessed from any computer, tablet or mobile; at home or from a corporate building, which enables Members to complete their training at their own convenience, at a time to suit them, and to work at their own pace.

The Members' landing page not only provides access to the mandatory e-learning induction programme which Members must complete, (and forms part of the annual programme), it also includes access to the [Councillor hub](#) on Centranet and a resource library where Members can access past presentations.

The LGA button on the landing page, provides access to the LGA's own e-learning platform [Councillor hub | Local Government Association](#). Cheshire East recognises the benefits that can be achieved from Councillors making use of the LGA's training materials, and so relevant training opportunities and workbook material have been signposted for Members within the plan and programmes.

Members will be automatically enrolled onto the online learning programme, prior to the programme's launch in September each year. Regular reminders will be sent to Members to complete their training; with an additional reminder issued one month before the completion deadline. If the programme has not been completed at this point, the Member will be notified that the programme is overdue. This information will also be shared with the Monitoring Officer, the Member's Group Leader and Group Administrator on a bi-monthly basis.

As some Councillors may not be familiar with online learning or may need support to complete the modules, a short instruction video will be available on the Members' landing page. A mandatory training session will also be provided as part of induction to ensure all Members have the skills necessary to use the site. For those who need further support, drop-in sessions will be provided regularly during the year.

Annual Programme

During a Member's term of office, an annual programme of training and development will be provided (starting in May/June for the main programme, September for the online programme).

Each programme will identify the events to be delivered, the target audience for each event, and attendance requirements (the majority being mandatory). As the programme is designed to be flexible to accommodate emerging issues or new ways of working, the final version may have changed from that advertised at the start of the municipal year but any updates will be notified to Members on the [Councillor hub](#).

Members will be kept abreast of new legislation and emerging corporate themes which may impact on the delivery of services or on their role, via bi-annual Strategy and Success briefings. Ad hoc service briefings will also continue to form part of the programme.

Mandatory Training Programmes for Committees

Each one of Cheshire East Council's Committees has its own tailored training programme, based on a core set of shared skills relevant to all committees.

All Members (and in respect of Planning Committees, nominated substitutes) **must** attend (i.e., mandatory attendance) the training sessions arranged for the bodies to which they are appointed, as set out in the programme for that committee. This includes the briefing provided to each service committee at its first meeting following the local elections.

In respect of Members appointed to the Planning Committees, Audit and Governance Committee, Licensing Committee, Appointments Committee, General Appeals Sub-Committee and Staffing Appeals Sub-Committee, Members must attend and complete this training **before** they can participate in a meeting of the body concerned. To enable Members to directly engage with the trainer/facilitator and benefit fully from the training, these sessions will, unless exceptional circumstances apply, be delivered in person.

If a committee identifies a new training need for its membership, arrangements to deliver that training will be put in place by the officers supporting the Committee, provided that the training can be delivered internally, at no cost to the Council and is relevant to its work. Where there is a necessity to provide the training each year, the training programme will be updated.

If a training need emerges which is recommended for all Members of Council or requires external training to be commissioned, officers will discuss such requests with the Senior Member Development Officer **before any training is booked, or invitations issued**; to ensure budgetary provision is available and to secure dates which do not conflict with other Member events.

Scheduling of events

To assist with diary management and to enable Members to attend key sessions/briefings (such as the Member Strategy and Success briefings), one day each month will be nominated as a training day in the approved calendar of meetings. Members will be encouraged to keep these dates free.

Except for the above, sessions will, as far as possible, be held at a time which is convenient to Members. This means that, wherever possible, two sessions will be offered, at lunchtime (between 12 noon and 2.00pm) and a twilight (5.30pm onwards) **unless** the subject -

- Can only be offered once due to cost.
- Scheduling is dependent on the trainer/facilitators availability and multiple sessions cannot be accommodated.
- The length of the session is more than 2 hours in duration.
- The subject is time sensitive.
- The event is held on a Friday (sessions on this day will not include a twilight).

Online training (i.e., those sessions provided via MS Teams) will not be recorded as a matter of routine, only where exceptional circumstances apply. This is because Members need to be present to be able to directly engage with the trainer/facilitator to benefit fully from the training.

However, unless there is a reason not to (for example the course material is sensitive), any slides from a presentation will be circulated to all Members (or those who attended the event) following the session and will be added to the Members' Resource Library on the Learning Lounge.

Supplementary Training

External courses

Members will receive many invitations to attend external courses. As funding for these types of events can only be met from the member training budget; priority must be given to funding the main programmes. Given the budgetary challenges facing the Council, applications from individual Councillors to attend fee paying courses are unlikely to be successful, unless exceptional circumstances apply.

There is nothing to prohibit a Councillor from paying to attend an external course themselves, but they would not be able to claim back the cost of the course, any travel or accommodation costs, or any other expenses, as voluntary attendance at a training event is not covered under the Scheme of Members' Allowances.

Members may request that Democratic Services book them onto a fully subsidised course, but where the Council makes the booking, the Member **must be able to provide assurance** that they are able to attend, as cancellations or non-attendance can result in significant recharges to the authority.

Local Government Association (LGA) [Councillor and officer development](#) | [Local Government Association](#)

The Local Government Association (LGA) provides training and development opportunities to assist Councillors in their role and help Members to navigate complex issues, harness opportunities and address live and emerging challenges. A link to the site is provided from the Members' landing page on the Learning Lounge.

The Leadership Academy is the LGA's development programme for Councillors **in leadership positions**. In respect of Cheshire East Council this applies to the Leader of the Council, Deputy Leader of the Council and the main Opposition Group Leader.

Member attendance at the LGA's annual conference will be restricted to these postholders and/or a Member who has been appointed to the LGA General Assembly by Cheshire East Council, unless exceptional circumstances apply.

Attendance on a relevant Leadership Essentials programme will be offered to a Chair and/or Vice Chair of a Committee, provided that the course aligns with the Member's role, is fully subsidised and a need to attend has been identified.

Applications from other Members to attend fee-paying courses, will need the agreement of the Members' Group Leader, and the Head of Democratic Services to be approved. A waiting list may apply dependent on the availability of budgetary resources to fund the training, and the number of requests received in any one year.

Members' Mental Health and Wellbeing

Members will be involved in complex strategic decision-making about what services Cheshire East can provide for its communities and residents. These decisions can be stressful, especially when it comes to explaining these decisions to, and dealing with the impact of those choices on residents.

To support Members, personal resilience has been made part of the mandatory online training programme and includes modules on:

- Mental Health Awareness.
- Personal Resilience.
- Managing Yourself and your Time.
- Managing your Priorities.

Only one of the wellbeing modules needs to be completed as part of the induction programme, but Members are encouraged to complete all four.

The [Councillor hub](#) on CEntranet contains [How to guidance for councillors](#) which includes advice on personal safety, and using social media.

The [Councillor hub | Local Government Association](#) contains workbooks on Facilitation and Conflict Resolution, Stress Management and Personal Resilience.

[About Able Futures | Able Futures Mental Health Support Service](#) is a nationwide specialist partnership set up to provide the [Access to Work](#) Mental Health Support Service on behalf of the Department for Work and Pensions. It supports people in England, Scotland and Wales who are working and living with mental health difficulties. Members may access its services without referral from Cheshire East Council.

If Members have any support needs, either in respect of carrying out their roles or regarding their training and development, they should discuss them in confidence with the Senior Member Development Officer, in the first instance.

Evaluation and Performance Monitoring

Evaluating the Strategy

It is important that the Member Training and Development Strategy is regularly evaluated to ensure it remains relevant and effective. This will include monitoring the budget for training and development activities to ensure commissioned training delivers value for money. This must be an honest and constructive assessment so that any necessary improvements or enhancements can be made.

The Strategy and the Member Training and Development Plan/associated programmes (as set out below) will be reviewed periodically by the Audit and Governance Committee to ensure they keep pace with changes in legislation, council priorities and emerging issues. Outside of these reviews, delegated authority has been granted to the Governance, Compliance and Monitoring Officer to make changes to the strategy and/or plan as necessary to ensure that future training priorities/needs can be addressed quickly.

Evaluating the Programmes

To provide assurance to the public that Members have the core skills and knowledge required to perform their roles, attendance at, and completion of the mandatory training and e-learning sessions will be recorded and published annually on the Cheshire East website.

Receiving feedback from those who have completed the training is also key to ensuring that personal benefit has been derived from the programme. The method applied will vary dependent on the development strand but will include the following:

- All Members will be invited to attend an informal feedback event during their first year of office/re-election, to discuss the effectiveness of the Induction Programme. A synopsis of the evaluation received will be submitted to the Audit and Governance Committee, to inform future development.
- Where an event seeks feedback via an evaluation form, a summary of the responses received will be provided to the Senior Member Development Officer. Negative feedback will be discussed with the officers who commissioned/facilitated the training and may, where appropriate be reported to the Audit and Governance Committee and/or the Monitoring Officer.

Evaluating Personal Development

The LGA has created a Political Skills toolkit (PSF), designed to support local councillors and those working with them to review and support individual development needs.

Members are encouraged to self-reflect on their development journey by completing the LGA Political Skills framework [read-revised-version-poli-243.pdf](#). Future training and development needs identified from this process should be discussed with the Members' Group or shared with the Senior Member Development Officer.

Attendance/Performance Management

Attendance at mandatory events and completion of the mandatory online learning programme, will be recorded and will, in the first instance be shared with the Monitoring Officer/Political Group Leaders and Group Administrators on a bi-monthly basis; information supplied to the groups will be pertinent to their group's membership only. At the end of each financial year, each Member's individual attendance record will be published alongside their record of allowances for the year past.

This information, anonymised and in a statistical form, may also be reported via the Monitoring Officer's Annual Report and the Annual Governance Statement to Audit and Governance Committee.

Participation in training and development opportunities will be measured against key performance indicators (under development), the statistical analysis from which will be reported to the Audit and Governance Committee.

Coaching/Mentoring

Mentoring can bring about improvements in the quality of political and managerial leadership and increase the role effectiveness and performance of Councillors at all levels. It can be formal or informal.

Formal: One-to-one mentoring is a formal developmental and learning technique aimed at increasing personal capacity, skills and learning i.e., peer mentoring. There is usually a cost associated with this type of support.

Informal: For Members new to local government, their own political group may be able to arrange for a mentor or buddy (someone with valuable experience and knowledge who offers guidance and support) to assist them whilst they become familiar with their role.

Access to coaching or mentoring support can be considered and facilitated dependent on the Member's need and budgetary availability. Members should discuss their request with their Group Leader/Senior Member Development Officer in the first instance.

Members may also be required to enter into a coaching or mentoring agreement, to address a councillor code of conduct or behavioural matter, following a standards complaint.

List of Associated Documents

- Member Training and Development Induction Programme.
- Member Training and Development Annual Programme.
- Member Training and Development Committee Programmes.
- Induction Checklist (Member Version).
- Social Media Guidance (Member Version).
- [Parental Leave Policy for Cheshire East Council Members.docx](#) (Member Version)
- Equality, Diversity and Inclusion Policy (Member Version under development).
- [Councillor hub](#) Cheshire East Council.
- [Councillor hub | Local Government Association](#) LGA.

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OPEN

Audit and Governance Committee

28 July 2025

Chief Audit Executive Opinion 2024-25

Report of: Josie Griffiths, Head of Audit Risk and Assurance

Report Reference No: AG/11/25-26

Ward(s) Affected: All

Purpose of Report

- 1 To provide the Audit and Governance Committee with details of the work undertaken by Internal Audit during 2024/25 and how this contributes to the annual opinion on the Council's control environment.
- 2 The Committee's responsibilities include receiving the annual report from the Head of Audit Risk and Assurance as the Council's Chief Audit Executive. The annual report should set out the internal activity during the year, the opinion on the level of assurances to the overall adequacy and effectiveness of the Council's arrangements for governance, risk management and internal control together with the summary of the work supporting the opinion, which will assist the Committee in reviewing the AGS.

Executive Summary

- 3 This report provides the Audit and Governance Committee with the Internal Audit annual opinion on the overall adequacy and effectiveness of the Council's control environment for 2024/25.
- 4 All principal local authorities subject to the Accounts and Audit Regulations 2015 must make provision for internal audit in accordance with the proper practices. The Chief Audit Executive provides a written report to those charged with governance, the primary purpose of which is to provide an annual opinion on the overall adequacy and effectiveness of the Council's framework of governance, risk management and control i.e. the control environment. This is provided at Appendix A.

RECOMMENDATIONS

The Audit and Governance Committee is recommended to:

1. Note and consider the contents of the Internal Audit Annual Opinion Report 2023/24 (Appendix A); and
2. Note the Internal Audit opinion on the Council's framework of risk management, governance, and internal control for 2024/25 as "Limited".

Background

- 5 The Council is responsible for establishing and maintaining appropriate risk management processes, control systems, accounting records and governance arrangements. Internal Audit plays a vital part in advising the Council, via the Audit and Governance Committee, that these arrangements are in place and operating properly. The annual internal audit opinion informs the Annual Governance Statement. The Council's response to internal audit activity should lead to the strengthening of the control environment and, therefore, contribute to the achievement of the Council's objectives.
- 6 It should be noted that Internal Audit's risk-based approach includes focussing on areas where issues are known or expected to exist. Clearly this approach adds value to the organisation, but, by its nature, may also result in lower overall assurance levels.
- 7 A report summarising the work undertaken, the issues identified, and the actions required is produced for each review undertaken. The process of reviewing the report from draft to final ensures that the findings are confirmed to be factually accurate, and that the management actions will result in improvements to the control environment. Draft reports are agreed with the appropriate managers, and the Final reports are shared with the relevant Executive Director. The implementation of agreed actions is monitored through the follow up process, and performance in this area is reported regularly to the Corporate Leadership Team and the Audit and Governance Committee.

Consultation and Engagement

- 8 The Internal Audit Annual Opinion Report 2024/25 has been considered by Corporate Leadership Team (CLT) and the Risk and Assurance Board.

Reasons for Recommendations

- 9 Public Sector Internal Audit Standards (PSIAS) requires that the Head of Internal Audit (Chief Audit Executive) "must deliver an annual internal

audit opinion and report that can be used by the organisation to inform its governance statement” and in doing so must report its conformance, or otherwise, with the PSIAS. Consideration of the annual report and opinion is included within this Committee’s terms of reference

10 Other Options Considered

11 No other options are available.

Option	Impact	Risk
Do nothing	Failure to consider the effectiveness of the Council’s system of internal audit, and the Internal Audit opinion on the Council’s control environment.	This could result in non-compliance with the requirements of the Accounts and Audit Regulations 2015 and a failure to meet the terms of reference of the Committee.

Implications and Comments

Monitoring Officer/Legal/Governance

12 Section 151 of the Local Government Act 1972 requires Councils to make arrangements for the proper administration of their financial affairs and the Accounts and Audit Regulations 2015 establishes a specific responsibility for the Council to conduct a review at least once a year of the effectiveness of its system of internal control.

Section 151 Officer/Finance

13 The Internal Audit team was appropriately resourced to comply with statutory and best practice requirements and deliver the 24/25 opinion. Resourcing of the Internal Audit team is regularly monitored and reported upon to the CLT and the Audit and Governance Committee; review of resources in the context of supporting the organisation through this period of additional change and improvement is ongoing.

Human Resources

There are no direct implications for Human Resources.

Risk Management

14 Failure to consider the effectiveness of the Council’s system of internal audit, and the Internal Audit opinion on the Council’s control environment,

could result in non-compliance with the requirements of the Accounts and Audit Regulations 2015.

Impact on other Committees

15 There are no impacts on other Committees.

Policy

16 There are no direct policy implications. The delivery of the internal audit opinion, and the implementation of the actions identified through the work of the internal audit support the improvement of the Council's internal control environment, and in turn should support the delivery of all the Council's commitments.

Commitment 1: Unlocking prosperity for all	Commitment 2: Improving health and wellbeing	Commitment 3: An effective and enabling council
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Equality, Diversity, and Inclusion

17 There are no direct implications for Equality and Diversity

Other Implications

18 There are no direct implications relating to Rural Communities, Children and young people, Public Health, or Climate Change.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy):</i>			
Ashley Hughes	S151 Officer	17/07/25	18/07/25
Janet Witkowski	Acting Monitoring Officer	16/07/25	17/07/25

Access to Information	
Contact Officer:	Josie Griffiths Head of Audit Risk and Assurance

	josie.griffiths@cheshireeast.gov.uk
Appendices:	Appendix A – Chief Audit Executive Annual Opinion Report 2024/25
Background Papers:	Progress against Internal Audit Plan 2024/25 report to 29 May 2025 Audit and Governance Committee Progress against Internal Audit Plan 2024/25 report to 24 February 2025 Audit and Governance Committee

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Appendix A – Chief Audit Executive Opinion Report 2024/25

1. Summary

- 1.1. Throughout 2024/25, the level of available resource within the Internal Audit team, and the application of that resource has been carefully monitored to ensure that sufficient assurance work could be undertaken to enable an annual opinion to be formed.
- 1.2. The Council's framework of risk management, governance, and internal control is assessed as "**Limited**" for 2024/25. This assessment will be referenced in the Council's draft Annual Governance Statement for 2024/25. Whilst recognising significant progress from 2023/24, the limited opinion reflects that, whilst improvements are being implemented and progressing, they are not consistently achieving the impacts required.
- 1.3. The annual audit opinion is informed by 80 recommendations, raised across 21 assurance reports. There have been no "No Assurance" reports issued during the year. "Good" assurance report numbers, have increased, albeit issued on a number of "micro" level reports. The content of the 2025/26 Internal Audit plan will be reviewed to ensure that there is sufficient focus to give ongoing assurance on the delivery of transformation projects.
- 1.4. Engagement with, and delivery of internal audit actions has improved considerably during 2024/25, with 94% of actions due from 24/25 reports having been implemented in expected timescales, compared to 48% at the end of the previous financial year. The very significant improvement in the timely implementation of actions arising from Internal Audit's work provides a very encouraging direction of travel.
- 1.5. The Internal Audit team will continue to engage with the transformation programme and individual projects to ensure that the impact of proposals for change do not undermine the overall control environment to undesirable and unsafe levels.
- 1.6. Despite the wider challenges to the organisation, it is important to recognise that the positive and constructive engagement of the Audit and Governance Committee, our Corporate Leadership Team and Wider Leadership Community with Internal Audit. We are all grateful for this support to engage with our team, and address the issues identified through our work, particularly when colleagues are also asked to support a number of other improvement focused workstreams.

2. Introduction

- 2.1. This annual report provides members with details of the work undertaken by Internal Audit for the year ended 31 March 2025. It informs on delivery against the approved annual audit plan and includes the Head of Audit Risk and Assurance's opinion, as the Chief Audit Executive's on the

Council's internal controls, as required by the Public Sector Internal Audit Standards (PSIAS).

- 2.2. The provision of this opinion contributes to the requirement of the Accounts and Audit Regulations 2015, to have internal audit "evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance."
- 2.3. The Global Internal Audit Standards (GIAS) will become effective from 2025. They will replace the existing International Professional Practice Framework (IPPF), the mandatory elements of which are the basis for the current UK public sector internal auditing standards (the PSIAS).
- 2.4. In response to the new Global Internal Audit Standards The Chartered Institute of Public Finance and Accountancy (CIPFA) have issued an Application Note which forms the basis of UK public sector internal audit effective from 1 April 2025. The effective date aligns the new standards with requirements for annual opinions and other relevant aspects of UK public sector governance which align with the financial year. For the 2024/25 financial year, the existing PSIAS based on the old International Professional Practices Framework applied. As this report considers 2024/25 financial year, all audit work was undertaken in accordance with the PSIAS.
- 2.5. As set out in the PSIAS, the Council's Chief Audit Executive (the Council's Head of Audit, Risk and Assurance) must provide an annual report to the Audit and Governance Committee - timed to support the Annual Governance Statement. This must include:
 - an annual Internal Audit opinion on the overall adequacy and effectiveness of the organisation's governance, risk, and control framework (i.e., the control environment)
 - a summary of the audit work from which the opinion is derived (including reliance placed on work by other assurance bodies), and
 - a statement on conformance with the PSIAS and the results of the Quality Assurance and Improvement Programme (QAIP).
- 2.6. It should also include:
 - disclosure of any qualifications to that opinion, together with the reasons for the qualification
 - disclosure of any impairments ('in fact or appearance') or restriction in scope
 - a comparison of the work actually undertaken with the work that was planned and a summary of the performance of the Internal Audit function against its performance measures and target
 - any issues judged particularly relevant to the annual governance statement; and
 - progress against any improvement plans resulting from QAIP external assessment.

- 2.7. Internal Audit is required to form an annual opinion on the adequacy and effectiveness of the Council's internal control environment. This includes consideration of any significant risk or governance issues and control failures that have been identified.
- 2.8. In the context of the PSIAS, 'opinion' does not simply mean 'view', 'comment' or 'observation'. It means that Internal Audit has done sufficient, evidenced work to form a supportable conclusion about the activity that it has examined.
- 2.9. Assurances given by Internal Audit are never absolute. It is impossible to examine every activity and every transaction and, audit reviews are at a point in time. The most Internal Audit can provide is a reasonable assurance that there are no major weaknesses, or that the weaknesses identified have been highlighted, and improvement plans agreed with a timetable for implementation.
- 2.10. The 2024/25 opinion has been built around the following sources of assurance:
- 2.10.1. Internal Audit Assurance Reports completed in accordance with the risk-based audit plan. In 2024/25 we are broadly consistent with both the number and coverage of assurance reports provided in comparison to the last few years. (See Table 1).
- 2.10.2. There has been no limitation placed on the scope of Internal audit work undertaken during 2024/25, and no issues have arisen in year to impair the independence or objectivity of the work undertaken.

Table 1 - Internal Audit Assurance Reports by Year and Assurance Level

Assurance Level	2024/25	2023/24	2022/23
Good	8	4	5
Satisfactory	6	6	4
Limited	7	13	8
No Assurance	0	1	2
Total	21	24	19

- 2.10.3. Grant sign off. This includes undertaking testing of expenditure to provide the required assurances to the grant funding body on the appropriate use of funds in line with the grant award criteria. In recognition of the amount of specific grant funding which has been made available to the Council during the recent years, the number of grants which have required sign off by the Head of Audit Risk and Assurance or testing by the Internal Audit to support the sign off by the Chief Executive remains considerable.
- 2.10.4. Advice, guidance, and consultancy work. Internal Audit has continued to support various services in developing systems and procedures

ensuring that appropriate and proportionate controls are included within the solution.

2.10.5. Governance arrangements. Ensuring that the organisation has effective and proportionate arrangements for decision making across the whole organisation. Internal Audit has been represented on various groups and boards tasked with ensuring that decisions are taken in accordance with the Constitution, are in the best interests of the Council and are appropriately evidenced.

2.10.6. Other sources of assurance such as external bodies and confidence in 'first and second lines of defence' arrangements.

3. Chief Audit Executive's Opinion for 2024/25

3.1. The purpose of the Chief Audit Executive's opinion is to contribute to the assurances available to 'those tasked with governance' particularly in respect of informing the Council's Annual Governance Statement (AGS).

3.2. In preparing the Opinion, it has been necessary to consider the following matters:

3.2.1. The programme of Internal Audit reviews, including opinion-based work undertaken during the year which identified that of the 80 actions raised, 31% related to a failure to apply existing controls, with a further 36% relating to where the design of controls could be improved/strengthened and 9% identifying an absence of an expected or actual control. This demonstrates a concerning breakdown of the control environment in the areas subject to review.

3.2.2. The significant governance issues identified in the AGS, including the difficult financial position of the Council, wider issues within the Planning service, and continued vacancies and interim arrangements across the executive and wider leadership structure. Whilst plans are in place to address these issues, they nevertheless pose a significant challenge to the overall system of governance, risk and internal control, particularly in the context of an organisation needing to deliver strategic change rapidly.

3.2.3. The consistent reporting on the Council's Strategic Risk Register during the year, has highlighted a number of critically rated risks which have been present for considerable periods of time. This demonstrates the considerable resource which is required to stabilise risks that threaten the achievement of strategic objectives, and the complexity and interdependencies of factors needed to manage and mitigate risks at this level.

3.2.4. The Council's application to the Secretary of State for Levelling Up for Exceptional Financial Support in 2023/24 and 2024/25 to support reserve levels returning to approximately 5% of the net revenue budget.

- 3.2.5. In September 2024, Ernst Young were appointed as the Council's external auditors. This late appointment limited the amount of work that the external auditors were able to undertake on the financial statements for 2023/24 and coupled with the receipt of objections to the accounts, resulted in the external audit not being completed. This resulted in the external auditors providing a disclaimed audit opinion for the 2023/24 accounts and a failure to meet the backstop date for publication. As a result of this and the lack of assurance in relation to the opening balances, the 2024/25 financial statements will also be disclaimed.
- 3.2.6. The continuing progress in implementing the improvement plan agreed at full Council in July 2024 following the Ofsted inspection review in February/March 2024.
- 3.2.7. The Council's implementation and progress in the action plan established following the LGA Corporate Peer Challenge, and the non-Statutory Best Value Notice received by the Council in May 2025.
- 3.3. Having taken into account the above, the Annual Opinion for 2024/25 from the Chief Audit Executive on the Council's framework of risk management, control and governance is as follows:

Risk Management

Having considered the arrangements in place for identification, recording and reporting risk both to senior management, and Members, along with the engagement and participation with the operational level risk management system, the opinion in relation to this area is **Adequate**.

Governance

Having considered the challenges to the Council's financial resilience, the Corporate Peer Challenge action plan implementation, and the transformation programme that is underway to address and improve the way in which the Council delivers value for money and outcomes for its residents, the opinion in relation to this area is **Limited**.

Internal Control

Having considered the findings from the programme of Internal Audit reviews undertaken during the year, the analysis about the nature of these findings the opinion in relation to this area is **Limited**. However, the very significant improvement in the timely implementation of actions arising from Internal Audit's work provides a very encouraging direction of travel.

Therefore, based upon these three elements, the **overall opinion on the Council's framework of risk management, governance, and internal control is Limited**.

4. Summary of Internal Audit Work

- 4.1. Audit and Governance Committee receive regular, detailed reports on the work of Internal Audit during the year. Most recently, a full report on all work undertaken during 2024/25 to date was provided to the May 2025 meeting of the Committee, along with a comparison of work undertaken against the Annual Audit Plan (Appendix B), and a summary of key findings from individual audits
- 4.2. During 2024/25, Internal Audit produced 21 assurance reports with 7 Limited assurance opinions. The breadth of work completed involves both the “micro” and “macro”; from very succinct and narrow focused areas of work, such as billing reconciliations, through to audits of complex and large systems of the organisation, with significant interdependencies and inter-related matters.
- 4.3. Details about individual reports are provided in Appendix A, including the scope of the review, the assurance opinion provided, and for limited and no assurance opinions have been provided, a summary of the findings.
- 4.4. Ten individual school audits were completed during the year to support the completion of the annual Section 151 Officer Assurance statement to the Department of Education.
- 4.5. Internal Audit is also required to certify statutory returns and grant claims. In most cases the work required is either an audit or an assurance statement where required by the funding body of a specific programme/project. In total, and as reported in detail to the May committee, Internal Audit contributed to the certification of £38,539,484.20 of funding received via nine grants. Not every grant received by the Council requires this certification.
- 4.6. During the year Internal Audit coordinated the Council’s participation in the biennial National Fraud Initiative (NFI) data matching exercise. This ensured that the appropriate data sets were submitted in line with the September 2024 deadline and in the correct format to facilitate the production of matches.
- 4.7. Following receipt of matches in December 2024, Internal Audit continues to coordinate and support services in the investigation of matches to identify potential fraud and error, and the uploading of outcomes to the NFI website.
- 4.8. A total of 2,114 matches were received and 1,804 have been cleared to date. Of these cleared matches, no fraud was identified. However, a total of 310 errors were identified resulting in £20,510 being recovered by the Council.

- 4.9. Internal Audit has also supported services in the investigation of a small number of investigations and where appropriate the reporting of these matters to the police via the Action Fraud website.
- 4.10. Internal Audit has contributed to the production of the Council's AGS for 2024/25 by:
- Coordinating assurance exercises to inform the AGS
 - Production of the draft AGS
 - Contribution to and production of Audit & Governance Committee reports which inform the AGS.
- 4.11. Finally, Internal Audit has continued to provide consultancy and advice to management on the development of new and proposed systems and initiatives to ensure that appropriate controls are built into the design of processes.

5. Implementation of Internal Audit Recommendations

- 5.1. During 2023/24, the implementation of internal audit actions was identified as an area of concern with only 48% of agreed recommendations implemented within the agreed timescales. In response to this, and as previously reported, an improved follow up process was introduced in 2024/25 with support from CLT.
- 5.2. Table 2 provides details of implemented actions at the end of 2024/25 with comparative figures for 2023/24:

Table 2 – Implementation of Agreed Internal Audit Actions

Action Status	No of Actions (31/03/2025)	No of Actions (31/03/2024)
Total actions agreed	298	151
Completed actions	262	50
Superseded actions	12	11
In progress (not yet due)	20	48
In progress (passed agreed date)	4	42

- 5.3. Analysis of the figures above shows that 94% of all actions due have now been implemented compared to 48% at the end of the previous financial year. This demonstrates a significant improvement in this area which is expected to continue due to the robust follow up process that is now in place.

6. Conflict of Interest

- 6.1. No conflicts of interest have arisen during 2024/25. Each audit assignment is subject to an individual declaration of interest from the auditor undertaking the assignment and the audit manager. The Internal Audit Charter sets out the arrangements for auditing areas of operation that fall under the management of the Head of Audit Risk and Assurance to avoid any conflicts of interest.

7. Compliance with the Public Sector Internal Audit Standards (PSIAS)

- 7.1. Regulation 6 of the Accounts and Audit Regulations 2015 requires relevant bodies to conduct an annual review of the effectiveness of its Internal Audit and for a committee of the body to consider the findings. This review is carried out by self-assessing compliance with the Public Sector Internal Audit Standards. The PSIAS require Internal Audit to have in place a quality assurance and improvement programme which must include both internal and external assessments.
- 7.2. The external assessment of compliance with the Standards which is required every 5 years was undertaken towards the end of 2024/25, with the report detailing the outcomes pending. Once the report has been received, the outcome of this review will also be reported back to Committee. This will be supported by our action plan to ensure that we move forward in compliance with the Global Internal Audit Standards.

8. Performance Management

- 8.1. Internal Audit's performance is measured against performance indicators which are detailed in Table 3:

Table 3 – Internal Audit Performance Indicators

Performance Indicator	2024/25 Actual to date	2024/25 Target	2023/24 Actual	Comments on 2024/25 Actuals
% of Audits completed to user's satisfaction	100%	95%	96%	Above target
% of significant recommendations agreed	100%	95%	100%	Above target
Chargeable Time (Assurance Work)	86%	85%	89%	Above target
Draft report produced promptly (per Client Satisfaction Form)	100%	95%	93%	Above target

Appendix 1 – Individual Audit Assurance Reports 2024/25 Opinion

	Audit Report	Reason for and scope of Review	Audit Assurance Opinion	Comments	Summary of Findings – (Limited /No Assurance Reports Only)
1	Council Tax Billing Rec 2025/26	Identified via Audit Plan To ensure that the Council Tax bills for 2025/26 had been raised for the correct liability.	Good	Controls operating effectively	
2	NDR Billing Rec 2025/26	Identified via Audit Plan To ensure that the Business Rates bills for 2025/26 had been raised for the correct liability.	Good	Controls operating effectively	
3	Wilmslow BID Billing Rec 2025/26	Identified via Audit Plan The review focused on the controls in place to ensure that bills for the additional Wilmslow BID levy have been calculated and raised correctly	Good	Controls operating effectively	
4	Crewe BID Billing Rec 2024/25	Identified via Audit Plan The review focused on the controls in place to ensure that bills for the additional Crewe BID levy have been calculated and raised correctly	Good	Controls operating effectively	
5	Crewe BID Billing Rec 2025/26	Identified via Audit Plan	Good	Controls operating effectively	

Appendix 1 – Individual Audit Assurance Reports 2024/25 Opinion

	Audit Report	Reason for and scope of Review	Audit Assurance Opinion	Comments	Summary of Findings – (Limited /No Assurance Reports Only)
		The review focused on the controls in place to ensure that bills for the additional Crewe BID levy have been calculated and raised correctly			
6	Multiply Grant Y3	At the request of management Internal Audit carried out a review of the systems, processes and controls in place in relation to the final year of the Multiply Grant to ensure compliance with the DfE Multiply Grant Assurance Guidance	Good	Controls operating effectively	
7	Unaccompanied Asylum-Seeking Children Grant	At the request of management To provide assurance that the funding was managed and administered correctly and in line with the conditions set by the awarding body	Good	Controls operating effectively	
8	Council Tax/NDR Refunds	Identified via Audit Plan To review the effectiveness of the controls in place for the calculation and payment of refunds in these areas	Good	Controls operating effectively	

Appendix 1 – Individual Audit Assurance Reports 2024/25 Opinion

	Audit Report	Reason for and scope of Review	Audit Assurance Opinion	Comments	Summary of Findings – (Limited /No Assurance Reports Only)
9	Discretionary Housing Payments	Identified via Audit Plan The review focused on the adequacy of the systems, processes and controls in place for the application of DHP awards, compliance with regulations and the Council's DHP Policy	Satisfactory	Controls operating effectively	
10	Multiply Grant Y2	At the request of management Internal Audit carried out a review of the systems, processes and controls in place in relation to the Multiply Grant to ensure compliance with the DfE Multiply Grant Assurance Guidance	Satisfactory	Controls operating effectively	
11	Community Grants Review	Identified via Audit Plan This review focused on the adequacy of the systems, processes and controls in place for awarding community grants to local organisations during 2023/24 and 2024/25	Satisfactory	Controls operating effectively	
12	Elections Review	At the request of management	Satisfactory	Controls operating effectively	

Appendix 1 – Individual Audit Assurance Reports 2024/25 Opinion

	Audit Report	Reason for and scope of Review	Audit Assurance Opinion	Comments	Summary of Findings – (Limited /No Assurance Reports Only)
		To provide assurance that mechanisms are in place for accurate and complete recording of time and expenses to support the claim made to the Ministry of Housing, Communities and Local Government (MHCLG), by the Elections Team on behalf of Cheshire East Council			
13	Children's Prepaid Cards	Identified via Audit Plan To review the processes and controls in place for the administration, use and monitoring of prepaid cards	Satisfactory	Controls operating effectively	
14	Unit 4 Optimisation – Phase 1, Part 2 (joint work with CWAC)	At the request of management To provide assurance the procedures in progressing the phase were robust and comprehensive and that the stated expectations of the councils had been met	Positive	Controls operating effectively	
15	Schools Consolidated Report 2023/24	Identified via Audit Plan The report brought together the findings from the	Limited	All actions agreed with management and individual schools subject to	The report identified common issues in relation to: <ul style="list-style-type: none"> Errors in completing Unit4 HR forms.

Appendix 1 – Individual Audit Assurance Reports 2024/25 Opinion

	Audit Report	Reason for and scope of Review	Audit Assurance Opinion	Comments	Summary of Findings – (Limited /No Assurance Reports Only)
		programme of school audits which reviewed the arrangements in place to manage Purchasing (P2P) and HR via the Unit 4 ERP system.		review were issued with detailed reports	<ul style="list-style-type: none"> Errors in the use of the procurement module on Unit 4 leading to duplicate payments, and Inconsistent application of the purchase card policy
16	Supplementary Substance Misuse Treatment and Recovery Grant	<p>At the request of management</p> <p>Grant conditions required an internal audit review to confirm that all other conditions were complied with</p>	Limited	All actions agreed with management	The review concluded that improvements need to be made over the monitoring arrangements on expenditure incurred by the contractor in delivering this project
17	Officer Decision Records	<p>Identified via Audit Plan</p> <p>To provide assurance on the effectiveness of the processes in place to manage the recording of ODR's</p>	Limited	Draft Report Issued – management responses being finalised.	The review concluded there are inconsistencies in the understanding and application of the process. Recommended that the weaknesses identified are considered and addressed as part of the ongoing review of the decision-making process
18	Accounts Payable	<p>Identified via Audit Plan</p> <p>To review the processes and controls in place for this area of Unit4</p>	Limited	Draft Report Issued – management responses being finalised.	<p>The review identified the following issues:</p> <ul style="list-style-type: none"> Non-compliance with the No PO No Pay Policy resulting in duplicate payments Payment of invoices outside the payment terms

Appendix 1 – Individual Audit Assurance Reports 2024/25 Opinion

	Audit Report	Reason for and scope of Review	Audit Assurance Opinion	Comments	Summary of Findings – (Limited /No Assurance Reports Only)
					<ul style="list-style-type: none"> Lack of regular monitoring and review of payments to highlight non-compliance with the No PO No Pay Policy & Contract Procedure Rules
19	Foster Payments	<p>Identified via Audit Plan</p> <p>To review the processes and controls in place for ensuring the accuracy and appropriateness of payments to foster carers</p>	Limited	Draft Report Issued – management responses being finalised.	<p>The review identified the following issues:</p> <ul style="list-style-type: none"> Ensuring policies and fees are periodically reviewed, updated and appropriately authorised Ensuring key foster payment processes are documented Ensuring foster carer expenses are appropriate, evidenced and processed in a timely manner
20	SEN Tribunal Process	<p>Identified via Audit Plan</p> <p>To review the effectiveness of processes and controls in place to manage SEN tribunals</p>	Limited	Draft Report Issued – management responses being finalised.	<p>The review identified the following:</p> <ul style="list-style-type: none"> Procedures need to be developed, including whether challenges to decisions have been considered Preparation of tribunals paperwork should be completed in advance to allow secondary checks Formal monitoring of tribunal decisions should be introduced
21	General Ledger	Identified via Audit Plan	Limited	Draft Report Issued – management	<p>The review identified the following:</p> <ul style="list-style-type: none"> Reconciliations are not consistently annotated and

Appendix 1 – Individual Audit Assurance Reports 2024/25 Opinion

	Audit Report	Reason for and scope of Review	Audit Assurance Opinion	Comments	Summary of Findings – (Limited /No Assurance Reports Only)
		To review the effectiveness of the controls in place for the management of the general ledger		responses being finalised.	<p>independently reviewed/authorised</p> <ul style="list-style-type: none"> • Ensuring all feeder systems are included in the control account reconciliation process • Ensuring managers have full visibility of budgets and staffing lists and can forecast expenditure

Appendix 2 – Comparison of Audit Plan 2024/25 and Actuals

Area of Plan		Original Plan		Actuals		Comments on coverage
		Days	%	Days	%	
Chargeable Days		1125		1185		Additional days due to Auditor increasing working hours
Less: Corporate Work		115		95		
Available Audit Days:		1010	100%	1090	100%	
Corporate Governance and Risk		105	10%	130	12%	Slightly above plan due to additional testing on ODR's
Anti-Fraud and Corruption	Proactive Work	30	3%	23	2%	Reduced slightly to support reactive investigations
	Reactive Investigations	30	3%	44	4%	Increased slightly due to unplanned investigations
Corporate Services		330	33%	414	38%	Increased focus on key financial systems
Adults, Health & Integration		110	11%	114	11%	As per plan
Children's Services		110	11%	147	14%	Slightly above plan due to complexity of areas reviewed
Place		100	10%	80	7%	Slightly below plan due to increased work in Children's
Providing Assurance to External Organisations		35	3%	38	3%	As per plan
Advice & Guidance		40	4%	21	2%	Reduced as focus on core assurance work
Other Chargeable Work		120	12%	79	7%	Reduced as focus on core assurance work
Total Audit Days		1010	100%	1090	100%	

OPEN

Audit and Governance Committee

28 July 2025

Risk Management Report 2024-25

Report of: Janet Witkowski, Acting Governance, Compliance and Monitoring Officer

Report Reference No: AG/19/25-26

Ward(s) Affected: All

Purpose of Report

- 1 To provide the Audit and Governance Committee with a summary of risk management activities during 2024/25 and details of the current risk profiles.
- 2 The Audit and Governance Committee provides an independent assurance to the Council on the adequacy of the risk management framework, and this report supports the Committee with this assurance.

Executive Summary

- 3 This report provides an update on risk management activity throughout 2024/25, including details of the Strategic Risk Register during this period. During this period, the Strategic Risk Register also included equivalent risk registers for the Council's wholly owned companies; Orbitas, Tatton Park Enterprises and ANSA.

RECOMMENDATIONS

The Audit and Governance Committee is recommended to:

1. Note this report as a summary of risk management activities during the year 2024/25.
2. Identify any further assurance required by the Committee in relation to the management of risks including on the Council's Strategic Risk Register

Background

- 4 Risks included on the Strategic Risk Register are those which materially threaten the organisation's ability to achieve its strategic goals, details of which are stated in the Corporate Plan. Risks on the strategic register are owned by members of the Corporate Leadership Team (CLT) and are generally reviewed on a quarterly basis, and then reported onto the Corporate Policy Committee.
- 5 Designated risk assessors provide an initial update for strategic risks, which are then reviewed and signed off by relevant member of CLT as the risk owner.
- 6 Operational risks are held at the service level, with an expectation that all services maintain a risk register, owned by the Head of Service and supported by their senior managers. Operational registers are held and updated via a self-service application called Risk Action Control, built inhouse and maintained by the Risk Function with support from ICT.
- 7 Implementation of the Risk Management Framework, including administration of the strategic and operational registers is overseen by the Head of Audit, Risk and Assurance and supported by a Risk and Business Continuity Officer. This function also administers the creation and review of business continuity plans.
- 8 Ownership of risks and business continuity plans is held by officers, in line with the scope and the responsibilities of their roles and the contents of such are based upon their own assessments. While the risk management "team" provides the tools and timescales to encourage registers and plans to be updated regularly, responsibility ultimately sits with the responsible officers, and compliance is reported upon through existing oversight arrangements.

Changes in the Strategic Risk Register

- 9 The Strategic Risk Register is currently in a transitional phase. The Cheshire East Plan 2025-29 was published in March 2025 and it was agreed with CLT, that the strategic risks needed to be refreshed to ensure that they were aligned with the plan. With the further development of a Corporate Improvement Plan, the Strategic Risk Register is being reviewed by CLT, with an updated version to be presented to Corporate Policy Committee on 2 October 2025.
- 10 Significant change to the register should be expected, to ensure that it aligns very closely with current organisational priorities and supports the assurance on the delivery of the Corporate Improvement Plan once adopted. This change should provide assurance to the Committee that

the organisation is proactively ensuring that it's risk register remains relevant and proportionate.

- 11 As such the last update to the current Strategic Risk Register was undertaken after the end of Q3 2024/25 and the year-end position listed below reflects that point in time. This was reported to the Corporate Policy Committee in March 2025. There is a detailed Appendix, as provided to the Corporate Policy Committee.

Table 1 – Year End Comparison of Net Scores (2023/24 and 2024/25)

Strategic Risk	End of 2023/24 Net Score	End of 2024/25 Net Score	Travel
Increased Demand for Adult's Services	12	12	↔
Fragility and failure in the Social Care Market	9	9	↔
Complexity and Demand for Children's Services	12	12	↔
Dedicated School Grant Deficit	16	16	↔
Failure to Protect Vulnerable Children	9	9	↔
Failure to Achieve the MTFS	16	16	↔
Leadership Capacity	12	12	↔
Ability to Achieve Organisation Change	12	8	↓
Recruitment & Retention	9	9	↔
Failure to Adhere to Agreed Governance Processes	9	9	↔
Stakeholder Expectation & Communication	12	12	↔
Information Security and Cyber Threat	12	12	↔
Business Continuity	9	9	↔
Capital Projects - Place	12	16	↑
CEC Carbon Neutral Status	16	16	↔
Local Planning Authority Modernisation Plan	9	9	↔
Delivery of the ILACS improvement plan (Added Q1 2024/25)	-	12	NEW
SEND Inspection (Added Q1 2024/25)	-	12	NEW

- 12 The “Failure of the Local Economy” risk was removed from the register in the Q2 2024/25 review. The “Failure to Manage the Consequences of Policy Uncertainty and National Policy Frameworks” risk was removed from the register in the Q3 2024/25 review. Both of those risks have an external focus, and their removal indicates a movement away from strategic risks that are not inward looking.
- 13 Table 2 demonstrates the static nature of the scoring of a number of the risks recognised in the register. Whilst the scores may not have changed, the quarterly reports to the Corporate Policy Committee, which have been shared with the Audit and Governance Committee, set out the actions which are being taken to manage the risks, and the effort required in many cases to prevent the impact from rising further.

Table 2 – Net risk scoring for Strategic Risk Register across 2024/25

Risk	Q4 Net	Q1 Net	Q2 Net	Q3 Net	Direction of Travel (Q2 to Q3)
Increased Demand for Adult’s Services	12	12	12	12	↔
Fragility and failure in the Social Care Market	9	9	9	9	↔
Complexity and Demand for Children’s Services	12	12	12	12	↔
Dedicated School Grant Deficit	16	16	16	16	↔
Failure to Protect Vulnerable Children	9	9	9	9	↔
Failure to Achieve the MTFS	16	16	16	16	↔
Leadership Capacity	12	12	12	12	↔
Ability to Achieve Organisation Change	12	12	12	8	↓
Recruitment & Retention	9	9	9	9	↔
Failure to Manage the Consequences of Policy Uncertainty and National Policy Frameworks	12	12	12	4	↓
Failure to Adhere to Agreed Governance Processes	9	9	9	9	↔
Stakeholder Expectation & Communication	12	12	12	12	↔
Information Security and Cyber Threat	12	12	12	12	↔
Business Continuity	9	9	9	9	↔

Risk	Q4 Net	Q1 Net	Q2 Net	Q3 Net	Direction of Travel (Q2 to Q3)
Capital Projects - Place	12	16	16	16	↔
CEC Carbon Neutral Status	16	16	16	16	↔
Local Planning Authority Modernisation Plan	9	9	9	9	↔
Delivery of the ILAC Improvement Plan	-	12	12	12	↔
SEND Inspection	-	12	12	12	↔

Changes in the Operational Risk Register

- 14 The first quarterly update of operational risks using the Risk Action Control app was completed in Q4 2023/24 and the last year has seen various levels of integration and engagement from the organisation. The table below shows the number of risks and the average rating from the current year-end in comparison to the previous.

Table 3 Number of risks and average scores by directorate; 2023/24 and 2024/25

Directorate	2023/24 Number of Risks	2024/25 Number of Risks	2023/24 Average Rating	2024/25 Average Rating
Adults	25	80	7	4
Chief Executive's Office	56	53	6	6
Childrens	0	2	-	8
Place	99	98	10	8
Resources	56	55	5	5
Total	236	288	7	6

- 15 One of the advantages of the application is greater visibility of the risk environment through a centralised tool. Not all areas of the organisation are yet transferred fully onto the application, and we are working with the Executive Director of Children's Services on a series of workshops and sessions to help to capture and record the risk environment for this directorate.
- 16 Looking ahead, we are planning to have more engagement through directorates to further enhance what is available through the application. Regular risk workshops help to ensure that the risk register content reflects current priorities for services, especially through periods of change and improvement. Capturing as much information as possible at the operational level provides a wealth of useful information and insight

to inform decision making and ensures that CLT are sighted on this as they review the Strategic Risk Register content.

- 17 The Risk Action Control app has been designed so that there is a workflow of roles from an initial updater (Risk Assessor) through to the Risk Owner, (Risk Approver). The reporting window begins at the end of each financial quarter, and the application currently sends out notification emails, first to the assessor and then to the approvers over six-week period after that quarter end. The table below shows the completion rates for assessments and approvals from the current yearend in comparison to the previous.

Table 4: Completion rates and approval rates by directorate, 2023/24 and 2024/25

Directorate	2023/24 Assessments	2023/24 Assessments	2024/25 Approvals	2024/25 Approvals
Adults	96%	36%	92%	33%
Chief Executive's Office	89%	77%	88%	42%
Childrens	-	0%	-	0%
Place	49%	72%	45%	70%
Resources	84%	69%	73%	49%
Total	72%	62%	67%	50%

- 18 The two tables indicate that while more services have a risk register within the app, the level of engagement has decreased as a percentage of the total number. The operational risk process and its integration remains a work in progress but is already providing a more efficient and increased visibility of risk across the organisation.

Business Continuity

- 19 Workshops have been held with attendees from Wider Leadership Community, and sessions in individual departments and teams have also been supported through out the year. Learning from these sessions will be fed into individual service's business continuity plans, and the review of an organisation wide response plan.
- 20 We continue to work closely with the Council's shared Emergency Planning team to ensure learning from incidents is shared and acted upon, and business continuity impact assessments are carried out in anticipation of events as needed, with the aim of assisting the organisation in managing and prioritising the continuation of service delivery. These can be prompted by weather related issues and previously used to manage the impact of strike activity in other sectors upon the workforce for example.

- 21 We are still exploring the potential of developing an application to support our business continuity planning as an organisation. The feedback from workshops is helping to shape ideas on this, but there are many practical considerations around the potential use of the application to work through.

Consultation and Engagement

- 22 Each risk included in on the Strategic Risk Register is “owned” by a member of the Council’s Corporate Leadership Team. At each quarter, the risk detail is updated through managers in their areas of responsibility, and the updated register is reviewed collectively by the Corporate Leadership Team.

Reasons for Recommendations

- 23 Risk management is central to facilitating good governance and the achievement of corporate objectives. As a publicly accountable body, the Council must demonstrate effective identification and management of the risks that threaten the achievement of its corporate objectives and the effectiveness of its operations.

Other Options Considered

- 24 No alternative options considered; this is an assurance update report to support the Committee in meeting its responsibilities under its Terms of Reference.

Implications and Comments

Monitoring Officer/Legal/Governance

- 25 There are no direct legal implications arising from the recommendations of this report. This report provides assurance that the Council achieves its strategic aims and operates its business, under general principles of good governance, that it identifies risks which threaten its ability to be legally compliant and operates within the confines of the legislative framework.

Section 151 Officer/Finance

- 26 There is no direct impact upon the MTFS from the recommendations of this update report. Costs relating to implementing risk treatment plans are included within service budgets. The need to provide financial security against the impact of risks is considered on a case-by-case basis and either included within specific budgets within the MTFS or considered under the overall assessment of the required level of General Reserves as part of the Reserves Strategy. The risk to the Council of failing to achieve savings identified in the MTFS has been identified as a risk.

Human Resources

- 27 There are no direct implications arising from the recommendations of this update report.

Risk Management

- 28 This report relates to overall risk management and provides the Committee with awareness of the most significant risks facing the Council, where strategic risks are emerging and assuring the Committee on how these are being managed.

Impact on other Committees

- 29 The Corporate Policy Committee receives the quarterly Strategic Risk Register reports, which are circulated to the Audit and Governance Committee. The update on risks is organised within these update reports by the individual service committees to support the further discussion of matters by these committees. There are, however, no direct impacts on other committees arising from this report.

Policy

- 30 Cheshire East Council has adopted the Risk Management Framework approved by Cabinet in June 2020. Risk management is integral to the overall management of the authority and, therefore, considerations regarding key policy implications and their effective implementation are considered within departmental risk registers and as part of the risk management framework

Commitment 1: Unlocking prosperity for all	Commitment 2: Improving health and wellbeing	Commitment 3: An effective and enabling council
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Equality, Diversity, and Inclusion

- 31 There are no direct implications arising from the recommendations of this report.

Other Implications

There are no direct implications to Rural Communities, Children and young people, Public Health or Climate Change arising from the recommendations of this report.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy):</i>			
Ashley Hughes	S151 Officer	17/07/25	18/07/25
Janet Witkowski	Acting Monitoring Officer	17/07/25	17/07/25

Access to Information	
Contact Officer:	Josie Griffiths Head of Audit Risk and Assurance josie.griffiths@cheshireeast.gov.uk
Appendices:	Appendix A – Q3 2024/25 Strategic Risk Register Detail
Background Papers:	Q1 2024/25 Strategic Risk Assurance Report to Corporate Policy Committee – 13 June 2024 Q2 2024/25 Strategic Risk Assurance Report to Corporate Policy Committee – 28 November 2024 Q2 2024/25 Strategic Risk Assurance Report to Corporate Policy Committee – 20 March 2025

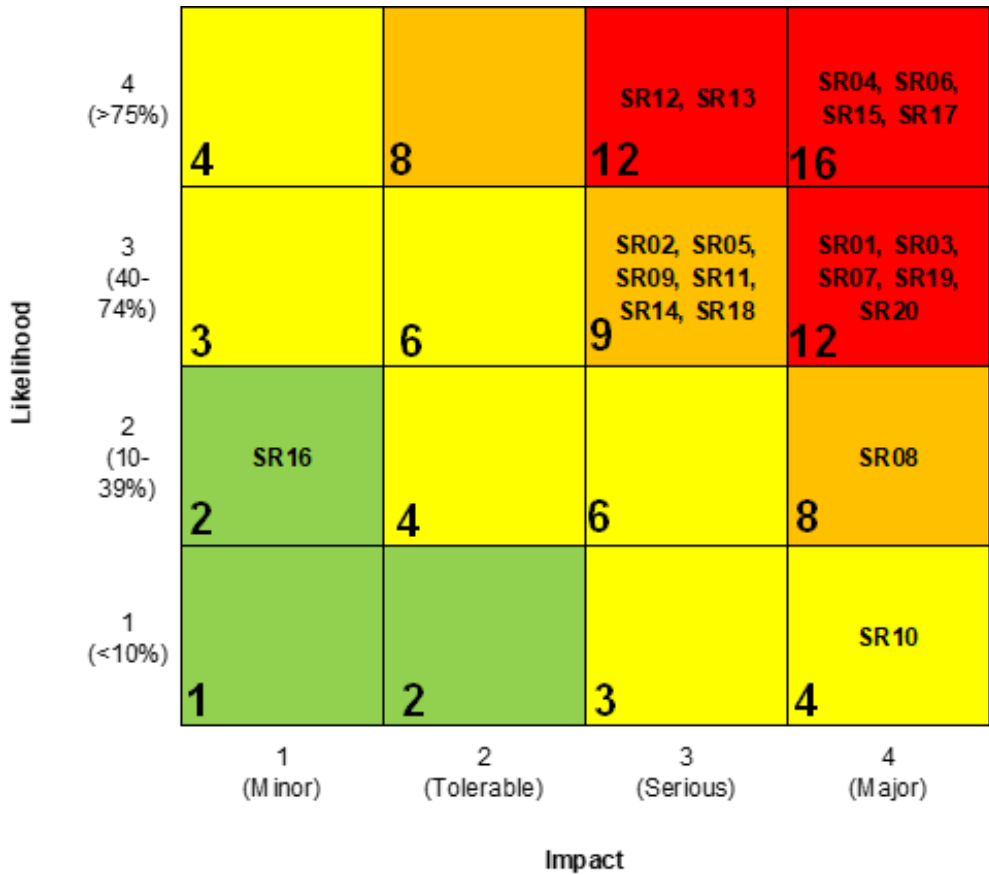
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Strategic Risk Summary – Changes in Net Scores Q3 2024/25

Ref	Risk	Q2 Net	Q3 Net	Travel	Target
SR01	Increased Demand for Adult's Services	12	12	↔	9
SR02	Fragility and failure in the Social Care Market	9	9	↔	9
SR03	Complexity and Demand for Children's Services	12	12	↔	12
SR04	Dedicated School Grant Deficit	16	16	↔	16
SR05	Failure to Protect Vulnerable Children	9	9	↔	6
SR06	Failure to Achieve the MTFs	16	16	↔	9
SR07	Leadership Capacity	12	12	↔	9
SR08	Ability to Achieve Organisation Change	12	8	↓	8
SR09	Recruitment & Retention	9	9	↔	9
SR10	Failure to Manage the Consequences of Policy Uncertainty and National Policy Frameworks*	12	4	↓	4
SR11	Failure to Adhere to Agreed Governance Processes	9	9	↔	6
SR12	Stakeholder Expectation & Communication	12	12	↔	9
SR13	Information Security and Cyber Threat	12	12	↔	12
SR14	Business Continuity	9	9	↔	6
SR15	Capital Projects - Place	16	16	↔	12
SR17	CEC Carbon Neutral Status	16	16	↔	16
SR18	Local Planning Authority Modernisation Plan	9	9	↔	6
SR19	Delivery of the ILACS improvement plan	12	12	↔	12
SR20	SEND Inspection	12	12	↔	8

* Risk removed after this quarter

Strategic Risks Heat Map Q3 2024/25



12 - 16	Critical Risks - Only acceptable in the short to medium term, requires immediate action implementing and close monitoring
8 - 9	Material Risks - Areas of concern, but due to capacity and or uncontrollable external factors, these can be accepted. Expectation is that these must be actively managed with on-going monitoring to ensure they don't escalate
3 - 6	Moderate Risks - Acceptable level of risk only requiring on-going monitoring to ensure they don't develop into something more serious
1 - 2	Negligible Risks - Lowest level of risk, only kept in the register for completeness and to ensure there are no unexpected changes in the profile

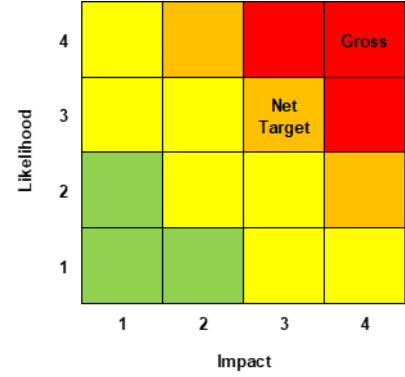
Individual Risk Details – Q3 2024/25

Risk Name: Increased Demand for Adult Services		Risk Owner: Executive Director of Adults, Health, and Integration
Risk Ref: SR01	Date updated: 24 th January 2025	Risk Manager: Director of Adult Social Care Operations
<p>Risk Description: An increase in demand for adult social services that cannot be met within the existing budget.</p> <p>There is currently a historically high demand for services from young adults right through to the elderly. This has been caused by an overall decrease in national adult health and wellbeing and other socio-economic factors. There has been an increase in responsibility and duties being transferred to LA i.e. RCRP.</p> <p>Detailed consequences; a failure in one area of social care, either internal or external to the council, has knock-on effects and increases pressure on other services. This can cause an on-going downwards trend in adult health and wellbeing. In addition, the council may fail in its duty of care and its objective of supporting its most vulnerable individuals. Specific failures that have been seen are a reduction in preventative measure and early intervention, which ultimately increase demand. Increased pressure on practitioners causes stress related issues and reduces the appeal of working in the sector.</p> <p>Detailed causes; due to the additional wellbeing pressures placed on residents, council staff, third-party providers and the NHS, the volume and complexity of demand for adult services has increased materially. As have political factors such as changes in legislation and resettlement agreements. Due to several different socio-economic factors recruitment and retention of staff is difficult resulting in increased use of agency staff. The increase in demand and complexity for services has not been recognised with increased established staffing, resulting in use of Agency Staff to fill the void.</p>		<p>Likelihood</p> <p>Impact</p>
Interdependencies (risks): Failure of Council Funding, Fragility in the social care market, Failure of the local economy, Organisational capacity and demand		Lead Service Committee: Adults and Health Committee
<p>Key Mitigating Controls (Existing):</p> <ul style="list-style-type: none"> • Delivery of market engagement events, keeping providers / people informed of preventative change resulting from the People Live Well, for Longer Transformation Programme. • Contracts and Quality Monitoring Policy Framework, monitoring the user outcomes that partners are delivering. This helps to inform the managed decommissioning of services, in an effort to reduce service disruption. Maintaining a provider risk register with the Care Quality Commission to ensure market oversight. A standard set of fit for the future contracts, designed to ensure quality outcomes for users and ensure provider's business models remain sustainable as demand changes. • Monthly quality monitoring partnership forum that reports to relevant DMTs and the Safeguarding Board. Attendees include the Police, Safeguarding, Care Quality Commission, ASC operations, Legal, CCG's and ASC lead commissioner. • People Helping People programme, working collaboratively with partners and local volunteers to channel community-based support, reducing demand on adult social care. The sourcing/brokerage team support the co-ordination of these services, helping vulnerable people to access non-council support where appropriate. • Direct payment scheme, allowing users identify and manage their own care support. 		

<ul style="list-style-type: none"> • The preventative policy framework standardises the approach to prevention across adult social care “front door. When appropriate, directing users to approved community solutions, which can provide non-traditional benefits to those individuals and help maintain their independence. • Annual financial and resource planning by ASC services, considering expected demand, funding, the local social care market and other socio-economic trends. • Regular service/team meetings to disseminate information and discuss operational issues. • Involvement in the North West regional and local programme of work pertaining to health and care staff recruitment, retention, and selection – resulting in a robust career path being developed with key partners and in being clear pertaining to local strategy. • Collaborative working with other services, such Public Health, where objectives align and communication is required to delivery value for money. Utilisation of Public Health JSNA and wider regional data sets inform future planning. The joint commissioning management monthly working group seeks to ensure ASC is working effectively and efficiently with other Children and Family services. • Engagement with the Integrated Care Partnership, including health partners. • Regular ASC reporting to CLT and Adult and Health Committee on performance, expenditure/budget and demand. On-going management of services, based on performance, expenditure/budget and demand management information. Trend analysis used to help predict future demand. • Engagement with service users, collaboration with Healthwatch and other independent organisations to help drive service improvements and cost savings. • Business continuity assessments and resiliency preparation, both internally and with key partners. • Implementing recommendations of independent review. All care plans presented to senior leasers board for authorisation of spend. • Tighter controls on hospital discharge will impact relationship with ICB colleagues. • 3 times weekly Quality, Performance and Authorisation Board to review every request for care, since the start of this regime over 2000 cases have been reviewed to ensure that the package of care is effective and efficient. • Weekly Extended leadership meeting to review budget, spend and activity. • Inner Circle Transformation Partners working alongside ASC staff to transform services and reduce spend. 	
Actions (Monitoring):	Target Date for Completion:
Prevent, Reduce, Enable transformation programme	Phased implementation from May 2025
<p>Comments this quarter: As predicted the reduction of agency staff within the service has resulted in increased waiting times for assessments, this reduction has been seen in the services provided during quarter two. All waiting lists are monitored weekly to manage the risks, we are implementing a process of ‘waiting well’ to mitigate deterioration in health and wellbeing of individuals and their carers. We have also recruited two additional workers to undertake assessments for discharges from out of area hospitals which are rising due to the specialist nature of some hospital trusts. Providers of services continue to push for increased fees, however we have started to implement the care cubed model to scrutinise care costs, we are working through the analysis of the initial tranche of providers who have been through this process we have identified some providers where their fees will be adjusted to take account of the care cubed work.</p> <p>We are seeing a rise in demand from self-funded residents where their funds have reduced to a level that makes them eligible for funded social care and this demand is expected to increase. We have now initiated a project for future self funders to request an assessment and information and support from a dedicated worker to work to explore options and to maximise their funds, enabling individuals to make informed decisions regarding their future care needs and services to meet needs. Also to ensure that they have adequate funds to cover their wishes. Scrutiny of cases continues at 3 x weekly Quality, Performance and Authorisation Boards we are very aware of the risks of falling on the wrong side of the legislative framework where the council could be subject to legal challenge and therefore we review our decision making process to avoid this risk. The demand in terms of the numbers of residents requiring a service continues to be stable however the rise in the complexity of cases is seen in the scale of the assessment process and the financial costs of challenging cases. We continue to meet weekly to discuss risks and budget pressures. The deficit within the Cheshire and Mersey ICB will increase pressure on the council to pick up funding for previously funded health patients and this will require robust challenge and discussion. We are</p>	

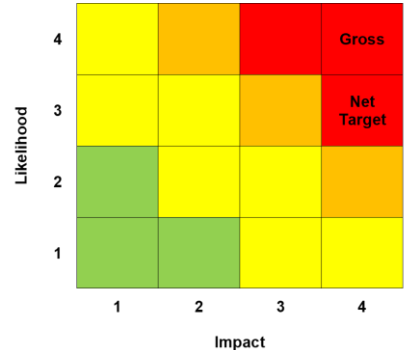
currently in discussion with our NHS partners over a number of cases on which we disagree. It is possible that there will be an additional financial burden placed on ASC in the upcoming financial year.

Timescale for managing risk to an acceptable level: The outcomes from the work commissioned with Impower is being actioned via HLBC, we are monitoring all support and care plans and calls for services on a 3x per week basis, Director is monitoring approx 150 cases per week. Demand is constant especially for those who are 90+ yrs, and for those with dementia. Cost of individual care packages remains very high with an increasing number £2000 per week.

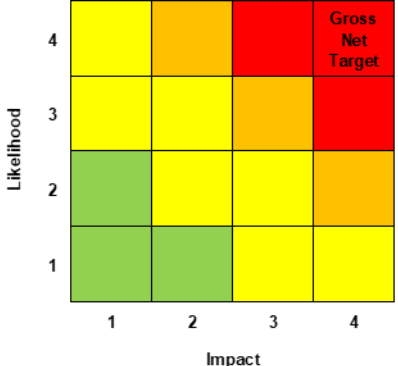
Risk Name: Fragility and Failure in the Social Care Market		Risk Owner: Executive Director of Adults, Health and Integration
Risk Ref: SR02	Date updated: 29 th January 2025	Risk Manager: Director of Adult and Children's Commissioning
<p>Risk Description: A failure of the local social care market. Increases in the volume and complexity in demand and financial pressures have caused weaknesses in the national social care market which have yet to be resolved.</p> <p>Detailed consequences; the council is unable to deliver a robust adult social care package without the use of third-party providers, without these outsourced services the overall social adult care package would fail and the council would not be able to achieve its objective of people living well and for longer. If the Council is unable to increase fees for providers it will impact on the sustainability of some care providers and result in some packages of care being handed back to the Council or notices served on care home resident's placements. This could lead to a need to increase the use of care providers who have not been through a formal tendering process which in some cases could result in higher costs and/or poorer quality. While due diligence is undertaken for these providers, some providers do not fully co-operate with this process. It will also bring challenges in managing budgets in 2024/25.</p> <p>Detailed causes: the major risk going forward is the financial impacts on providers resulting from the 9.8% uplift in National Living Wage from April 2024 and high rates of inflation. The current financial position of the Local Authority precludes it from uplifting care fees for all care contracts in 2024/25.</p>		
Interdependencies (risks): Failure to Achieve the MTFs, Business Continuity, Failure of the Local Economy		Lead Service Committee: Adults and Health Committee
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> Contracts and Quality Monitoring Policy Framework, monitoring the people's outcomes that partners are delivering. Localised quality assurance risk management oversight tool embedded which provides pertinent intelligence that will identify any escalation of providers quality and safety of service delivery in an effort to reduce service disruption. This risk matrix connects to an overarching provider risk register with the Care Quality Commissioning to ensure market oversight. A standard set of fit for the future contracts, designed to ensure quality outcomes for users and ensure provider's business models remain sustainable as demand changes. Increasing the robustness of due diligence on care providers who have not been through a formal tendering process. Comprehensive cost of care exercise to be undertaken with all care providers to ensure that care packages are sustainable and available resources are distributed fairly. Delivery of market engagement events, keeping providers / people informed of preventative change resulting from the People Live Well, for Longer Transformation Programme. The preventative policy framework standardises the approach to prevention across adult social care "front door. When appropriate, directing users to approved community solutions, which can provide non-traditional benefits to those individuals and help maintain their independence. Annual financial and resource planning by ASC services, undertaken capacity and demand modelling, funding, the local social care market, and other socio-economic trends. Development and publication of the Market Sustainability Plan. Completion and submission of the Cheshire East Market Availability and Capacity Plan to DHSC. Involvement in the Northwest regional and local programme of work pertaining to health and care staff recruitment, retention, and selection – resulting in a robust career path being developed with key partners and in being clear pertaining to local strategy. Update of the joint Market Position Statement with ICB to ensure that care providers receive timely information about commissioning intentions. 		

- Regular ASC reporting to DLT, CLT and Adult and Health Committee on performance, expenditure/budget and demand. On-going management of services, based on performance, expenditure/budget and demand management information. Trend analysis used to help predict future demand.
- Engagement with service users, collaboration with Healthwatch and other independent organisations to help drive service improvements and cost savings.
- Business continuity assessments and resiliency preparation, both internally and with key partners.
- The Council is working with skills for care to see what support it can give to the market in terms of recruitment and retention and build knowledge. Providers have access to recruiting staff from abroad if there isn't a sufficient supply available locally. Development of a Workforce Strategy for the external care workforce.
- Investigation and investment into new health and care technologies. Use of new technologies to be driven by considering performance, capacity, and value for more against more traditional methods.
- Quality Performance Authorisation Board meets three times a week to ensure that the Council is obtaining value for care money for commissioned placements and making best use of all commissioned block booked assets across the Borough.
- A Transfer of Care Hub has been set up in both hospitals with key staff from CEC and Hospital Trusts co-located to improve joint working and ease pressures on hospital discharge and ensure people are supported through the correct pathway at the point of discharge.
- Commissioners undertake Market Engagement activities with Care at home Providers to Coproduce new models of care. Joint working with 'Skills for Care' to encourage individuals to take up employment within the care sector. 'Hidden Carer's' initiative launched through Carer's Hub to help identify and support carers not known to the system.
- Low level support for the British Red Cross who respond to crisis situations in the community.
- A tool called Care Cubed has been commissioned to assess the actual cost of delivering care for individual care providers and benchmark against market prices.
- On-going engagement and development with the community voluntary faith sector to enhance our offer and support to people.

Actions (Monitoring):	Target Date for Completion:
Care at home re-commissioning (SRO and Work Programme in place)	September 2025
Accommodation with care re-commission (SRO and Work Programme in place)	September 2025
<p>Comments this quarter: There is currently only 1 care home that has been rated as inadequate by CQC across the Borough; Riseley House. Due to the delay in timely inspections being carried out by CQC a risk-based review has been completed which has supported incremental admissions into the home following the provider successfully being onboarded to the Council's Accommodation with Care Framework.</p> <p>Priestly Fields and St Catherine's Care Homes currently have placement embargos in place at this time due to the emerging quality risks that have been referred into the Local Authority Quality Assurance and Safeguarding Team. These homes are continued to be comprehensively monitored and reviewed through our Contract and Quality governance oversight meeting, so system partners are aware of any risks and issues. The quality assurance officers will continue to provide enhanced oversight of these homes and report any concerns to safeguarding. Emmie Dixon Care Home have indicated they are encountering financial challenges due to 3 vacant voids within the home. This situation is currently presenting financial sustainability challenges within the organisation. The provider is looking to safely rationalise expenditure across the home and commissioners have enhanced their oversight of the provider. Ongoing work continues with operational staff to try and fill the voids with compatible people. The current care at home waiting list remains at 7 people which equates to 90 hours per week. An operating process is in place that ensures operational colleagues continue to RAG rate individuals placed on the waiting list for care at home.</p> <p>The increases in April 2025 to the National Minimum Wage alongside an increase in the Employers National Rate to 15%, and a reduction in the Employers National Insurance threshold will present an impact to the externally commissioned care providers. A fee's uplift options appraisal paper is comprehensively being developed to ensure we fully consider the implications relating to provider fees, market sustainability and operational risk management.</p>	
<p>Timescale for managing risk to an acceptable level: N/A (Net score is equal to target). To a certain extent the risk is outside the Council's control as there is a reduced pool of people who wish to work in Social Care.</p>	

Risk Name: Complexity and Demand for Children's Services		Risk Owner: Executive Director of Children's Services
Risk Ref: SR03	Date updated: 29 th January 2025	Risk Manager: Children's Services Directorate Leadership Team
<p>Risk Description: That Cheshire East's local social, economic and demographic factors, including the impact of the pandemic, lead to an increase in the level and/or complexity of need and demand for children's services, which the council cannot meet effectively. This risk would mean that we would not achieve the council's desired outcomes for children and young people as set out in the council's Corporate Plan.</p> <p>The service received growth through the MTFS to help address the pressures but the challenge to deliver to budget and achieve the required savings remains present. Significant action is still required to deliver savings to live within the budget as all indications are that demand, complexity and cost will continue to increase.</p>		
Interdependencies (risks): Increased Demand for Adult Services, Insufficient and Non-Compliance with Financial Processes, Organisation Capacity and Demand, Failure to Achieve the MTFS, Failure of the Local Economy		Lead Service Committee: Children and Families Committee
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> • Growth to address budget pressures within services was agreed in the MTFS for 2024/25, including £10.8m to address placement costs for children. • Further growth is proposed within the MTFS for 2025/26, including £4.6m to support placement costs, and £2.7m to ensure the staffing establishment for children's services is fully funded. • Extensive activity is taking place to manage and reduce costs. • We are closely monitoring the demand to services and the reasons that are driving demand so that we can be responsive and mitigate any risks to service delivery. • We have a range of support available to families through early help and prevention services, including council, partner, voluntary, community, faith sector and commissioned services. These services support families and help prevent needs from escalating and requiring higher level intervention. • We have implemented Family Hubs, bringing council, health and community services together – improving access and reach of services, supporting earlier intervention, and improving partnership working. • Our approach is to ensure only the right children come into care; this is right for children and young people and will also reduce demand to Children's Social Care services. We will continue look to identify options for children to live within their family networks where this is the best outcome for them. • We are continuing to support children and young people who are most vulnerable through the Household Support Fund and the Holiday Activity Fund. • We are actively working through the safeguarding children's partnership to strengthen our approach to early help and prevention. 		
Actions (Monitoring):		Target Date for Completion:
Deliver a base build of children's services to ensure we have the right services to meet children's needs (Children's social care senior leadership team)		July 2027
Review and strengthen how we support children at child in need to prevent their needs from escalating (Children's social care senior leadership team)		March 2027
Review entries to care to understand how we can strengthen our approach (Children's social care senior leadership team)		December 2024
Expand our in-house residential provision to offer more local and cost effective homes for children and young people (Children's social care senior leadership team)		Initial mobilisation to be complete by April 2025

Develop and launch a new early help strategy across the partnership (Children's Safeguarding Partnership)	June 2025
<p>Comments this quarter: No change to the net rating, it remains 12, a material risk, equal to the target score.</p> <p>Further growth is proposed within the MTFS for 2025/26, including £4.6m to support placement costs, and £2.7m to ensure the staffing establishment for children's services is fully funded. A base build of children's services will take place in April 2025 to ensure there are the right services in place to meet children's needs.</p> <p>Internal and partnership assessment activity was undertaken to understand entries to care which has identified the need to strengthen early help and prevention. This work has been presented to the Safeguarding Partnership and work is taking place to review collectively and identify actions required. In the interim a new court team has been devised to reduce the competing demands on social workers and improve timeliness and quality of interventions for when children do come into our care. A new partnership early help strategy has been developed and is currently open for consultation.</p>	
Timescale for managing risk to an acceptable level: March 2026	

Risk Name: Dedicated School Grant Deficit		Risk Owner: Executive Director of Children's Services
Risk Ref: SR04	Date updated: 30 th January 2025	Risk Manager: Children's Services Directorate Leadership Team
<p>Risk Description: That the deficit held in the dedicated schools grant (DSG) continues to rise and/or is not recoverable.</p> <p>The final outturn position for the financial year 2023-24 outlines a reduced deficit position of the DSG high needs budget of £79.5M compared to the forecast deficit of £89.6M resulting in a reduction of £10.1m. The mitigated cumulative forecast reserve deficit identified through the Safety Valve programme is £285m. This is in part as a result of the growth in the number of pupils with an education, health and care plan greatly exceeding the funding and insufficient local placement options. This is a national issue and local authorities are required to hold a negative reserve for this purpose which is in place until March 2026. This position is unaffordable and unsustainable. The arrangements beyond March 2026 are not confirmed by the Department for Levelling Up, Housing and Communities (DLUHC). This risk continues to be a feature of ongoing liaison with the Department for Education and the DLUHC.</p> <p>Without significant changes to funding the DSG reserve deficit is not recoverable. Significant action is required to deliver savings to live within the budget as all indications are that demand, complexity and cost will continue to increase.</p>		
Interdependencies (risks): Increased Demand for Adult Services, Insufficient and Non-Compliance with Financial Processes, Organisation Capacity and Demand, Failure to Achieve the MTFS, Failure of the Local Economy		Lead Service Committee: Children and Families Committee
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> On 7 September 2023, we accepted an invitation from the Department for Education to start negotiations to join their Safety Valve programme, which would provide more help from the government to balance our budget. The aim of the Safety Valve programme is to agree a package of reform to improve the performance of local authorities' high needs systems and ensure this is delivered in a sustainable way, for the benefit of children and young people, whilst bringing DSG deficits under control. We submitted detailed plans to the government in January 2024. In March 2024 Ministers advised that they are currently unable to enter into an agreement with Cheshire East as Cheshire East's Safety Valve submission included an ask of the Department which is significantly above the level which the Department could reasonably afford in comparison to other agreements. Ministers recognise that the DSG deficit as forecasted poses a substantial risk to Cheshire East, and propose to work with us over the coming months, alongside colleagues from DLUHC, to seek an appropriate solution. The DSG management plan is in place to monitor the impact of demand to SEND services on financial pressures and monitor the delivery and impact of mitigations that have been put in place. A revised DSG management plan for 2024/25 to 2030/31 was approved by the Children and Families Committee on 29 April 2024. The committee also received an update on the Safety Valve submission. The Children and Families Committee is receiving monthly updates on the DSG management plan. The council has updated the SEN sufficiency statement for 2023/24 to 2025/26, and the SEND strategy, which were received and agreed by the Children and Families Committee in September 2023. The SEN sufficiency statement sets out the additional provision needed over the next three years. The SEND strategy has been refreshed to include priority actions relating to the mitigations with the revisited DSG management plan 2024-2031. There is significant capital investment in local SEND provision to meets children's needs more locally but also reduce dependency on high-cost independent school placements. As part of the Safety Valve programme we were invited to submit a Capital bid. The bid was successful and we have been awarded £16m to create more specialist provision. The capital grant will allow us to create the following <ul style="list-style-type: none"> 3 x special school satellite sites providing in total 140 additional places 1 x 14 place new SEN unit 		

<ul style="list-style-type: none"> ○ Generic funding to support the refurbishment/adaption of space within mainstream settings which could support the current demand by way of resource provisions and/or SEN units. • We are embedding a graduated approach and inclusion across all schools and settings and strengthening SEN support. • We participated in the DfE's delivering better value (DBV) programme to support the council to achieve a more sustainable financial position in relation to SEND. This identified two priority areas of cultural change that will make the biggest difference on managing demand – inclusive practice and transition. Cheshire East has been awarded £1 million to support the delivery of this transformational change. These areas have been incorporated within our SEND Strategy. • A fundamental review and realignment exercise for children's services will be carried out to future-proof services to deliver differently for less as part of our integrated children's services 4-year strategy. • We have a range of support available to families through early help and prevention services, including council, partner, voluntary, community, faith sector and commissioned services. These services support families and help prevent needs from escalating and requiring higher level intervention. 	
Actions (Monitoring):	Target Date for Completion:
A fundamental review and realignment exercise for children's services will be carried out to future-proof services to deliver differently for less as part of our integrated children's services 4-year strategy. (Progress will be monitored through the MTFS arrangements)	March 2027
Implement the DSG management plan (Quarterly by the DfE if accepted onto the programme. If not accepted the plan will be monitored internally through a CEX lead board with member involvement.)	March 2031
Continue to increase SEND provision in Cheshire East (Reviewed quarterly)	March 2031
Embed the graduated approach and inclusion across all schools and settings and strengthen SEN support (Reviewed quarterly)	September 2025
<p>Comments this quarter: The latest forecast for 2024-25 (based on actual expenditure April to November 24) shows a forecast deficit reserve position of £115.8 million, representing a total of £25.1 million reduced deficit compared with the original DSG management plan forecast (submitted to the DfE via the Safety Valve programme) and a £4.3 million reduced deficit compared with the reprofiled DSG mgmt. plan. This lower deficit figure mainly relates to expenditure for placements in non-maintained special schools and independent special schools. The DSG management plan includes an increase in costs of 3.4% on all placements, therefore increasing the average cost. The actual expenditure suggests that not all placement costs have increased, therefore reducing the average cost of placements compared to the DSG management plan. The total number of EHCPs recorded align with the DSG management plan target figure for January 2025 representing a reduced growth of EHCPs of 8% (previous year the growth was 13.6%). Needs assessment requests have reduced compared with calendar year 2023 by approx. 11%, however in the first term of the academic year 2024/25 there has been an increase of 23% compared with the first term of academic year 2023/24.</p> <p>We have seen an increase in needs assessment requests in relation to children and young people experiencing concerns around mental health and anxiety; within the applications we have seen an increased number with concerns in regards of barriers to accessing school full time and in some instance unable to attend school at all. Many of these children and young people do not yet have any diagnosis but are on ASC or ADHD pathways following referrals being undertaken. As a response to this we are currently looking to work with colleagues across the partnership including health to review the needs and themes to look at how we can support our children, families and schools/settings moving forwards.</p> <p>To support parents/carers the Transition Team are now developing a dedicated webpage for each key phase of transition providing tailored guidance and resources. In collaboration with parent carer forum and other parent support groups we have identified common themes and concerns around transition. Additionally, we are attending parent support groups and encouraging coffee mornings within our settings to ensure parents feel informed and supported.</p> <p>The DfE have announced the DSG allocations for 2025/26. All local authorities will receive at least 7% additional income in their allocation of High Needs DSG. This is 4% higher than anticipated in the DSG management plan, representing approx. £2.3m additional funding.</p>	
<p>Timescale for managing risk to an acceptable level: March 2025. We aim to see an incremental reduction in the risk as we implement our plan. By the end of March 2025, we aim for the risk to be reduced to a score of 12, then to see this continue to reduce over the following years with aim to be at an acceptable level of risk by 2026.</p>	

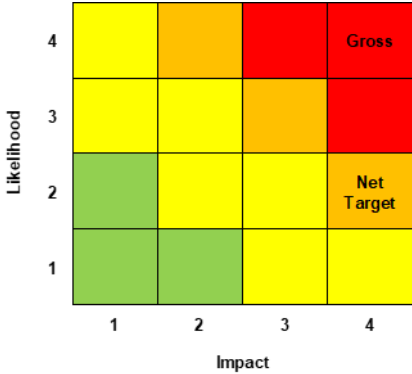
Risk Name: Failure to Protect Vulnerable Children		Risk Owner: Executive Director of Children's Services
Risk Ref: SR05	Date updated: 27 th January 2025	Risk Manager: Cheshire East Safeguarding Children's Partnership Board (CESCP)
Risk Description: The risk, that as a part of the local safeguarding children's partnership, Cheshire East Council's children's services are unable to fulfil their responsibilities relating to the protection of vulnerable children at risk of criminal exploitation and child sexual abuse. To do this Cheshire East seeks to be an effective and collaborative partner in the partnership. Ofsted are responsible for conducting inspections into the quality of children's social care provided by Cheshire East and as the local authority responsible Cheshire East is continually looking to meet those expectations in an ever-changing and challenging environment.		
Interdependencies (risks): Increased Demand for Adult Services, Complexity and Demand for Children's Services		Lead Service Committee: Children and Families Committee
Key Mitigating Controls: <ul style="list-style-type: none"> The CESCP board has oversight of the Multi Agency Safeguarding Arrangements. The 3 Statutory Partners are; Health, Local Authority and Police. Cheshire East has named Education as the 4th Statutory Partner. The Statutory Partners form the Cheshire East Safeguarding Children's Partnership. Working Together 2023 outlines the responsibility of the Statutory Partners to involve other agencies. A Pan Cheshire Strategic Alliance group is in place which consists of the Chief Executive of the council, Chief Constable and Chief Nurse, which scrutinises partnership progress against the improvement plan. They are named in the Multi Agency Quality Assurance (MASA) as LSP's. Ofsted regularly inspect the Local Authority and the partnership arrangements. The partnership ensures awareness within all agencies by providing regular training focused on exploitation. The training facilitates communication, increased knowledge and understanding and working together. We have an Exploitation Strategy, practice guidance, and training for frontline practitioners. This all ensures there is a clear partnership approach to supporting children and young people at risk of exploitation. The strategy also needs to be in line with the Pan Cheshire All Age Exploitation Strategy. There is a shared understanding of the children and young people who are at risk of exploitation across the partnership. There are regular multi agency audit of practice are completed for children at risk of exploitation to evaluate the impact of changes on quality of practice. The Children and Families Committee have oversight through the annual report and any inspection reports. The Contextual Safeguarding Strategic group reports to the Multi Agency Quality Assurance Group which then reports the CESCP board. 		
Actions (Monitoring):		Target Date for Completion
CS SOC performance report to be presented to the CESCP board (CESCP Board)		Q1 2025-26
Independent Scrutiny for Contextual Safeguarding (CESCP Board)		Q1 2025-26
Review the Contextual Safeguarding Strategy (Contextual Safeguarding Strategic Group and CESCP Board)		Q1 2025-26
Comments this quarter: Updated existing controls and actions to reflect the current oversight and structure in line with the updated Multi Agency Safeguarding Arrangements. Amended the timescales for reducing the net score in line with the target. The partnership are implementing the updated governance structure and arrangements as approved		

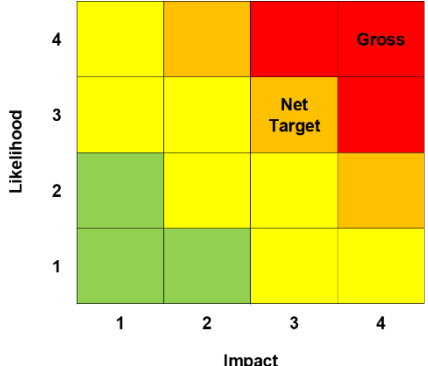
within the MASA. This includes an updated Quality Assurance framework and a proposed timetable for independent scrutiny. An independent scrutineer has been commissioned to consider contextual safeguarding, an audit to determine whether we are meeting our objectives, the structure within the service, and provide support and recommendations on future improvements.
Timescale for managing risk to an acceptable level: December 2025

Risk Name: Failure to Achieve the MTFS		Risk Owner: Executive Director of Resources (S151 Officer)																																		
Risk Ref: SR06	Date updated: 29 th January 2025	Risk Manager: Director of Finance (Deputy S151 Officer)																																		
Risk Description: Failure to achieve approved changes and manage net spending within the MTFS agreed by Council within the expected timescales will undermine the Council’s ability to manage its budget effectively in the current and future years. Potential impacts: Failure to achieve the agreed annual budget will reduce the Councils reserves and may endanger its medium-term financial stability, ultimately leading to reduction in the services it can provide to its residents, due to having to issue a Section 114 Notice. Poor management of specific grant funding can also result in the Council having to repay those monies. Drivers of likelihood: Key drivers of this risk are a lack of effective strategic and/ or operational management, and a lack of ability and/ or authority to implement change, along with global and national events adversely affecting levels of inflation and prices.		<table><tr><td rowspan="4">Likelihood</td><td>4</td><td></td><td></td><td></td><td>Gross Net</td></tr><tr><td>3</td><td></td><td></td><td>Target</td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td></td><td></td><td colspan="4">Impact</td></tr></table>		Likelihood	4				Gross Net	3			Target		2					1							1	2	3	4			Impact			
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Interdependencies (risks): all		Lead Service Committee: Corporate Policy Committee																																		
Key Mitigating Controls: <ul style="list-style-type: none">Financial planning arrangements include preparation by the Finance Team, in liaison with senior operational managers, of detailed financial forecasts, based on the best available information and including prudent assumptions based on professional judgement and external advice.Use of quality financial systems, with appropriate training and subsequent audit of their effectiveness to provide management and control of the Council's financesBalanced budget to put into effect the Council's service plans for the forthcoming year, matched by available funding and including a risk assessment of the adequacy of general reservesMTFS sets out how the Council will deliver the Council's Corporate PlanUse of a standard report format and report clearance process which ensures provision of relevant information on financial impact and risk exposure to the decision makers.Clear and effective communication of changes or updates to Finance and Contract Procedure Rules with the ConstitutionSources of specialist advice and guidanceBudget monitoring, comparing actual performance against approved budget, is undertaken throughout the financial year and presented to service committees, in the form of forward-looking forecast outturn reportsOutturn reporting and audit of statements supports in-year monitoring and future year planningRisk-based approach to the use of reserves, identifying appropriate reserve levels and ensuring that reserves are not depleted without first identifying a strategy to restore them to risk-assessed levels during the MTFS period.Where a residual deficit is forecast in a financial year, a number of actions will be explored including:-<ul style="list-style-type: none">use of any service or non-specific underspend to offset pressures elsewhere within the budgetaccessing external funding, ensuring compliance with any funding conditionsuse of reservesuse of general balances																																				

<ul style="list-style-type: none"> Treasury Management Strategy to manage the Council's cash flows, including an investment strategy focused on the security of principal sums and a borrowing strategy to manage interest payable and other charges A Capital Strategy that prioritises capital investment programmes, identifies the financial impact of investment in schemes and limits the amount of unsupported borrowing to be taken Engagement with government departments related to financial models and consultation Education and training for officers and Members, including financial management in local government, the CIPFA FM Code, and Finance and Contract Procedure rules Reporting of status and action plan on CIPFA FM Code Budget management regime implemented early in 2023/24 to track activities relating to delivery of approved budget changes Spending management regime implemented in October 2023, to control and reduce spending on staffing and supplies and services; review fees and charges to customers; and approaches to charging costs to capital projects and using capital receipts Strategic Financial Management Board, with a number of groups – Procurement; Strategic Assets; Workforce Oversight; Financial Management – each with terms of reference and various assigned tasks; and with a further link for all groups/ activities to the Transformation Programme. any Directorate forecasting spend >5% over approved budget is subject to focussed budget management, reporting progress to SFMB weekly 	
Actions (Monitoring):	Target Date for Completion:
Ongoing reporting of spending management effectiveness and latest forecasts to SFMB/CLT (Weekly reporting and review by SFMB/CLT)	March 2025
Directly or via professional or political networks, liaise with Government departments on the severity of the many financial issues (Reporting to CLT, and to Members in the MTFS update)	February 2025
Preparation and approval of the 2025/26 annual budget (Formal Financial Reviews to Committees; with progress on all change proposals reported to each committee cycle)	February 2025
<p>Comments this quarter: No change to the risk ratings. The Council's Third Financial Review (FR3) shows a forecast £18.3m overspend for the current financial year. This was reported to Finance Sub-Committee on 9 January and is also to be reported to service committees through the January cycle of meetings.</p> <p>Whilst an improvement on the Second Financial Review by £1.8m, the forecast overspend remains a significant financial challenge for the Council.</p> <p>Finance Sub-Committee approved the utilisation of the £17.6m conditional Exceptional Financial Support to balance the forecast overspend at the year-end, in order to protect and minimise the use of reserves (and also to plan for its financing in the next update of the MTFS).</p> <p>With use of reserves to cover the residual gap, and also funding in-year Transformation spending, forecast revenue reserves at 31 March 2025 were reported as £9.2m.</p> <p>The Transformation Programme is underway and its outcomes have helped to shape the development of the Council's updated MTFS for 2025-29, offering the prospect of significant improvements against the four-year funding gap previously identified in the MTFS approved in February 2024. However, the Council continues to recognise significant pressures, particularly in social care, and including reflecting the potential effects on our expenditure requirements from Government changes in employers' National Insurance, and the National Living Wage.</p> <p>The shortfall in 2025/26 identified in the MTFS report to the 9 January 2025 Finance Sub-Committee was estimated at £25.3m. At Corporate Policy Committee on 6 February 2025, Members will consider approaches to balancing the budget and improving financial sustainability, including options for further Exceptional Financial Support, prior to making recommendations to Budget Council on 26 February 2025.</p>	
Timescale for managing risk to an acceptable level: March 2025	

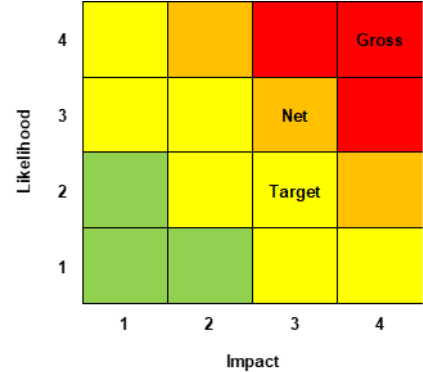
Risk Name: Leadership Capacity		Risk Owner: Chief Executive																																		
Risk Ref: SR07	Date updated: 25 th February 2025	Risk Manager: Interim Director of People and Customer Experience																																		
<p>Risk Description: There are a number of vacancies and temporary acting up arrangements in place across CEC’s leadership team are not functioning. These limit its capacity and prevents the team from operating as effectively as possible. Without the right capacity across the leadership team, the organisation is unable to flex and be respond to its challenges.</p> <p>Potential impacts: The impact may be a failure to achieve priorities, which is ever more critical in light of current financial challenges as well as the Council’s requirement to deliver a large-scale transformation programme. It could also be the case that priorities are delivered at higher cost than could otherwise be achieved. Without maintaining value for money throughout the organisation, overall amount of effectiveness is reduced.</p> <p>Drivers of likelihood: Reputational risk from Section 114 notice and impact on recruitment and retention. Failure to recruit and retain individuals for senior management positions. Failure to complete DMA exercise and implement a revised structure, Failure implement management development for the leadership team. Failure to communicate and motivate the wider workforce.</p>		<table><tr><td rowspan="4">Likelihood</td><td>4</td><td></td><td></td><td></td><td>Gross</td></tr><tr><td>3</td><td></td><td></td><td>Target</td><td>Net</td></tr><tr><td>2</td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td></td><td></td><td colspan="4">Impact</td></tr></table>		Likelihood	4				Gross	3			Target	Net	2					1							1	2	3	4			Impact			
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Interdependencies (risks): All other strategic and operational risks.		Lead Service Committee: Corporate Policy Committee																																		
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none">• Council Constitution and decision-making structure, including the Committee system and defined terms of reference.• Corporate Plan and Annual Service Business Plans.• Support from Governance functions.• Leadership team recruitment processes, including skills and experience requirements.• Leadership team performance management processes.• Organisation structure and internal reporting.• People Strategy																																				
Actions (Monitoring):		Target Date for Completion:																																		
Undertake Decision Making Accountability (DMA) exercise from Heads of Service level to develop a revised organisational structure and implement new structure (Introduction of new populated structure)		01/11/2024																																		
Leadership development programme for CLT and WLC (Evaluation of programme once completed and sessions delivered)		31/07/2025																																		
Interim arrangements for key posts (Interim recruitment exercise to a number of key posts)		31/05/2024																																		
<p>Comments this quarter: Interim Director of People and Customer Experience joined CEC in mid December in addition to Interim Head of Customer Services. All interim key posts are filled and are kept under review, the only post not filled are Head Of roles. Recruitment campaign commenced with our partner, Starfish. Because of the scale of the work involved the recruitment is being phased. The first tranche will focus on recruiting to the ED Resources & S151, Director of Public Health, Governance, Compliance and Monitoring Officer and Assistant Chief Executive. These are posts that require Full Council Approval. Recruitment of additional posts will take place from February onwards. It is envisaged that a permanent complement of Chief and Deputy Chief Officers will be in place in later Summer 2025.</p>																																				
<p>Timescale for managing risk to an acceptable level: November 2024</p>																																				

Risk Name: Ability to Achieve Organisation Change		Risk Owner: Assistant Chief Executive
Risk Ref: SR08	Date updated: 18 th February 2025	Risk Manager: Director of Transformation
<p>Risk Description: The risk that the council is unable to achieve organisational change due to a lack of resources and capacity to focus on transformation as people focus on the delivery of business as usual. Recently received advice from government commissioners advised that organisational change capacity is a key ingredient to support the council in delivering transformation to achieve medium to long term change that will support achievement of savings and also, in the event of a section 114 notice being issued, organisational change capacity is also essential to deliver necessary actions arising from interventions.</p> <p>Potential impacts: The council is required to deliver transformation activity at pace in order to balance the budget and avoid section 114. If a section 114 notice is issued and commissioners intervene, the council bears their costs. These costs are estimated at up to £200K per commissioner and there are usually 2-6 commissioners, for a period of up to 5 years. Therefore it is more prudent to ensure that there is capacity for organisational transformation to avoid more significant costs and reputational damage.</p> <p>Drivers of likelihood: A focus on delivery of frontline and statutory services and a de-prioritisation of corporate, enabling functions. A lack of clear governance and oversight of delivery of transformation. No clearly identified medium- and long-term transformation programme. Failure to recruit and retain individuals for senior management positions. Failure to identify and implement required change initiatives effectively and in a timely fashion. Failure to oversee efficient and effective operations, including dealing with poor performing individuals and to communicate and motivate the wider workforce.</p>		
Interdependencies (risks): Recruitment and Retention, Failure to Achieve the MTFS		Lead Service Committee: Corporate Policy Committee
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> • A “doing things differently” initial list of change proposals has been collated and is being discussed with members. • A weekly Strategic Finance Management Board (SFMB) meeting is in place with Senior Level Membership to review the activities required to meet budget savings targets • A Bright Ideas scheme is in operation to enable the workforce to contribute their ideas for transformation • A new Corporate Plan has been consulted on to clarify the vision and priorities for Cheshire East • Appointment of a Delivery Partner to provide additional capacity and to produce the council transformation plan • Formation and weekly meetings of the transformation board • Establishment of a core project team to support the next phase of transformation 		
Actions (Monitoring):		Target Date for Completion:
Strategic CLT discussion planned on structure necessary to achieve transformation.		January 2025
Medium to Long Term Transformation Plan to be developed linked to revised structure for phase 3 (March 25 onwards)		January 2025
<p>Comments this quarter: A reduction in the net likelihood brings the overall net rating down to equal with the target, the transformation plan is progressing in line with prescribed timelines/activities and an exercise to map savings against MTFS proposals has been concluded. The Target Operating Model has been produced and detailed communication plan has been developed. A further staff engagement event took place with 500 staff attending over 2 sessions.</p>		
Timescale for managing risk to an acceptable level: N/A		

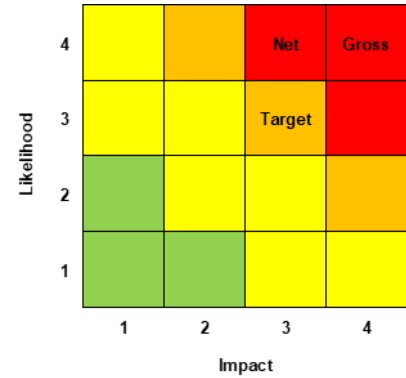
Risk Name: Recruitment and Retention		Risk Owner: Executive Director of Resources, Section 151 Officer
Risk Ref: SR09	Date updated: 25 th February 2025	Risk Manager: Interim Director of People and Customer Experience
<p>Risk Description: Recruitment and retention of skilled and motivated staff is required to allow the organisation to deliver its Corporate Plan, LGA Corporate Peer Challenge Action Plan, Children's Improvement Plan and its transformation programme. Achievement of the plan and programme requires operational changes which allow the council to adapt and improve.</p> <p>Impact of the risk occurring: High staff turnover and, or skills shortages, insufficient capacity within services. Failure to achieve annual budget and deliver the council's transformation and improvement programme and a detrimental impact upon the physical, emotional, and mental wellbeing of staff.</p> <p>Drivers of failure: National and local demographics alongside external factors led to increasing and changing demands on services. Increases to the cost of living also present risks to the resilience and wellbeing of our workforce and therefore the capacity to respond to demand. Outcome of Ofsted inspections as well as current financial challenges. WorkplaCE programme and the DMA review also impact.</p>		
Interdependencies (risks): Business Continuity, Increased demand for Adults Services, Complexity and Demand for Children's Services		Lead Service Committee: Corporate Policy Committee
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> Workforce planning is in place via the Council's Workforce Strategy 2021-2025. This is a 4-year strategy with ongoing review. Work is underway on the development of a new Workforce Strategy for 2025-2028. Service Workforce Plans are also undertaken on an annual basis as part of the wider business planning process to review and support workforce planning on a service-by-service level Benchmarking exercises and workforce metrics are used to identify potential issues and service workforce plans developed as above to mitigate. Work on the refinement of a workforce assessment for the Council has been completed and a monthly workforce dashboard is available to identify potential issues. The workforce assessment is then updated twice a year, to ensure services have regular focused workforce data available. Focused apprenticeship levy funding, specific succession planning and talent management initiatives are used to support high priority areas. This is supported by the introduction of a manager and director dashboard on Learning Lounge that will help the identification of training and skills gaps. Recruitment and retention programme has delivered attendance at a programme of local and regional recruitment fairs, an end-to-end review of the recruitment process, improved recruitment advertising, an employee offer brochure, a review, and the planned implementation of additional employee benefits, a social work academy in Children's Services and the development of additional career pathways. The introduction of employee profile videos on social media and on Cheshire East Council's website to enhance the Council's profile have also been introduced. Further work will be undertaken to streamline the recruitment process to ensure improved efficiency and a better user experience. Review of the provision of agency staff, including an audit of spending, to reduce reliance and transition to a more stable permanent workforce base with reduced costs has also been undertaken. The Council has implemented the provisions of the Government proposal on capping the pay rates for agency social workers and has also engaged with the proposals for capping agency pay rates for Children's Social Workers as part of the Greater Manchester Pledge. Analysis of exit interview and questionnaire data with the relevant Executive Director to support the retention of staff. Wellbeing and engagement support, including delivery of EAP services, the introduction of 'In the Know' sessions for all staff, a revitalised recognition scheme, monthly organisation wide wellbeing updates for all staff, and the promotion of the government funded initiative Able Futures. Senior manager support in the redesign and restructure of services to meet MTFS targets, including MARS to minimise the impact on the workforce. A workforce planning toolkit is now in place to support services in identifying skills gaps and identify actions to address any identified gaps. 		

Actions (Monitoring):	Target Date for Completion:
Recruitment to new senior management structure	April 2025
Introduction of a range of additional employee benefits, enhancing the existing offer (Monthly review by HRMT/Ongoing briefing to CLT on progress and implementation).	On-going
Use Pulse Survey and Exit Interview data results to gauge employee satisfaction (Reviewed by HRMT and shared with DMTs).	On-going
Completion of a transformation skills audit (Reviewed by HRMT monthly)	On-going
Comments this quarter: No change to the risk this quarter. Expectations are that the risk will be materially revised in Q4 based on the views of the incoming Interim Director of People and Customer Experience.	
Timescale for managing risk to an acceptable level: N/A	

Risk Name: Failure to manage the Consequences of Policy Uncertainty and National Policy Frameworks		Risk Owner: Governance, Compliance and Monitoring Officer																																		
Risk Ref: SR10	Date updated: 16 th January 2025	Risk Manager: Governance, Compliance and Monitoring Officer																																		
Risk Description: The risk that the council cannot adequately understand and react to national policy changes or effectively implement them. The scope of the risk covers all central and local government decisions which relate to the operations of local government. The Corporate Plan guides the council’s decision-making, it informs what is considered a ‘good’ policy outcome and areas of priority. Political changes may result in stakeholders no longer being aligned with that current plan. Central government policy decisions can materially impact the council in many ways, while other risks might draw out specific changes and capture their direct impact, this risk brings together the total effect of political uncertainty for consideration.		<table><tr><td rowspan="4">Likelihood</td><td>4</td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td>Gross</td></tr><tr><td>2</td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td></td><td></td><td></td><td>Net Target</td></tr><tr><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td></td><td></td><td colspan="4">Impact</td></tr></table>		Likelihood	4					3				Gross	2					1				Net Target			1	2	3	4			Impact			
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Interdependencies (risks): Stakeholder Expectations and Communications, Failure to Achieve the MTFs, Failure to Adhere to Agreed Governance Processes		Lead Service Committee: Corporate Policy Committee																																		
Key Mitigating Controls: <ul style="list-style-type: none">• Engagement with national government, consultations and requests for feedback• Application for and funding agreement processes, governance process for ad hoc grants• Engagement with political administration of CEBC• Engagement with group leaders of CEBC parties• Induction, on-going training and committee briefings for CEBC members• Service Committee support and briefings for members and senior officers• Corporate Plan and MTFs regular and ad hoc (post material changes) review process, including contingency planning• Preparation for elections and promoting engagement in democracy.• Forward planning for each committee’s policy development and areas of political sensitivity• The development and delivery of the Corporate Plan• New member induction & training programme																																				
Actions (Monitoring):		Target Date for Completion																																		
Adaptation of the committee briefing process to increase flexibility to draw out impact on residents more clearly		2024/25																																		
Comments this quarter: Uncertainty has been removed from the register; the net likelihood aspect of this risk has significantly reduced following the introduction and progression of the Council’s Transformation Plan, progress against the Corporate Peer Challenge actions, and following the closure of “Of”, those additional reporting requirements are no longer required by central government. The council can be more confident in its ability to identify and respond to national policy or legislative changes in line with the Cheshire East Plan 24-25, and the Cheshire East Corporate Plan 25-29. This reduces the overall net rating to 4, equivalent to the target score. Specific issues relating to individual policy/legislation changes will be raised as required.																																				
Timescale for managing risk to an acceptable level: Controls that mitigate this risk are based on the current landscape and timetable for local and national elections. The ability to manage this risk is not completely within the council’s gift.																																				

Risk Name: Failure to Adhere to Agreed Governance Processes		Risk Owner: Director of Governance, Compliance and Monitoring Officer
Risk Ref: SR11	Date updated: 16 th January 2025	Risk Manager: Governance, Compliance and Monitoring Officer
<p>Risk Description: The council is a complex public sector organisation with a broad range of objectives, some of which it is legally obligated to deliver, its goals for the borough are identified within its Corporate Plan. Formal reporting and decision-making within the council is, to a degree, prescribed by local authority regulation. The decision-making process at all levels, must comply with regulatory requirements while also delivering those stated goals.</p> <p>Detailed consequences: Robust governance requires clear aims and policy objectives and identified and delivered. Governance processes should facilitate the lawful delivery of those objectives and prevent the misapplication of resources in achieving other goals. Ultimately this can result in a reduction of living standards and physical health and mental wellbeing of residents. Failure to provide a reasonable level of service to residents at an appropriate cost, or to follow legal decision-making protocols, can result in increased regulatory scrutiny and reputational damage. Possible outcomes of which may be, public censure, financial penalties or direct central government intervention.</p> <p>Detailed causes: The volume and complexity of the council's services and objectives, coupled with finite resources and differing stakeholder views, make the application of the Corporate Plan into 'good' decision-making, a challenge. Examples of governance failures are:</p> <ul style="list-style-type: none"> • Variations in interpretation and non-compliance with agreed process and internal controls. • Deviation from core objectives as result of prioritising presenting issues. • Failure to allocate limited resources in line with the requirements of agreed objectives. • Inadequate internal controls across the organisation or vertically with a directorate. 		 <p>The risk matrix shows a 4x4 grid of risk levels. The y-axis is labeled 'Likelihood' with values 1, 2, 3, 4. The x-axis is labeled 'Impact' with values 1, 2, 3, 4. The cells are color-coded: Green (Low Risk), Yellow (Medium Risk), Orange (High Risk), and Red (Gross Risk). The matrix is labeled 'Gross', 'Net', and 'Target'.</p>
<p>Interdependencies (risks): Failure to Achieve the MTFs, Stakeholder Expectation & Communication, Leadership Capacity, Ability to Achieve Organisation Change, Failure to Manage the Consequences of Policy Uncertainty and National Policy Frameworks</p> <p>Key Mitigating Controls:</p> <p>Council's Constitution covers decision making processes, including finance and contract procedure rules. The Constitution is reviewed and amended on an on-going basis to ensure legal compliance and operational continuity. Following the adoption of the Committee system, mechanisms were put in place to capture Member's feedback and are reported to the (Constitution Working Group). The number, nature and terms of references of the Committees are assessed on an on-going basis, with refinements being implemented via full council decision.</p> <p>Constitution is a publicly available document; guidance on the use of the decision-making processes is provided by enabling services including Legal, Finance, Democratic Services, and Audit and Risk. Constitutional updates are overseen (recommended and administrated) by the Governance, Compliance and Monitoring Officer in response to regulatory changes and Full Council decisions. Administration of local, regional and national elections and monitoring of behaviour in the period of heightened sensitivity beforehand. During which time, appropriate adjustments are made to the publishing or reporting of controversial issues or anything that seeks to influence voters. Reports to Committees are developed and reviewed by senior officers and enabler sign off, briefings are arranged with Committee Members to address any further knowledge requirements ahead of the relevant meeting. All decisions are formally recorded in meeting minutes and administrated in line with delegated authorities as per the constitution.</p> <p>Schemes of delegation; local and financial are in place to provide clarity on responsibilities ensure separation of duties is in place where required and minimise the risk of inappropriate management override.</p>		Lead Service Committee: Corporate Policy Committee

Assurance mechanisms on the organisations' compliance with its decision-making processes are provided through the external audit (Statement of Accounts) and the work of the Internal Audit team. Internal Audit's assurance is achieved through the development and delivery of an annual plan and follow-up monitoring of agreed actions. There are other external inspections, such as Ofsted, which may examine elements of our decision-making processes through their work, although this is not usually the primary focus. The organisation publishes an Annual Governance Statement identifying significant governance issues which have occurred, any known areas which may cause issues if not managed effectively and updates on issues previously identified.	
Actions (Monitoring):	Target Date for Completion
Review CEC's input into Joint Arrangements or Committees to ensure appropriate input for CEC is in place in the governance and decision-making arrangements	TBC
CE legal services to be made aware of papers and plans in advance	TBC
Review governance requirements of the Gemini project	TBC
Comments this quarter: A reduction of the net likelihood was considered but in recognition of the number and complexity of Joint Arrangements/Committees in place, it was determined that the net score remains unchanged. CEC has a number of on-going areas that require legal and democratic support to ensure that all decisions are made within the agreed processes.	
The three main examples of this are the Gemini ICT project with Cheshire West & Chester, insourcing our wholly-owned companies, Orbitas and ANSA back in house and the devolution programme. CEC's legal function is required to ensure that all decision-making is lawful and in line with the constitution. To do this, it must be sighted on prospective decisions in advance by the WLC. Partner's governance arrangements may also differ from our own, adding additional complexity to decision making and the achievement of objectives in required timescales.	
Timescale for managing risk to an acceptable level: N/A	

Risk Name: Stakeholder Expectations and Communication		Risk Owner: Assistant Chief Executive
Risk Ref: SR12	Date updated: 20 th January 2024	Risk Manager: Head of Engagement & Communications
<p>Risk Description: The risk that the council does not understand the expectations of its stakeholders and that its communication and engagement with those stakeholders does not result in their understanding of the council's actions, nor appropriate involvement and influence. The council has an obligation to provide as high a level of service to its residents as its funding will allow. This requires not only considering both the short and long-term but also the expectations of all of its stakeholders.</p> <p>Potential impacts: A lack of understanding and poor communication and/or failure to effectively engage with stakeholders will cause damage to the council's reputation, if this is severe enough it may result in poor performance, increased complaints, regulatory inspection, challenge from central government, low morale, increased staff turnover and make the borough a less desirable place to live and work in. Consultation fatigue will result in a poor experience, reduced engagement and a lack of clarity over the changes being proposed.</p> <p>Potential drivers: To a certain degree the council cannot fully control the views that its stakeholders form. At times it will have to make decisions that are unpopular, this can be due to the context of these decisions not being effectively communicated, understood or just being disregarded by stakeholders. Management of this risk should be considered on the basis of the objective regard for and interest in the council its policies and its services (measured via surveys, media coverage, customer relations activity, etc.) and an assessment of the quality of its engagement (both listening and telling).</p> <p>Interdependencies: Increased Demand for Adult's Services, Complexity and Demand for Children's Services, Failure to Achieve the MTF5</p>		
Key Mitigating Controls:		Lead Service Committee: Corporate Policy Committee
<p>Communication & Media</p> <ul style="list-style-type: none"> • Ensure that information about the Council, its services and how to access them is easily available in a range of formats for a wide range of audiences • Communications strategies for key projects, issues, decisions and service changes developed agreed and reviewed with senior stakeholders and decision makers (internal and external communication) • Positive proactive communication across multiple channels to celebrate the council's successes and achievements. • Comms programme is planned and reviewed over the short-term (daily) and the long-term (monthly / annually), including review of committee forward plans, council service plans, consultation and engagement programmes. • Communications handling requirement for each service committee/full council meeting agreed with lead officer(s) • Continue to develop proactive direct comms to be issued via e-mail / SMS – we currently have 56,426 subscribers for 'push' notifications across a range of topics • Regular internal communications to members and officers • Monitoring and reporting of organisational reputation and sentiment, (social and traditional media). This includes weekly analysis report for senior managers. • Monitor public sector press (e.g. MJ and LGC) and maintain and develop relationships with these media outlets to maximise opportunities for positive coverage. • Communications and media function advised at an early stage of all future demand and emerging issues to enable effective planning • Media training programme for key spokespersons • Use performance management reports for council services and programmes to identify reputational opportunities and risks at an early stage. • Providing a 24/7 emergency communications on call function • Media relations protocol and approvals process – including protocol(s) for partnership communications where required. 		

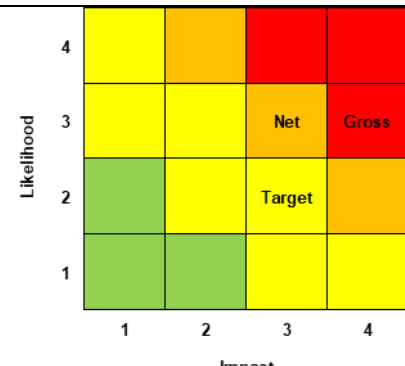
<ul style="list-style-type: none"> Review communications business continuity, priorities and emergency / crisis comms protocols and plans Regular meetings with comms leads from public sector partner organisations to collaborate, share plans and intelligence Flexible use of social media and digital communication platforms 	
Consultation <ul style="list-style-type: none"> Endeavor to undertaken consultation when proposals are still at a formative stage. Design consultation which clearly sets out the reasons for any proposal or change to enable stakeholders to undertake informed consideration and response to the options. Consultation and engagement activity will be used as evidence when making decisions through informative consultation summary reports and adequate time will be given between the end of a consultation and a decision is made, to allow for consideration of and where required, a response to, the output of a consultation or engagement. Equality Impact Assessments (EIA) are completed, appropriate for the purpose of use and that they are approved by Head of Service before any consultation can begin. Make it clear how consultation and engagement activity, EIA and other intelligence has been conscientiously taken into account when finalising the decision. Use the equality impact assessment toolkit, guidance, and template to provide clarity around what the equality impact assessment is and how it should be used. Equality champions to be supported by annual impact assessment training Resident surveys findings to be used to assess levels of resident satisfaction with the Council 	
Actions (Monitoring):	Target Date for Completion
Communication & Media	
Review communications and engagement strategy in the context of Corporate Peer Challenge Action plan, new Cheshire East plan, and wider transformation and improvement work (Provide progress reports to CPC every six months – once a revised communications and engagement strategy has been approved and adopted)	Q3/Q4 2024/25 (aligned to new Cheshire East plan development)
Provide communications support for transformation and improvement, financial management and implementation of MTFS proposals to ensure all stakeholders are well-informed about any changes to service and policy (Review annually)	March 2025
Consultation:	
Complete the service restructure to enable recruitment to vacant posts in the research and consultation team	2024/25
Better align the relationship between communication, engagement and consultation functions (Review annually)	Q3 2024/25
Explore options to strengthen resident engagement to inform decision making e.g. citizen/resident panel (Review annually)	October 2024
Develop a consultation and engagement programme (Review annually)	October 2024
Ensure that officers undertake regular training aligned with roles and responsibilities (Review annually)	March 2025
Comments this quarter:	
Communication & Media: In November 2024, as part of senior management restructure, a new service ‘engagement and communications’ has been created to bring together consultation and communications functions, supporting actions in response to LGA Corporate Peer Challenge Action Plan. Key developments impacting on stakeholder perception of the organisation in Q3 include: <ul style="list-style-type: none"> Devolution White Paper Council finances, provisional finance settlement and Exceptional Financial Support Implementation of parking review Food waste / three weekly collections proposals Highways maintenance 	

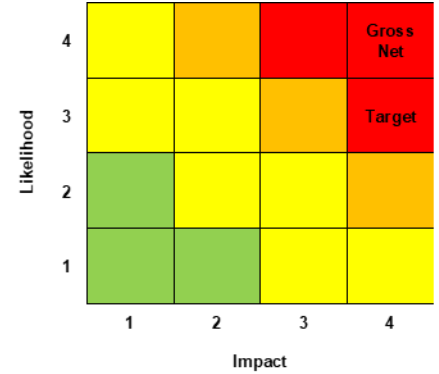
<ul style="list-style-type: none">• HSE investigation• Catering service in extra care housing• Alternative rail proposals• Armed Forces Covenant Gold award• Longridge inquiry <p>Consultation: Consultations during the period have included:</p> <ul style="list-style-type: none">• Interim Housing Strategy• Home repairs and adaptations policy• Twilight meetings survey• School admission arrangements• Residual waste collections <p>During this period, the public and stakeholder engagement to inform budget setting started. This year, an alternative approach has been taken. In previous years, the council has asked residents for their views on a wide range of specific proposals for savings, growth and changes to services to balance the budget and deliver priorities. However, while uncertainties about funding and forecast demands for services remain and during the ongoing development of financial plans, the council is asking residents about what they think the council should prioritise when making its financial decisions, before proposals for a full balanced budget are put forward. This engagement activity continues into Q4 2024/25.</p> <p>Timescale for managing risk to an acceptable level: Q4 2024/25</p>

Risk Name: Information Security and Cyber Threat		Risk Owner: Executive Director of Resources, Section 151 Officer
Risk Ref: SR13	Date Updated: 16 th January 2025	Risk Manager: ICT Programme Managers
Risk Description: (Cause) There is a risk that as the Council continues to move towards using new technology systems to reduce costs and fulfil communication, accessibility, and transaction requirements, (threat) it becomes increasingly vulnerable to a security breach, and, or loss of information, either maliciously or inadvertently from within the Council or from external attacks by cyber-criminals. (Impact) This could result in many negative impacts, such as loss of information, distress to individuals, legal, financial, and reputational damage to the Council, in addition to the possible penetration and crippling of the Council's IT systems preventing it from delivering its Corporate Outcomes.		
Interdependencies: This risk has interdependencies with corporate risk Business Continuity and Stakeholder Expectations and Communication. It also has links to the Financial Resilience risk, as funds for maintenance and replacement will be stretched, placing additional strain on assets and resilience of information security controls.		Lead Service Committee: Corporate Policy Committee
Key Mitigating Controls: <ul style="list-style-type: none"> The CIO is an advocate of and reports on Information Risk to the Corporate Leadership Team and the Audit and Governance Committee and makes the Annual Statement of Internal Control of Information Risk. The Council has a number of Information and Data Security policies which are published on the Centranet and help to protect from the Council from inappropriate and unauthorised access and communicates what to do in the case of an incident. Policies; Information Security Policy Overview, ICT Access Policy, ICT Communications and Operations Policy, ICT Computer, Telephone and Desk Use Policy, ICT Email and Messaging Policy, ICT Flexible and Mobile Device Policy, ICT Incident management Policy, ICT Infrastructure Policy, ICT Internet Policy, ICT Legal Responsibilities for Data Policy, ICT Personnel Standards for Information Security, ICT Protection Policy, ICT Removable Media Policy and ICT Software Policy. Policies review and guidance materials updated to strengthen advice to staff on how to manage various information types Progress on Information Risk and Information Security is monitored through the Information Security Steering Committee (ISSC), Strategic Information Governance Group (SIGG) and the IG Collaboration Group. The Council has an Incident Reporting process which has been communicated to staff, all incidents are scored and assessed by SIGG to ensure that the breaches are minimised, and future breaches are reduced. The Council complies with the Public Services Network PSN Code of Connection, NHS Data Security and Protection Toolkit, DWP's MOU and NHS Digital controls, work continues with the consolidation and enhancement of elements of the security estate to meet the ever-developing threat profiles. This includes third party IT hardware and software tests undertaken by accredited security vendors, these validate that the network and hardware are secure and robust, if any vulnerabilities are found then a mitigation plan is drawn up and actioned. The Council has an Information Asset Register which is reviewed on an annual basis and has been published on the open data portal. There is also an Information Assurance Data Management (IADM) programme of activity to increase awareness and maturity of information assurance and governance across the Council. The programme is tasked with guiding the organisation to manage its information in a compliant and efficient way. Data Classification has been rolled out to the organisation; this allows the categorisation of information so that appropriate controls can be employed to protect the information. 		

- The Council provides security and compliance e-learning modules (which are mandatory for all employees) on the Learning Lounge. This includes several modules of Data handling, Cyber Security, and Information Assurance. There are also several best practice guides on the Councils Lighthouse on the best ways to use technology and to protect information. These modules and best practice guides are updated regularly to reflect changes in working practices and as a response to additional threats.
- In addition, proactive testing is carried out across the council to gauge the level of compliance and understanding of cyber best practice, this testing is followed up with additional support and training for those that need it. This process will raise the maturity and level of understanding to ensure that the Council has an adequate level of cyber readiness across its workforce.
- Controls are in place to restrict access to the data centres and network equipment and risk assessments of existing systems and networks are on-going.
- The Council's ICT Services have a strategic direction to move to a "Cloud First" principle, whilst this enables an evergreen environment which is always up to date, additional controls are needed to prevent compromise or inappropriate use and access. This includes contract compliance and monitoring to ensure ongoing protection of information. To support the strategic direction and architecture principles all technical solutions are reviewed at the Technical Design Authority to ensure correct alignment.
- In addition, the Council is moving to Zero Trust architecture, this is a direct result of increased threats posed to the working infrastructure. This shift is in line with the latest thinking and guidelines issued by the NCSC.
- In support of this a high-level business case for Infrastructure Investment of which Security & Compliance is an element was submitted and subsequently approved. This additional funding will be used to develop the necessary tools to start the implementation.

Actions (Monitoring):	Target Date for Completion:
Identity Management (Information Security Steering Committee (ISSC), Information Assurance and Data Management (IADM))	March 2025 (Multiyear project)
Application Management (Information Security Steering Committee (ISSC))	March 2025 (Multiyear project)
Data Security (Information Security Steering Committee (ISSC))	March 2025 (Multiyear project)
Data Quality (Information Assurance and Data Management (IADM))	March 2025 (Multiyear project)
Information Management (Information Assurance and Data Management (IADM))	March 2025 (Multiyear project)
Comments this quarter: No change to the risk rating currently. There is continued heightened risk currently through state sponsored attacks and increased ransomware activity. The NCSC have reported "Cyber-attacks are becoming more frequent and severe, posing a greater risk to British organizations and the public." Of the incident reported to the NCSC 89 were deemed nationally significant, including 12 critical incidents, a threefold increase compared to last year.	
Identity Management/Data Quality – The employee directory within Unit4 and the Identity Management solution have been linked through the Master Data Management solution enabling the harmonisation of employee accounts, this will ensure that redundant accounts are deleted in a timely manner. Redundant and unused accounts are a weak element in any cyber security estate. This will ensure that data elements related to employee such as job title, organisation structure will be accurate ensuring a useable Resource Directory is created and licensing details will be current.	
Use of the Master Data Management solution ensures that quality exists in key data elements across the entire organisation, it ensures that data/information is not siloed and is shared where relevant.	
Data Security – Several companies have been contacted that specialise in Security Operations to understand what level of support we could receive as part of a managed service to provide security and protection across a larger timeframe i.e. 24/7.	
Information Management – The Enterprise Content Management project to move legacy filestore onto SharePoint applying retention is ensuring that the information the organisation holds is current and compliant. This is increasingly important not only for compliance purposes but also with the rise and use of AI that information is relevant and timely.	
Timescale for managing risk to an acceptable level: N/A	

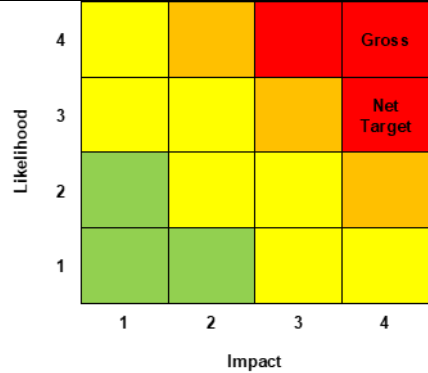
Risk Name: Business Continuity		Risk Owner: Director of Governance, Compliance and Monitoring Officer
Risk Ref: SR14	Date updated: 17 th January 2025	Risk Manager: Head of Audit, Risk & Assurance
<p>Risk Description: Failure to maintain business continuity after an unusual or unexpected, disruptive event or events. The risk that, some or all, of the council's services, projects or initiatives are unable to resume operations within the expected timeframes after a disruption. A disruptive event, or multiple events, may occur either in isolation, or across the whole organisation.</p> <p>Detailed consequences: The council has a number of safeguarding obligations to its residents, a failure could result in it being unable to fulfil those obligations, and as such not protect them from mental or physical harm. Failures may also cause an unacceptable loss of local services.</p> <p>Detailed causes: The unavailability of staff, ICT systems, equipment or a suitable working environment are the most common causes of a material failure. Many different social, economic, environmental or public health factors can drive these causes to manifest themselves. Underlying this may also be a failure to reasonably allocate resources to eliminate single points of failure in these areas.</p>		
Interdependencies (risks): Information Security and Cyber Threat, Pandemic Virus, Fragility in the Social Care Market, Council Funding, Organisational Capacity & Demand		Lead Service Committee: Corporate Policy Committee
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> BC Plans held for each service area – clear format, identifying critical and serious priority activities with recovery time objectives. BC impact assessments undertaken across the organisation to understand challenges to service delivery ahead of known events, informing decision making and mitigation plans. High level course on Business Continuity Management has been added to the Council's Learning Lounge ICT Shared Service also have a Crisis Recovery Plan that has been updated to take account of lessons learned as a result of ICT outage incidents. This Crisis recovery plan overview contains key information for the ICT Shared Service disaster recovery Ongoing liaison with Emergency Planning Shared Service 		
Actions (Monitoring):		Target Date for Completion:
Review and refresh of the Business Continuity Framework (2-year review cycle, delayed start due to other work pressures, involvement of BC workshops, policy framework changes more broadly)		November 2024
Development of SharePoint BC templates and processes		March 2025
Rollout and training for the BC templates and processes		June 2025
<p>Comments this quarter: The planned BC workshops were delivered in Q3, they were received well and raised a number of practical questions that can feed into processes going forwards. Based on feedback from services the development of a SharePoint based app would not be expected to deliver the required flexibility. The existing format of BC plans will be reviewed and updated during Q4, after which services will be supported in reviewing and updating plans. No change in the risk at this time.</p>		
Timescale for managing risk to an acceptable level: TBC		

Risk Name: Capital Projects - Place		Risk Owner: Executive Director of Place
Risk Ref: SR15	Date updated: 23 rd January 2025	Risk Manager: Place Directors and Business Managers
Risk Description: Failure to deliver major capital projects. (particular focus on Middlewich Eastern Bypass) <p>Impact: The council delivers a broad range of capital projects in support of the aims and objectives of its Corporate Plan. The delay to the DfT decision on the Middlewich Eastern Bypass and to the Council's Capital Programme Review has brought uncertainty to overall programme delivery. It is impacting the ability to deliver economic growth as published in the Local Plan Strategy.</p> <p>Continued delay, or ultimately cancellation of the MEB would have significant financial and reputational implications for the Council. Delays cause increased costs and affect affordability. The delivery uncertainty could lead to cancellation of major economic regeneration projects and would mean that the very significant costs (c£25m) expended to date would need to be charged to revenue budgets in the year of cancellation. These costs would significantly worsen the Council's current financial situation.</p> <p>Likelihood: Medium to High- there have already been significant delays to the DfT decision and the council's own review. Coupled with the recent exceptionally high inflation rates in construction, the uncertainty this leads to is very likely to lead to budgetary challenges...</p>		
Interdependencies (risks): Failure to Achieve the MTFS, CEC Carbon Neutral Status, Failure of the Local Economy		Lead Service Committee: Economy and Growth, Environment and Communities, Highways and Transport
Key Mitigating Controls: <ul style="list-style-type: none"> • Appropriate and proportionate governance has been established to oversee the MEB. • Internal governance is in place to monitor the impacts of delay and increased costs at a project level. These processes have been independently assessed as appropriate for a project of this size. • At a strategic level, internal decisions were taken to support the resubmission of the Full Business case to the department for Transport in September. • The overall Capital Strategy and overall Capital Programme is presented annually as part of the Medium-Term Financial Strategy to show the MEB project alongside the rest of the capital programme. • A capital programme review has been underway for some time of all schemes included in the MTFS underway to consider affordability. The outcome is awaited. 		
Actions (Monitoring):		Target Date for Completion:
Lobbying at a political level for a quick positive decision on the MEB to minimise uncertainty (By CLT – regular performance updates)		On-going
Updating costs estimates and funding advanced works where possible to maintain the programme and current cost estimates so that construction can start asap after funding decision (MEB monthly project board)		On-going
Comments this quarter: No change to risk; lobbying continuing. Paper taken to Highways and Transport committee on the risk, programme and re-confirming delegations to enable a swift start on site should a positive decision be made by the end of Feb 2025. By next update, it will be clear whether a further adjustment to the scheme spend and programme will be needed. Blight notice withdrawn pending DfT decision, but is likely to return if funding is not ultimately successful		
Timescale for managing risk to an acceptable level: Major capital projects by their nature are high risk. The controls are designed to proactively manage risks and mitigate their impact if a risk is realised. It is not realistic to expect the risk to be managed any lower.		

Risk Name: CEC Carbon Neutral Status		Risk Owner: Executive Director of Place
Risk Ref: SR17	Date updated: 9 th January 2025	Risk Manager: Head of Environmental Services
<p>Risk Description: Failure to achieve Carbon Neutral status for the Council by the 2027 milestone target due to requirement to secure statutory consents, seek viable and affordable solutions and other external market forces outside the Councils control.</p> <p>Likelihood is based on a number of external factors, partnerships and key outcomes being delivered in a timely manner.</p> <p>Impact will result in non-delivery of a key priority in the Council's Corporate Plan. It will also contribute to climate change temperature rise and severe weather events which could have an impact on public health and safety. It could also have financial implications with increased need for adaptation of key infrastructure for severe weather events across the borough.</p>		
Interdependencies (risks): Economy and World Events, Recruitment and Retention, Council funding, Capital Projects		Lead Service Committee: Environment and Communities
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> • Risk is reviewed as part of the Brighter Futures Transformation Projects Board, operational board and member steering group • Carbon Neutral Program established with Programme Board reviewing progress and risks monthly • Member Advisory group overseeing its delivery • Annual update on progress reported to relevant committee • Climate change is a key consideration as part of our statutory planning duties as an authority and within the development of local planning policy • Planned natural offset set at 10% more than required to reduce risk of non-delivery in any one project area 		
Actions (Monitoring):		Target Date for Completion:
Cheshire East Capital Spend Review (Awaiting outcome of the corporate capital review, progress paused on 2nd Solar farm, next phase of EV and next tree planting program until the review is complete)		TBC
<p>Comments this quarter: At Q1 and Q2, the ongoing review of the Council's capital programme, which has halted further spending on carbon-related projects, now presents a significant risk to the Council's commitment to becoming a carbon-neutral organisation by 2027. This pause in spending has prevented the ordering of the next phase of EV vehicles and the progression of the Council's second solar farm, which are key initiatives required to meet the 2027 target. As a result of this six-month delay, the net and target scores remain at the highest possible rating.</p> <p>Despite this, we have achieved significant milestones in previously authorised project spending. These include the completion of the Council's first solar farm, the installation of electric charging infrastructure for 23 vehicles, and the delivery of electric vehicles to street cleansing south and community wardens. Additionally, ongoing public sector decarbonization grant funding has supported the installation of air source heat pumps and roof-mounted solar panels on Council buildings. We have also made progress with this season's natural inset tree planting through the trees for climate fund.</p> <p>Timescale for managing risk to an acceptable level: TBC depending on the outcome of the Capital Review</p>		

Risk Name: Local Planning Authority Modernisation Plan		Risk Owner: Executive Director of Place
Risk Ref: SR18	Date updated: 23 rd January 2025	Risk Manager: Head of Planning
<p>Risk Description: Following the completion of the 'Local Planning Authority Review and Service Transformation' report and presentation to Environment & Communities Committee on 31 October 2022 a Modernisation Plan has been developed to achieve the transformation of the service. This Plan will carry forward the recommendations made, document actions and monitor progress. The recommendations are many and varied but failure to complete the actions of the Modernisation Plan will undermine the planned transformation of the service, perpetuating and potentially extending the issues identified and undermining the reputation of the organisation.</p> <p>Detailed consequences: Failure to achieve completion of the Modernisation Plan will undermine the performance of the Council in its Local Planning Authority role, result in non-compliance with statutory processes, and reputational damage to the Council. By not achieving the Modernisation Plan within agreed timescales, the potential for additional budget pressure increases.</p> <p>Detailed causes: Insufficient resource to ensure completion of priority actions in the required timescales (staff and skills) while also 'doing the day job', Interim Service Review Lead/Planning Director limited contract duration, supplier resource to deliver new ICT system, failure to engage with internal and external stakeholders to affect necessary changes, lack of oversight from the Planning Transformation Board/Steering Group.</p>		
Interdependencies (risks): Organisational Capacity and Demand, Reputation, Council Funding,		Lead Service Committee: Environment and Communities
<p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> Environment and Communities Report 31/10/2022; Local Planning Authority Review and Service Transformation Report and Modernisation Plan. Monitoring of progress against Modernisation Plan by Transformation Board and Environment and Communities Committee. Regular meetings of Interim Director of Planning and Head of Planning and team managers to review action logs and progress on key priorities. Steering Group established to review workstream and focus priorities feeding into Transformation Board. Internal Audit reports on Community Infrastructure Levy and Section 106 will inform the scope of a member/officer working group. IT System Project has its own Project Board attended by supplier. Weekly monitoring of resources / recruitment during manager's meetings. 		
Actions (Monitoring):		Target Date for Completion
IT System Project escalation due to breach of contract (Weekly team and fortnightly Project Board meetings or as needed)		Q3 2024/25
External support from Capita retained to assist with backlog. Backlog funding secured from DLUHC, intervention from senior officers on older applications (Continued monthly reporting on application backlog)		Q2 2024/25
Continued monitoring of resources – recruitment to critical posts ahead of restructure (Weekly manager meetings)		Q4 2024/25
Modernisation Plan recast as Service Improvement Plan (Service Improvement Board reporting against workstreams)		Q4 2024/25
<p>Comments this quarter: IT system now implemented for planning and land charges. Initial backlogs and delays caused by the 'go live' processes and familiarisation of use. However, even after familiarisation questions remain over the functionality of the application processing which seems less efficient, particularly at the front-end. Web portal also a source of concern as to its useability. Application backlog reduced to normal levels but will need careful monitoring with implementation of new IT system.</p>		

Recruitment to restructure now ongoing. Update to S106 process and procedures now largely complete following sharing of ward report and commencement of quarterly update meetings with services. Tree Risk Management / Building Control Performance added to Improvement Board to ensure new Strategy and processes are effectively prioritised.
Timescale for managing risk to an acceptable level: TBC

Risk Name: Delivery of the ILACS Improvement Plan		Risk Owner: Executive Director of Children's Services
Risk Ref: SR19	Date updated: 29 th January 2025	Risk Manager: Improvement and Impact Board
<p>Risk Description: That children's services do not achieve the improvements needed at the necessary pace to address the findings from the Ofsted inspection in February and March 2024, where children's services received an overall judgement of inadequate. This would mean that vulnerable children and young people in need of a children's social care service would not receive consistently good quality support.</p> <p>There is a significant reputational and financial risk to not delivering improvements. If services remain inadequate at the next inspection, further intervention measures may need to be put in place, for example escalation to a Statutory Direction notice, or Direction that another person or organisation performs the functions on the local authority's behalf. These measures will have a significant cost to the council and mean that we are not meeting children and young people's needs effectively.</p>		
<p>Interdependencies (risks): Increased Demand for Adult's Services, Complexity and Demand for Children's Services, Failure to Achieve the MTFS</p> <p>Key Mitigating Controls:</p> <ul style="list-style-type: none"> A comprehensive improvement plan is in place to address the inspection findings. The plan has been scrutinised by the Safeguarding Children's Partnership, the council's leadership team, members of the two children's committees, and full Council. Advice from the LGA and Ofsted, along with good practice from other authorities, has been sought and incorporated into the plan. Progress and impact against the improvement plan is monitored monthly through an independently chaired Improvement and Impact Board. This includes scrutiny of quality assurance and performance in relation to the plan. Independent improvement specialists from the DfE and LGA are members of the board. Reports on progress against the plan are provided to every Children and Families Committee meeting for oversight and scrutiny. Progress and impact will be externally evaluated through Ofsted monitoring visits and DfE reviews. 		Lead Service Committee: Children and Families Committee
Actions (Monitoring):		Target Date for Completion:
Monitor delivery and impact of the improvement plan (Improvement and Impact Board)		Monthly
Report to the Children and Families Committee on progress against the improvement plan (At each Children and Families Committee Meeting)		Every committee meeting from September
Adapt the improvement plan to respond to areas for improvement from Ofsted and DfE monitoring (Improvement and Impact Board and Children and Families Committee following monitoring activity)		March 2025
Provide scrutiny and challenge to the delivery of the improvement Board governance arrangements – Improvement and Performance Meetings (Improvement and Performance Meetings)		Monthly from January 2025
Develop an independent team to quality assure progress and impact against the improvement plan (Improvement and Performance Meetings)		October 2024
Review and develop the improvement plan to ensure this addresses the priority areas for improvement (Improvement and Performance Meetings)		January 2025
<p>Comments this quarter: New governance arrangements have been agreed and put in place to support robust oversight of progress against the improvement plan. This includes an oversight group to provide scrutiny and challenge around the progress of the plan, which is underpinned by 5 workstreams to oversee delivery and impact. Our</p>		

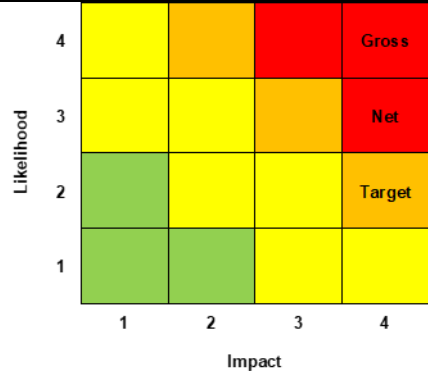
front-line staff have also been invited to inform our service developments and contribute to the workstreams to ensure accountability from front line practice through to the senior leadership team. Co-production against appropriate actions has also been progressed to involve Children and their families.

The plan has been reviewed and strengthened under these arrangements identifying independencies and ensuring timescales are realistic and achievable. We have also agreed how we will quality assure that actions have had the intended impact. Work to progress those completed over 6 months are now being tested.

Cheshire East Council is expecting a monitoring visit from Ofsted in February 2025. Preparation activity has taken place to ensure we accurately understand ourselves and we are addressing our areas for improvement, including a partnership group to progress the peer review of the front door to children's social care.

Safeguarding Partnership arrangements have now been established to facilitate a more effective partnership and new structure approved. The Safeguarding Board has now been refreshed as part of those new arrangements and the remaining structure changes will be in place by April.

Timescale for managing risk to an acceptable level: April 2026

Risk Name: SEND Inspection		Risk Owner: Executive Director of Children's Services
Risk Ref: SR20	Date updated: 30 th January 2025	Risk Manager: 0-25 SEND and AP Partnership Board and 0-25 SEND Executive Oversight Panel
Risk Description: That as a partnership, Cheshire East's children's and adults services do not receive a positive outcome from an <u>Ofsted and CQC area SEND inspection</u> . This would mean that vulnerable children and young people with SEND would not have been receiving consistently good quality support. There is also a significant reputational and financial risk to a poor inspection outcome.		 <p>The Risk Matrix is a 4x4 grid with Likelihood on the Y-axis (1-4) and Impact on the X-axis (1-4). The cells are colored as follows: (1,1) Green, (1,2) Green, (1,3) Yellow, (1,4) Yellow; (2,1) Green, (2,2) Yellow, (2,3) Yellow, (2,4) Orange; (3,1) Yellow, (3,2) Yellow, (3,3) Orange, (3,4) Red; (4,1) Yellow, (4,2) Orange, (4,3) Red, (4,4) Red. The labels 'Gross', 'Net', and 'Target' are placed in the top-right, middle-right, and bottom-right cells respectively.</p>
Interdependencies (risks): Increased Demand for Adult's Services, Complexity and Demand for Children's Services, Failure to Achieve the MTFS		Lead Service Committee:
Key Mitigating Controls: <ul style="list-style-type: none"> A partnership SEND inspection planning group is in place to drive and monitor activity to support inspection readiness A self-evaluation of the quality of our SEND services has been completed ensuring we understand ourselves well against the Ofsted framework. This will continue to be refreshed on at least a six monthly basis A SEND improvement team is being stepped up to drive service transformation A project plan is being developed for the transformation activity, based on the previous Safety Valve submission and the SEND Strategy priorities 		
Actions (Monitoring):		Target Date for Completion:
Establish the SEND transformation plan, with delivery firmly underway (Bi-monthly (every 2 months) through the SEND Partnership Board)		June 2025
Refresh the self evaluation of SEND support (Six monthly through the SEND inspection planning group)		Refreshed every six months as a minimum
Comments this quarter: Work to embed the new 0-25 SEND Partnership governance arrangements has continued, with initial meetings of the new SEND Transformation Action Group (TAG) taking place along with a refresh of the 0-25 SEND and AP Partnership Board membership.		
The Strategic Lead for SEND has worked with various services (both within the local authority and partner agencies, such as the Integrated Care Board) to refresh our SEND self-evaluation information, as part of producing the Children's Services SEF ahead of the upcoming north-west peer review. Work has also continued on the collation of required inspection evidence for a SEND inspection and has included several focused, service-specific meetings to look at evidence around areas such as alternative provision and health.		
Timescale for managing risk to an acceptable level: December 2025		

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Audit and Governance Committee

Date: 28 July 2025

Draft Annual Governance Statement 2024/25

Report of: Rob Polkinghorne, Chief Executive

Report Reference No: AG/10/25-26

Ward(s) Affected: All

For Decision or Scrutiny: Decision

Purpose of Report

- 1 The purpose of this report is for the Committee to receive the draft Annual Governance Statement (AGS) for 2024/25. The Audit and Governance Committee's responsibilities include the reviewing and approving of the Annual Governance Statement, considering whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the council's framework of governance, risk management and control, including an agreed action plan for improvements where necessary.

Executive Summary

- 2 Each year, Cheshire East Council produces an AGS explaining how it operates its corporate governance arrangements, makes decisions, manages its resources, and promotes values and high standards of conduct and behaviour.
- 3 The review is carried out against the Council's Code of Corporate Governance. The draft AGS, at Appendix A, reflects activity over the 2024/25 financial year, and includes activity up to the date of providing this report to Committee. The draft will be further updated to cover the activity up to the date of approval of the Council's Statement of Accounts.

RECOMMENDATIONS

The Audit and Governance Committee is recommended to:

1. Receive and review the draft AGS 2024/25, noting that the final proposed AGS will be provided to a future meeting of the Committee for approval.
2. Approve the proposed changes to the significant issues detailed in Sections 7 and 8 of the draft Statement
3. Approve the removal of the significant governance issue in relation to ASDV Governance from future statements.

Background

- 4 There is a strong correlation between effective governance and effective service delivery. Whilst the Statement, by its nature is only signed off once a year, the process of review is continuous, to give assurance on the effectiveness of the processes and/or to address identified weaknesses, supporting the continuous improvement of the Authority.
- 5 In preparing the draft AGS, reliance has been placed on existing developments, decisions and reports, which have been referenced throughout the Statement. Other sources of assurance for the Committee in considering the draft AGS include the progress updates on items included in the AGS, the annual Internal Audit Opinion 2024/25, and interim update reports from Internal Audit and Risk Management.
- 6 Whilst assurance of this kind always forms a significant part of the AGS production, it is also supplemented by the outcome of separate assurance exercises such as the management assurance statements. This is currently ongoing and will be completed prior to the Final AGS sign off. No significant issues have been identified through these to date, but the final Statement will be updated as necessary for any issues arising.
- 7 The draft AGS for 2023/24 was received by the Audit and Governance Committee at the 29 July 2024 meeting, with a further update on the significant issues provided at the 5 December 2024 and 24 February 2025 meetings as part of the overall update on the statement of accounts and accountability statements.
- 8 The External Auditor provided an interim report on the Council's accounts for 2023/24 to the Audit and Governance Committee on 24 February 2025. The External Auditor's report confirmed that they had not been in a position to obtain sufficient evidence to be able to conclude that the financial statements were free from material and pervasive misstatement before the backstop date of 28 February 2025.

- 9 The External Auditor had also received a number of objections to the 2023/24 financial statements which remain under consideration. This resulted in the external auditors providing a disclaimed audit opinion for the 2023/24 accounts and a failure to meet the backstop date for publication. As a result of this and the lack of assurance in relation to the opening balances, the 2024/25 financial statements will also be disclaimed.
- 10 Seven issues from the 2023/24 Statement have progressed but remain as areas of significance in 2024/25. These are included in Section 7 and have been updated to reflect the progress made. These will be further updated before the Final AGS is presented for approval.
- 11 The previously included issue of ASDV Governance is proposed for removal as significant progress has been made in this area.
- 12 To date, the assessment of the effectiveness of our governance arrangements for 2024/25 identified one arising significant governance issue relating to “Delivering Improvement” which is included in Section 8.
- 13 A workshop for Members regarding the AGS and the Statement of Accounts will be offered prior to the Final AGS being considered by the Committee.
- 14 Once approved by the Committee, the final AGS will be signed by the Chief Executive, Leader of the Council and Deputy Leader of the Council and will then published on the Council’s website along with the Statement of Accounts.

Consultation and Engagement

- 15 The draft AGS has been considered by the Corporate Leadership Team and senior managers to ensure all issues impacting the Council have been considered.

Reasons for Recommendations

- 16 In accordance with the Accounts and Audit Regulations 2015, the AGS should be approved by Members of the Council meeting as a whole, or by a committee. The Audit and Governance Committee has delegated authority to approve the AGS.

Other Options Considered

17 None applicable.

Option	Impact	Risk
Do nothing	The AGS is not reviewed and approved by Members of a Council meeting or committee	Failure to comply with the Accounts and Audit Regulations 2015

Implications and Comments

Monitoring Officer/Legal/Governance

- 18 The production of the Annual Governance Statement is required by Regulation 6(1)(b) of the Accounts and Audit Regulations 2015. The Accounts and Audit (Amendment) Regulations 2024 came into force on 30 September 2024 and set the timescales for the publication of the accountability statements.
- 19 For the financial year beginning in 2024, after approving the statement of accounts, the authority should publish its accountability statements on or before the 27 February 2026.
- 20 The preparation of the AGS has been carried out in accordance with the guidance produced by the Chartered Institute of Public Finance (CIPFA) "Delivering Good Governance in Local Government (2016)".

Section 151 Officer/Finance

- 21 There are no direct financial implications for the Medium-Term Financial Strategy arising from the content of the Annual Governance Statement. The production of the Statement aligns with the production of the Statement of Accounts. The final AGS will be published alongside the audited accounts.

Human Resources

- 22 There are no direct human resources implications.

Risk Management

- 23 The Authority is required to prepare and publish an AGS to meet the statutory requirement set out in Regulation 6 of the Accounts and Audit Regulations 2015. Failure to prepare the Statement will result in non-compliance of legislation by the Council.

Impact on other Committees

24 There are no impacts on other committees.

Policy

25 There are no direct implications for policy. The production of the AGS provides assurance on the Council's governance arrangements.

Commitment 3: An effective and enabling council
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Equality, Diversity and Inclusion

26 There are no direct implications for quality, diversity, and inclusion.

Other Implications

27 None.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy) :</i>			
Ashley Hughes	S151 Officer	16/07/25	18/07/25
Janet Witkowski	Acting Monitoring Officer	16/07/25	17/07/25

Access to Information

Contact Officer:	Josie Griffiths – Head of Audit, Risk and Assurance josie.griffiths@cheshireeast.gov.uk
Appendices:	Appendix 1 – Draft Annual Governance Statement 2024/25 Appendix 2 – The Governance Framework 2024/25 Appendix 3 – The Committee Structure Appendix 4 – Background to significant Governance Issues

Background Papers:	N/A
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1. Executive Summary and Approval

- 1.1. Each year the Council produces an Annual Governance Statement that explains how it operates its corporate governance arrangements, makes decisions, manages its resources, and promotes values and high standards of conduct and behaviour.
- 1.2. The Annual Governance Statement reports on:
- How the Council complies with its own governance arrangements
 - How the Council monitors the effectiveness of the governance arrangements
 - Improvements or changes in governance arrangements proposed for the forthcoming year.
- 1.3. The Council's Section 151 Officer, has reviewed this statement together with the more detailed assessments that support its conclusions and endorses the Internal Auditor's opinion on the Council's control environment:

The Council's framework of risk management, control and governance is assessed as "Limited" for 2024/25

- 1.4. We, as Chief Executive and Leader of the Council, have been advised on the implications of the result of the review of the effectiveness of the governance framework by the Audit and Governance Committee, and that the arrangements, to the best of our knowledge, continue to be regarded as fit for purpose in accordance with the governance framework.
- 1.5. The Annual Governance Statement is required to reflect the arrangements in place for 2024/25 and up to the time of its approval.
- 1.6. To date, our assessment of the effectiveness of our governance arrangements for 2024/25 has identified one further significant governance issue; Delivering Improvement. This is detailed in Section 8.
- 1.7. External assessments of the council that have taken place since the previous Statement further support our assessment including the CIPFA review (August 2024) and LGA Peer Challenge revisit (February 2025). In addition, the council was issued with a non-statutory Best Value Notice in May 2025 which also echoes the areas of significance identified in the 2024/25 Annual Governance Statement.
- 1.8. The following issues from the 2023/24 Statement have progressed, but remain as areas of significance in 2024/25:
- Council Funding
 - Health and Social Care Integration
 - Planning
 - Executive and Wider Leadership Team Capacity
 - Children's Response to Ofsted Inspection

- Governance and Internal Control
- Partnership Working

1.9. The previously included issue of ASDV Governance is proposed for removal as significant progress has been made in this area.

1.10. We propose over the coming year to take all appropriate action to address the matters outlined in this Statement and any other issues to further enhance our overall governance and stewardship arrangements. We are satisfied that our plans will address the improvement areas identified in our review of effectiveness. We will monitor their implementation and operation as part of our next annual review.

Rob Polkinghorne Chief Executive	Cllr Nick Mannion Leader	Cllr Michael Gorman Deputy Leader

This section will be signed by after the final AGS is agreed.

2. Introduction

- 2.1. The Accounts and Audit Regulations 2015 require that:
- The Council must conduct a review, at least once a year, of the effectiveness of its system of internal control
 - Findings of this review should be considered by the Council
 - The Council must approve an Annual Governance Statement; and
 - The Annual Governance Statement must accompany the Statement of Accounts
- 2.2. For Cheshire East Council, the Audit and Governance Committee has delegated authority to undertake these duties on behalf of Council.
- 2.3. The Accounts and Audit Regulations legislation prescribes the format and timescale of the production of the Annual Governance Statement and the Statement of Accounts for local authorities. The Accounts and Audit (Amendment) Regulations 2024 came into force on 30 September 2024 to set the timescales for the publication of accountability statements. For the financial year beginning in 2024, after approving the statement of accounts, the authority must publish its accountability statements on or before 27 February 2026.
- 2.4. The Audit and Governance Committee reviewed the proposed final AGS 2023/24 at the meeting held on 24 February 2025. The 2023/24 AGS effectively remains as draft pending the External Auditor's conclusion on the 2023/24 accountability statements. Matters in the scope of the Annual Governance Statement will be updated and ongoing reporting will move on through the draft and final 2024/25 statements.

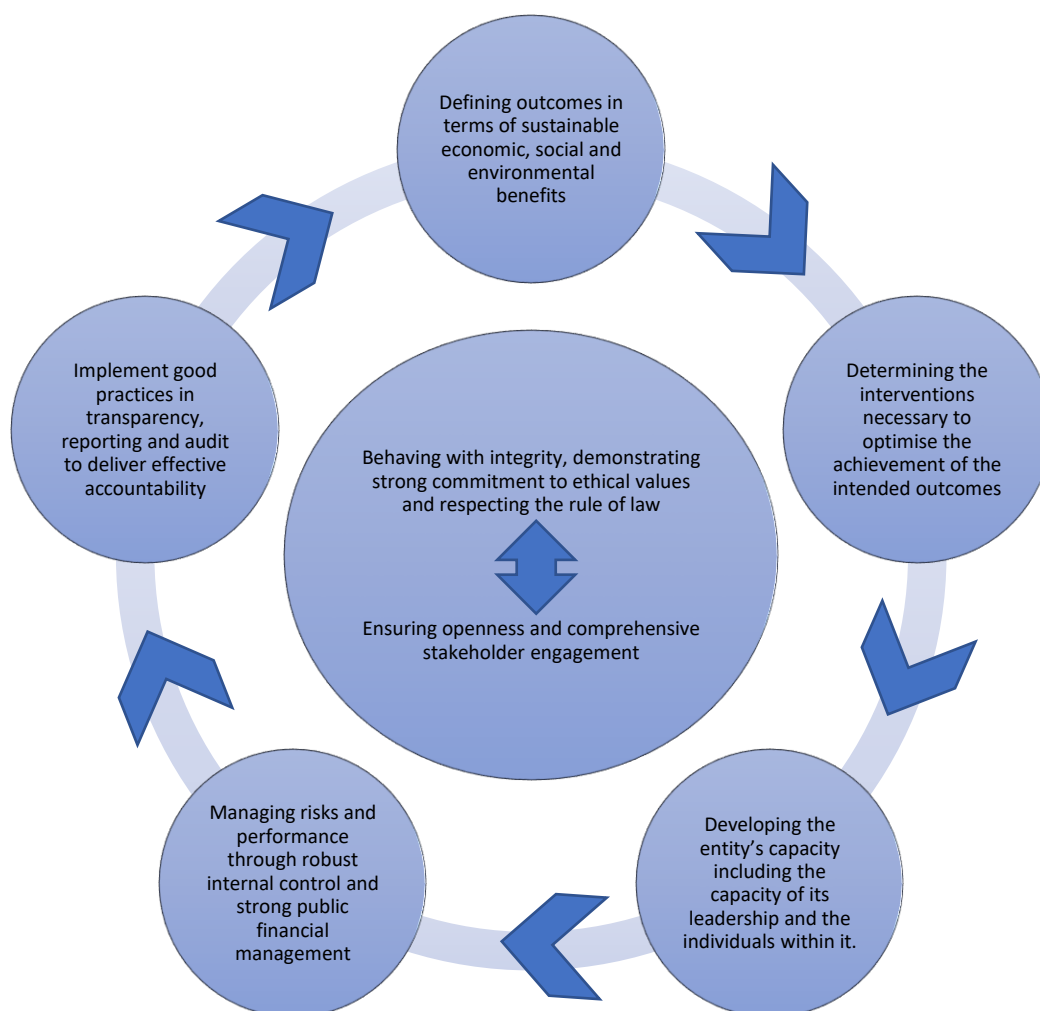
3. Scope of Responsibility

- 3.1. The 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 and used economically, efficiently, and effectively. The Local Government Act 1999 also places a Best Value duty on all councils to secure continuous improvement and to demonstrate economy, efficiency, and effectiveness.
- 3.2. 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, and arrangements for the management of risk.
- 3.3. In January 2017, Cabinet approved and adopted a Code of Corporate Governance that is consistent with the principles and requirements of the Chartered Institute of Public Finance and Accountancy (CIPFA) and Society of

Local Authority Chief Executives (SOLACE) Framework Delivering Good Governance in Local Government (2016). These are outlined below and summarised in Figure 1.

- 3.4. The annual review of effectiveness has been carried out against the Code of Corporate Governance. The draft Annual Governance Statement will be published on 30 June 2025 and updated as necessary to ensure it remains current for when the Audit and Governance Committee considers it as final alongside the final Statement of Accounts.
- 3.5. Once approved by the Audit and Governance Committee it will be signed by the Leader and the Chief Executive. It will then be published as final alongside the Statement of Accounts.

Figure 1: Principles in the Council’s Code of Corporate Governance



- 3.6. The Annual Governance Statement provides assurance that governance arrangements are adequate and operating effectively in practice; or that where

reviews of the governance arrangements have revealed improvements are required, action is planned to ensure effective governance in future.

4. The Purpose of the Governance Framework

- 4.1. The governance framework comprises the systems, processes, cultures, and values by which the Council is directed and controlled. It also includes the activities through which it is accountable to, engages with and leads the community. This covers services provided and managed directly by the Council, and arrangements delivered through external partners, including the Council's wholly owned companies.
- 4.2. The 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, cost-effective services.
- 4.3. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure and can therefore only provide reasonable and not absolute assurance of effectiveness. It is based on an ongoing process designed to:
 - Identify and prioritise the risks to the achievement of the Council's policies, aims and objectives
 - To evaluate the likelihood of those risks being realised and the impact should they be realised, and
 - To manage them efficiently, effectively, and economically

5. The Governance Framework

- 5.1. The Council's Code of Corporate Governance includes examples of how the Council demonstrates the principles in practice and operation. Therefore, to minimise duplication, it is only supplementary examples and features of the Council's governance framework, specific to 2024/25 which are set out below.
- 5.2. The governance framework described below and shown in Appendix 2 has been in place since 4 May 2021, when the committee system model of governance took effect. A diagram explaining the committee system can be found at Appendix 3.

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

- 5.3. Cheshire East Council's vision and priorities are outlined in the Council's Corporate Plan. In June 2024, Corporate Policy Committee approved the development of a new strategic plan for Cheshire East for 2025 onwards. The

Committee also recommended an update to the current Corporate Plan 2021-25 for the final year (2024/25) which was put to and approved by Council on 17 July 2024.

- 5.4. Development of a new multi-year Corporate Plan was a recommendation from the LGA Corporate Peer Challenge. On 26 February 2025, full Council adopted the Cheshire East Plan 2025-29 which sets out the purpose and strategic direction for the organisation, residents and partners, and is aligned to the Council's financial strategy. The Plan is reviewed by the Corporate Policy Committee as part of the Council's performance management accountability framework with delivery against the commitments in the new plan and key performance indicators (KPIs) reported quarterly. The final report related to the previous Corporate Plan and Quarter 4 performance for 2024/25 was considered at the 12 June 2025 meeting.
- 5.5. The Medium-Term Financial Strategy (MTFS) 2024-2028 was agreed at the 27 February 2024 meeting of Council. The report sets out the Council's plan and required funding to ensure Cheshire East remains one of the best places to live in the Northwest. The MTFS 2025-2029 was agreed by Council on 26 February 2025.
- 5.6. The final outturn 2023/24 was reported to the Finance Sub Committee on 25 June 2024. The draft Statement of Accounts 2023/24 was reported to the Audit and Governance Committee on 29 July 2024. The External Auditor provided an interim report on the Council's accounts for 2023/24 to the Audit and Governance Committee on 24 February 2025, when the Committee also received an update on the draft Annual Governance Statement 2023/24.
- 5.7. The External Auditor's report confirmed that they had not been in a position to obtain sufficient evidence to be able to conclude that the financial statements were free from material and pervasive misstatement before the backstop date of 28 February 2025. The External Auditor had also received a number of objections to the 2023/24 financial statements which remain under consideration.
- 5.8. The Council delivered and progressed several infrastructure improvements and developments across the Cheshire East area. These major schemes are critical elements in delivering the ambitions of the Council. This includes the completion of the Northwest Crewe Package highways improvements, which completed mid-2024.
- 5.9. As recognised in previous AGS', the sustained and increasing financial pressures on services continue to present challenges to the Council. These are recognised as high scoring risks in the Council's Strategic Risk Register.

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

- 5.10. The Council's Constitution sets out the rules for conducting business undertaken by the Council, including executive arrangements, committee structures, finance and contract procedure rules and schemes of delegation.
- 5.11. The Council undertook extensive pre-budget consultation, setting out change proposals for consideration over the period 2024/25 to 2027/28. Stakeholders were invited to comment on the Council's pre-budget report using an online survey during January 2024 and a summary of the responses formed part of the consideration of the MTFS 2024-28 by Council at the meeting held 27 February 2024.
- 5.12. The MTFS clearly identifies how resources will be matched against the delivery of Council's corporate priorities. The Strategy also provides information on delivering financial stability, the budget setting process, and the Council's Capital, Investment and Reserves Strategies.

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

- 5.13. The Chief Executive, Executive Directors and Statutory Officers met regularly during 2024/25 as the Corporate Leadership Team (CLT), receiving assurance reports and updates from across the Council. CLT is underpinned and supported by service/departmental management team meetings, and several cross functional officer, and officer/member groups. The reporting lines between these and relevant Committees are shown in the Governance Framework diagram in Appendix 2.
- 5.14. In March 2024, Corporate Policy Committee received a paper setting out three preliminary activities required to allow the development of the Council's future transformation and improvement programme. The activities considered and approved by the Committee relate to:
- The creation and implementation of Council-wide officer boards
 - A Local Government Association (LGA) review of decision-making accountability (DMA)
 - LGA Corporate Peer Challenge
- 5.15. The Corporate Peer Challenge report with 18 recommendations and draft action plan were presented to Council on 17 July 2024 where the report was noted, and the action plan agreed in principle. Council delegated authority to the Chief Executive to finalise the action plan and arrange for its publication by the LGA deadline of 28 August 2024.

- 5.16. One of the recommendations from the Peer Challenge was to establish an independently chaired Assurance Panel. This was also agreed at Council on 17 July 2024 and the Panel held its first meeting in August 2024. The Panel provides support, guidance and challenge through Members and officer peers, working collaboratively to help the council to improve in the areas identified from the Peer Challenge including financial sustainability, governance and decision making, and leadership and culture.
- 5.17. The Corporate Policy Committee at its meeting on 3 October 2024 considered a report which set out the proposed new senior management structure that had been created following a period of formal consultation with staff over the summer. The proposed structure was designed to respond to the recommendations within the peer challenge and meet the requirements to achieve financial stability, deliver the Children's Services Improvement Plan and the Council's Transformation Programme. The Committee agreed the senior management structure to be presented at Council for approval.
- 5.18. On 16 October 2024, Council approved the senior management structure to take effect from 1 November 2024. A recruitment partner was appointed and supported the proactive recruitment to 15 senior roles throughout the winter, with successful candidates having taken up their roles in recent months including Executive Director roles, significantly reducing the reliance on interim and acting up arrangements, improving stability and capacity.
- 5.19. On 6 February 2025, Corporate Policy Committee received a report in response to the recommendations of the LGA Peer Challenge Report and to a Notice of Motion submitted to Full Council on 16 October 2024. The report presented the options in respect of the Council's decision-making and governance arrangements. The Committee resolved that a politically proportionate Member Task and Finish Group be established to drive forward the Council's review of its decision-making and governance arrangements and that updates and improvements be reported to the Committee. The government has since set out the intention to legislate that all councils move to a Leader and Cabinet model.
- 5.20. On 8 May 2025, the Council received a letter from Jim McMahon OBE MP, Minister of State for Local Government and Devolution issuing a non-statutory Best Value Notice. The Council responded to the Notice on 20 May 2025 confirming that the actions set out wholly align with the Council's improvement plans and significant progress against these has already been made, while recognising there is more to do. Formal quarterly updates with MHCLG will be used to demonstrate progress against the areas for improvement identified in the Notice.
- 5.21. As reported to the Corporate Policy Committee on 12 June 2025, an overarching Corporate Improvement Plan is being developed, to introduce a single point of

oversight for all significant improvement plans and activity, providing assurance on progress and pace for delivery. The plan will be developed in collaboration with the Council's Assurance Panel and MHCLG, Members, and staff engagement, and be presented for agreement at a meeting of Corporate Policy Committee in October 2025. It is proposed that the overarching Plan includes all transformation and improvement activity as well as the council's focus on progressing devolution in Cheshire and Warrington and a timeline for responding to the government's abolition of the Committee system.

- 5.22. The Council's Constitution defines the standards of conduct and personal behaviour expected of, and between, members, staff, and the community, defined and communicated through Codes of Conduct and protocols. The Constitution includes a Member/Officer Relations Protocol, which was established to encourage effective communication between members and officers.
- 5.23. The member induction programme includes subjects which are of key importance to a members' role and attendance is mandatory. It includes subjects such as, an introduction to Cheshire East Council, the Councillor's code of conduct and working effectively as a Cheshire East Councillor. Furthermore, to promote the importance of members' core skills, a supplementary online induction programme also includes mandatory modules on Safeguarding Children and Adults, Equality, Diversity and Inclusion and General Data Protection Regulations (GDPR).
- 5.24. The member training strategy and program is being considered by the Audit and Governance Committee in July 2025, with joint sessions for members and officers to be developed.
- 5.25. At its meeting on 27 February 2024, Council resolved that "each Service Committee, including the Finance Sub-Committee, arrange one twilight meeting over the course of its scheduled cycle of meetings during 2024/25". Furthermore, the Corporate Policy Committee at its meeting on 6 February 2025 received a report recommending that each committee determines whether their meetings during the 2025/26 municipal year should include twilight meetings.
- 5.26. The statutory roles of the Head of Paid Service, Monitoring Officer and Chief Finance Officer are described in the Constitution, as are their responsibilities for providing robust assurance on governance, ensuring lawful expenditure in line with approved budgets and procurement processes.
- 5.27. At the start of 2024/25, interim arrangements remained in place to cover the Executive Director - Corporate Services and the Executive Director - Place. A permanent Executive Director of Place was appointed and joined the Council in December 2024.

- 5.28. In February 2024, it was announced that the Section 151 Officer would be leaving the Council in May 2024. Subsequently, an Interim Section 151 Officer was appointed, and this arrangement continued during 2024/25, with a permanent Executive Director of Resources (Section 151) joining the Council in June 2025.
- 5.29. In August 2024, the Director of Governance and Compliance (Monitoring Officer) left the Council. The Head of Legal (and Deputy Monitoring Officer) was appointed as the Acting Director of Governance and Compliance (now Governance, Compliance and Monitoring Officer) to cover this role, pending appointment to the role on a permanent basis.
- 5.30. From June 2024, interim arrangements were in place to cover the role of Director of Family Help and Children's Social Care. In July 2024, the Executive Director for Children's Services left the Council, and an Interim Executive Director for Children's Services joined the Council in October 2024 along with an Interim Director of Improvement for Children's Services. The permanent Executive Director for Children's Services joined in May 2025, with the permanent Director of Family Help and Children's Social Care also joining then.
- 5.31. The Council publishes a Pay Policy Statement by 31 March on an annual basis. This provides transparency about the Council's approach to setting the pay of its employees and is in accordance with Section 38 of the Localism Act 2011. The 2024/25 Pay Policy Statement was put to the Corporate Policy Committee on 18 January 2024 and approved by Council on 27 February 2024. The Pay Policy Statement 2025/26 was put to Corporate Policy Committee on 6 February 2025 and approved by Council on 26 February 2025.
- 5.32. All staff are required to undertake mandatory training on protecting and managing information, dignity at work and equality in the workplace. Completion and compliance are monitored and reported to Heads of Service and Directors. Managers are also supported with training on the Council's Dignity at Work and Grievance procedures.

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

- 5.33. During 2024/25, the Corporate Policy Committee received regular updates on the Council's Strategic Risk Register, alongside reports on the financial position of the organisation, and the performance management. The co-ordinated delivery of these updates supports a cohesive commentary to the Committee. The risk update reports also include the identification of emerging risks and horizon scanning across global and local risk updates to provide useful context and background to the Council's register.

- 5.34. Operational risk registers are included in the directorate and service business plans. These are reviewed by the team plan owners, and risks are considered for escalation to the Strategic Risk Register as necessary.
- 5.35. The Audit and Governance Committee received regular risk management updates during 2024/25, and the 2023/24 Annual Risk Management Report was received at the 29 July 2024 meeting. The 2024/25 Annual Risk Management Report will be received by the Committee at the 28 July 2025 meeting.
- 5.36. Reports to all decision-making committees are produced in line with a reporting protocol which involves clearance of reports through the relevant directorate management team, legal and financial review and the identification and mitigation of risks associated with the report content.
- 5.37. Scrutiny powers under Section 21 of the Local Government Act 2000 are fulfilled through the Children and Families, Adults and Health, Environment and Communities and Corporate Policy Committees.
- 5.38. Each of the service committees scrutinised quarterly performance scorecards and budget proposals for the 2024/25 period relevant to their area of focus.
- 5.39. The Strategic Information Governance Group (SIGG) met regularly throughout 2024/25, managing a programme of proactive improvement and ongoing compliance with the requirements of the Data Protection Act 2018. The Group also managed responses to reported data related incidents, providing updates via the SIRO (Senior Information Risk Owner), to the Corporate Leadership Team.
- 5.40. Procurement reports are regularly provided to Finance Sub-Committee which include pipeline, contracts, waivers, and relevant procurement updates.
- 5.41. Cabinet Office Contract Management and Procurement Act 2023 training is live and available on learning lounge. Modification, extension, and Contract Procedure Rules training is also available as eLearning packages which provide an overview of what is required from contract managers and the wider procurement community. Regular updates are provided in the procurement bulletin to ensure services are kept up to date with the latest information. New processes and procedures have been developed and are available on the CEntranet.
- 5.42. The Audit and Governance Committee plays a key role in the Council's review of the effectiveness of its governance framework. It seeks assurance on the adequacy of the Council's risk management, control and governance arrangements and it monitors the implementation of the AGS action plan.
- 5.43. During 2024/25, the Audit and Governance Committee received or approved a broad range of reports and assurances, including:

- Approval of the Internal Audit Plan, subsequent progress reports and the Annual Internal Audit Opinion
- The Committee's Annual Report
- The External Audit Plan and progress reports, and a summary of the key findings identified during the External Auditors certification process
- The Annual Risk Management Report and updates on Risk Management
- The Annual Governance Statement and associated progress update reports
- Information Governance Reports
- The Annual Monitoring Officer Report which includes Maladministration Decision Notices from Local Governance and Social Care Ombudsman

5.44. The *Audit Committees – Practical Guidance for Local Authorities and Police* was released by CIPFA in September 2022. Furthermore, CIPFA were engaged to undertake an independent review of the effectiveness of the Audit and Governance Committee during 2022/23. The Committee received a progress report on 9 March 2023 and attended a workshop in April 2023 to receive the CIPFA report findings and to propose actions back to the Committee. The CIPFA review findings report, and proposed action plan was subsequently taken to the Audit and Governance Committee on 8 June 2023. An update on progress against the action plan was reported to the Committee on 7 December 2023 and 29 July 2024.

5.45. The draft 2023/24 Audit and Governance Committee Annual Report was presented to the 30 September 2024 Committee where it was agreed that the final report would be deferred to the December 2024 Committee to consider the comments raised by Members. The updated Annual Report was put to and agreed by the Committee at the December 2024 meeting and subsequently presented to Council in February 2025.

5.46. The draft AGS for 2023/24 was received by the Audit and Governance Committee at the 29 July 2024 meeting, with a further update on the significant issues provided at the 5 December 2024 and 24 February 2025 meetings.

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

5.47. The Council's internal and external auditors are key sources of assurance. The Internal Audit opinion on the Council's control environment is set out in the Internal Audit Annual Report for 2024/25 which was received by the Audit and Governance Committee on 28 July 2025 and is as follows:

Internal Audit Opinion

The Council's framework of risk management, control and governance is assessed as Limited for 2024/25

- 5.48. The Head of Audit and Risk Management's opinion as the Chief Audit Executive on the Council's framework for governance, risk management and internal control for 2024/25 has been given as "limited".
- 5.49. This reflects a number of factors, including the outcome of the 2024/25 internal audit programme, where a significant number of the overall findings related to a failure to apply existing controls, or the design of the controls could be improved/strengthened.
- 5.50. Despite the challenges highlighted above, Internal Audit are satisfied that there has been appropriate engagement for Internal Audit across the organisation, through assurance work, consultancy and advice, and the understanding of the assurance taken from other sources to assess the framework of risk management, control, and governance as Limited for 2024/25. The delivery of the "Limited" opinion for 2024/25 contributes to the "Governance and Internal Control" significant governance issue which is described in Section 7.
- 5.51. Counter Fraud activity is reported to the Audit and Governance Committee through the regular Internal Audit progress reports. The latest updates were provided to the February and May 2025 meetings.
- 5.52. The Council has a number of wholly owned companies. Several changes were made following an independent review of these Alternative Service Delivery Vehicles (ASDVs).
- 5.53. The following ASDVs were in operation during 2024/25:
- Orbitas Bereavement Services Limited
 - ANSA
 - Tatton Park Enterprises Limited
- 5.54. The Finance Sub-Committee is responsible for the management of the Council's involvement in ASDV's. In September 2023, the Sub-Committee considered a report setting out the key findings and recommendations of the Shareholder Working Group in relation to the governance of the Council's wholly owned companies.
- 5.55. In March 2024, the Sub-Committee received a presentation on the progress made in relation to the Ansa review, followed in June 2024, by the Finance Sub-Committee considering the Wholly Owned Companies Strategic Options Review – Outcomes report and the decision taken that the services delivered by both Ansa and Orbitas were to be brought back in house to be directly delivered by

the Council by the end of March 2025. In November 2024, the Committee received an update on the review of Alliance Environmental Services.

- 5.56. On 1 February 2025, bereavement services colleagues returned to the Council to form the newly named Cheshire East Bereavement Services. On 1 April 2025, Ansa colleagues and services, including recycling and waste collection, green spaces and Ansa transport transferred back into the Council.
- 5.57. Everybody Health and Leisure (Everybody) is an independent charitable trust which delivers recreation and leisure facilities. The Council retains ownership of significant assets such as buildings. Everybody deliver services for the Council as set out in the operating contract, which is monitored through client commissioning arrangements, including contract management meetings and monitoring visits. The current operating agreement between the Council and Everybody runs to 30 April 2029.
- 5.58. The Shared Services Joint Committee oversees the management of the services provided on behalf of Cheshire East and Cheshire West and Chester Councils, to ensure effective delivery of services and strategic direction. Regular reports on performance and progress have been received during the year by the Committee on all 8 shared services including ICT Services, the Transactional Service Centre. They have also overseen the review of the shared services.
- 5.59. The Shared Services Joint Committee also received regular progress reports during 2024/25 on the Hybrid ICT Programme – Project Gemini. A new model for ICT Services was agreed by both Councils in February 2023. The new model involves the retention of a shared network and data centre and separation of the other ICT functions that are currently shared.
- 5.60. In preparing the AGS we have examined reports, feedback and action plans from other agencies and inspectorates, which review the services provided by the Council.

<p><i>Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law</i></p>
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- 5.61. The Audit and Governance Committee promotes high standards of ethical behaviour by developing, maintaining, and monitoring a Code of Conduct for Members of the Council. Complaints are considered by the Monitoring Officer and an Independent Person. Complaints can be received about Cheshire East Councillors, co-opted members and Town and Parish Councillors.
- 5.62. The promotion of high standards of conduct, and of strong ethical governance among elected members, co-opted Members, and Town and Parish Council Members within the Borough, is critical to the corporate governance of the authority and to the Council’s decision-making process across the organisation.

- 5.63. On 5 December 2024, the Audit and Governance Committee received the Monitoring Officer Annual Report 2023/24 which provided background and an overview on the Monitoring Officer's statutory duties. The report also advised on the number of complaints received under the Code against each category, the paragraph(s) of the Code alleged to have been breached, and the outcome of each complaint, once completed.
- 5.64. As described in detail earlier in the draft Statement, the Statutory Officer roles of Section 151 Officer and Monitoring Officer have been undertaken by permanent and interim arrangements during 2024/25, whilst permanent recruitment has been undertaken. For the Section 151 Officer, these arrangements complied with the arrangements set out in CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (2010).

<i>Ensuring openness and comprehensive stakeholder engagement</i>
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- 5.65. The Council's open data portal 'Insight Cheshire East' holds most of our transparency information and open data together in one place. The site is designed to make inspecting, accessing, and downloading our data easier for everyone, including developers, who may wish to use our data in their own applications or websites.
- 5.66. As required by the Transparency Code 2015, the Council published the current number of Council employees with basic salaries of £50,000 or over on the Insight Cheshire East Portal.
- 5.67. Committee meetings continued to be audio cast throughout 2024/25. Recordings can be found on the relevant Committee pages. Meetings are held in public, and agendas, reports, and minutes are published via the Council's website.
- 5.68. The Council publishes delegated officer decisions on its website, demonstrating how the provisions of the Constitution have been exercised.
- 5.69. Engaging with our communities is essential to ensure that we are a resident led Council. Consultation exercises are carried out as appropriate, including statutory consultation processes for areas such as Planning and Licensing. Information is available on the Council's website in relation to current consultations and the feedback received on previous consultations and the subsequent decisions are also available.
- 5.70. A more strategic approach to community engagement and the use of a community (citizens) panel and other opportunities to effectively engage different communities across Cheshire East is being developed in line with the commitment within the Cheshire East Plan 2025-29 to be an effective and enabling council.

- 5.71. Council employees receive a weekly internal newsletter (Team Voice) and a monthly Core Brief covering key information and news. These are addition to service specific communication and briefings.
- 5.72. Weekly Manager Share and Support sessions were provided throughout 2024/25. These sessions cover a wide variety of topics and provide an opportunity for managers to interact, raise any issues and concerns that they may have, and receive briefings and training on new developments. Furthermore, monthly “in the know” sessions are held to keep staff updated with what’s going on around the Council and to allow feedback from staff.
- 5.73. Wider Leadership Team and Wider Leadership Community sessions were held during the year which facilitated briefing, networking, and development opportunities across the senior officer leadership cohort. Key messages from these sessions are cascaded through department and team management sessions. Solace have also supported leadership development sessions with CLT and WLC colleagues.
- 5.74. Members of staff are encouraged to participate in the “Making a Difference” recognition scheme, nominating colleagues for an instant recognition “Made my Day” message, or for nomination in the annual New Year’s Honours awards which was held in February 2025. The recognition panel itself includes volunteers from across the organisation.
- 5.75. The Council’s Corporate Leadership Team has continued to meet with staff groups from across the organisation and offer regular opportunities for staff to raise any questions or issues they have directly with their Senior Managers. Quarterly all staff events have been hosted throughout the year, offering the opportunity for staff to collaborate and share with each other, senior officers and the Leader and Deputy Leader.
- 5.76. Council services use various forms of social media, to engage and inform communities and stakeholders. The main Council website has a Media Hub page, where a variety of information about the Council is published. The Communications team also provide related media releases, where appropriate. Statutory public notices are also shared online.

6. Review of Effectiveness

- 6.1. The Council undertakes an annual review of its governance arrangements. This process is informed by a range of sources. The various sources of assurance which inform the annual review are described below and referenced in the Governance Framework in Appendix 2.
- 6.2. Examples of the sources of assurance considered in preparing the Annual Governance Statement include:

- **Line Management** - Assurance on individual line managers' areas of responsibility are provided by Disclosure Statements and informed by the acceptance and implementation of recommendations from internal and external audit.
- **Management Review** - Assurance on the effective management of core function activities is provided by reviewing compliance with policies, including how this information is used to drive improvement, and how relevant risk management information is escalated up or cascaded down through the Council.
- **Internal Review** - The performance of Internal Audit and the Audit and Governance Committee, along with their assessments of the performance of individual service areas, and cross function service areas informs the preparation of the Statement.
- **External Review** - The findings and feedback from external inspections, assessments and peer reviews of the Council also provide assurance which is considered in preparing the Statement.
- **Reference and review of existing reports and assessments**

6.3. For the purposes of the Annual Governance Statement "significant" is defined as an issue which has had or has the potential to have a noticeable impact on the Service's and/or Council's ability to achieve its objectives.

6.4. Examples might include:

- Legal action against the Council for failing to fulfil a statutory duty (resulting in a substantial financial penalty and/or loss of reputation)
- An instance of fraud or corruption involving financial loss, a noticeable impact on service delivery and/or loss of reputation.
- An unexpected occurrence resulting in substantial financial loss, disruption to service delivery and/or loss of reputation (including significant media coverage/interest)
- Failure of a major project to meet stated objectives; or
- A serious breach of the Code of Conduct having a noticeable effect on service delivery and/or reputation.

6.5. The review has considered the effectiveness of the Council's governance arrangements against the principles set out in the Code of Corporate Governance.

- 6.6. Whilst the Council generally has appropriate systems and processes in place to ensure effective governance is maintained, some existing areas of concern, whilst progressed during 2024/25 remain as areas of significance in 2024/25:
- 6.7. Recognising that a number of the significant governance issues have been included in statements for a number of years, the background to these and a summary of previous updates has been included in Appendix 4.
- 6.8. The following issues are included again as continuing areas of concern for 2024/25 in the updates in Section 7. This recognises the continuing significance of these specific areas, at national, regional and local levels:
- Council Funding
 - Health and Social Care Integration
 - Planning
 - Executive and Wider Leadership Team Capacity
 - Children's Services Response to Ofsted Inspection
 - Governance and Internal Control
 - Partnership Working
- 6.9. The previously included issue, ASDV Governance has now been addressed, and it is therefore proposed that it is removed. At the Finance Sub Committee in June 2024, the committee received the outcomes of the wholly owned companies' strategic options review and determined that the services provided by Ansa and Orbitas were to be brought back in house and delivered directly by the Council.
- 6.10. Orbitas Bereavement Services staff and services transferred back to the Council on 1 February 2025. The majority of the services provided by ANSA transferred back under Council control as planned on the 1 April 2025 and are integrated back into the Council's wider governance process.
- 6.11. Transport Services Solutions will transfer back to the council on the 1 August 2025. Following this, the companies will be formally closed down. As a result of these actions, the only remaining external operations will be:
- Tatton Park Enterprises
 - Alliance Environmental Services – partnership with High Peak and Staffordshire Moorlands
 - Engine of the North – dormant company
 - Everybody Health & Leisure – independent trust

- 6.12. These companies are not considered to constitute a significant governance issue for the Council, and it is therefore recommended that this is removed from the Annual Governance Statement.
- 6.13. The Council's assessment of its governance arrangements has identified further significant governance issues arising during 2024/25; Delivering Improvement. This is detailed in section 8.

7. Progress against ongoing issues identified in previous Annual Governance Statements

Council Funding

Responsible Officer: Executive Director of Resources, Section 151 Officer

- 7.1. The Council, like all councils, is dealing with significant uncertainty around its funding levels for future years at the same time as dealing with growing demand for services due to demographic changes.
- 7.2. The Council has set a legally balanced budget each February, although in February 2024 this included having to use one-off sources of funding to achieve this position including an in-principle capitalisation directive as part of exceptional financial support. General level of reserves has been decreasing due to over-spends within financial years, partly driven by the uncertainty of future funding aligned with growth in demand lead services.
- 7.3. Material funding issues remain within the High Needs funding block in the DSG, and Cheshire East Council took part in the Delivering Better Value Scheme, although it is clear this will not resolve the material deficits in this area.
- 7.4. In May 2025, the Council was issued with a non-statutory Best Value Notice which requires the Council to provide the Government with further assurance of its ongoing improvement and work towards financial sustainability.
- 7.5. The outturn figures for 2024/25 showed an improvement on the Third Financial Review position of £8.5m, however the service overspend of £9.8m remains a significant financial challenge for the Council.
- 7.6. The outturn position, net of proposed transfers to useable reserves of £7.8m, is an overspend of £17.6m. This includes the setting up of a reserve to set aside sufficient one-off resources to be able to respond to the steps that will be necessary to support the delivery of our transformation, change and improvement activity especially in light of the recent publication of the non-statutory Best Value notice.
- 7.7. The Council has also developed a thematic Financial Leadership Improvement Plan (FLIP) covering financial management and sustainability, capital, debt, assets and investments, governance, service delivery, and leadership and culture. It contains the corporate responses to the CIPFA Assurance Review, relevant recommendations from the Corporate Peer Challenge and External Audit recommendations.
- 7.8. This overarching approach to improving "all things finance related" will be overseen by the Finance Sub Committee. Furthermore, assurance on progress with the FLIP can be sought by the Audit and Governance Committee at any point as the Committee charged with governance.

- 7.9. Funding estimates are transparent and reported to the Finance Sub-Committee. Working Groups from the Sub-Committee have also reviewed estimates in detail. This includes estimates within all financial strategies that make up the overarching Medium Term Financial Strategy.
- 7.10. The Council is also continuing to progress its transformation plan, which was submitted to MHCLG by 27 August 2024 as part of the criteria for final approval of Exceptional Financial Support, and implementation of the actions from the Corporate Peer Challenge.
- 7.11. Further action is also ongoing to mitigate cost pressures led by the Strategic Finance Management Board, which include:
- The cessation of any non-essential spend
 - Management of vacancies, particularly agency usage
 - Identification of any other areas of discretionary spend including grants awarded, where spend can be reduced or stopped
 - Review Debt management / overall level of bad debt provision
- 7.12. In February 2025, the Council again set a legally balanced budget which combined income, use of resources, robust savings plans and the proposals for the use of Exceptional Financial Support (EFS) and increase in Council Tax, to ensure that income will cover ongoing costs and future commitments in a sustainable and manageable way for 2025/26.
- 7.13. As we progress through 2025/26, it is important that steps are taken to develop a sustainable MTFs post EFS to ensure the ongoing financial sustainability of the Council.

Health and Social Care Intergration

Responsible Officer: Executive Director, Adults Health and Intergration

- 7.14. The NHS will be undergoing significant restructuring during 2025/26 following the announcement of the abolition of NHS England. In addition, all Integrated Care Boards (ICB) are required to make a 50% reduction in their administrative costs, primarily staffing. Cheshire and Merseyside ICB is one of the most financially challenged ICBs in the country and is formally in financial turnaround and required to make cashable savings of approximately £170 million.
- 7.15. Since their creation in July 2022, Integrated Care Systems (ICS) have been the primary vehicle for partnership working between the NHS and local authorities and the integration of health and care commissioning and service delivery for adults and children. ICBs are responsible for the management of health and care partnerships and are the statutory NHS representative on the Health and Wellbeing Board.

- 7.16. ICB Place directors have been responsible for the facilitation of partnership and collaborative working at a borough level, which in Cheshire East has included a number of jointly funded positions and shared management arrangements.
- 7.17. The immediate governance risk is the loss of the Place Director, who retired in June 2025. The council has yet to be engaged in arrangements to recruit a replacement.
- 7.18. Over the medium-term, the appropriate operation of partnerships will be impaired by uncertainty. Specifically in respect of decision-making arrangements, staffing capacity, management over-sight, and quality and safeguarding arrangements.
- 7.19. In addition, funding constraints are likely to have a disproportionate impact on people supported jointly by the local authority and the NHS. Most of the ICB's budget is spent on NHS hospitals and NHS staffing. Therefore, the ICB's requirement for cashable savings is disproportionately focused on those areas of service not provided directly by the NHS.
- 7.20. This includes Continuing Health Care, an NHS service provided directly to residents with long-term health needs, and services provided jointly with the local authority such as Section 117 aftercare, SEND, and those services provided through the Better Care Fund. The key risk is that the NHS will seek to reduce its expenditure in the expectation that the local authority will meet costs of services to vulnerable adults and children to prevent harm.
- 7.21. The Council is engaged in several courses of action around this area;
- Joint working with the eight local authorities that are also part of the Cheshire and Merseyside ICB.
 - Weekly oversight and review of all cases being considered by the ICB for funding arrangements.
 - Recording and monitoring of all activity to identify issues and trends.
 - Re-statement of all policy, protocols and procedure to ensure compliance with statutory responsibilities; and
 - Informing MHCLG and DHSC of impact and consequences, especially in relation to the Best Value Notice and ongoing financial stability.

Planning

Responsible Officer: Executive Director, Place

- 7.22. A review of the Planning Service began in 2021/22, with a modernisation plan identifying findings and recommendations reported to the Environment and Communities Committee in October 2022. Progress on implementation, delivery,

and the impact of the changes has subsequently been regularly reported to the Committee.

7.23. A number of the high priority workstreams have now been completed and closed with others close to completion against their key objectives following implementation and/or completed actions. It is also evident that some of the remaining objectives are no longer appropriate and have been superseded by the passage of time, changes in legislation or revised corporate priorities/actions.

- Customer Experience and Communications – Completed and closed.
- IT Systems and Processes – Completed and closed.
- Performance and governance - Performance scorecard for Service in place to monitor key performance indicators and 'health' of service. To be reviewed and aligned with new corporate templates / monitoring.
- Training and development - Various identified training needs completed but will be part of an on-going programme for both Members and staff which will be progressed through business as usual.
- Service Restructure – Completed and closed.
- Culture and Leadership – Completed and closed.
- Section 106 – Recommendations and actions have been completed. Future checks to ensure processes are embedded and updated in line with procedures will be carried out during 2025/26.
- Tree Risk Management Strategy – Completed and closed.
- Building Control – HSE Inspection – Completed and closed.

7.24. A final report will be presented back to Environment and Communities Committee (Q2 2025/26) to effectively close down the Service Improvement Board. Any existing and future matters to be picked up through business as usual and/or separate focus – such as the Local Plan Board.

Executive and Wider Leadership Team Capacity

Responsible Officer: Chief Executive

7.25. The Council's Corporate Leadership Team (CLT) comprises the Chief Executive as Head of Paid Service, with the most senior officers of the organisation; Executive Directors for each of the Council's four Directorates and the Council's Statutory Officers, S151 Officer and Monitoring Officer, plus the Assistant Chief Executive and the Director of People and Customer Experience.

- 7.26. Since 2022/23 the Council experienced significant turnover amongst CLT. Ensuring that there are sufficient and stable senior management arrangements for an organisation the size and complexity of Cheshire East Council must always be balanced against ensuring the arrangements are proportionate and offer effective and efficient use of resources.
- 7.27. The Local Government Association (LGA) undertook a Decision-Making Accountability (DMA) review to examine current senior management roles to help ensure a stable senior management structure is in place. This provided recommendations informing a revised organisational structure to ensure effective decision making, with clear accountabilities and roles, and efficient use of management resources. This was agreed by Corporate Policy Committee in August 2024.
- 7.28. The new structure was implemented on 1 November 2024. The recruitment to the new senior management structure has increased leadership capacity across the organisation. Senior management roles were advertised in phases from December 2024 – March 2025. By the end of March 2025, we had successfully recruited to the following roles:
- Executive Director of Resources (S151) – started June 2025
 - Executive Director of Children's Services – started May 2025
 - Assistant Chief Executive – started March 2025
 - Director of People and Customer Experience – started April 2025
 - Director of Commissioning and Integration (Adults) - starts July 2025
 - Director of Family Help and Children's Social Care – started May 2025
 - Director of Planning and Environment – started April 2025
 - Director of Finance (Deputy S151) – starts August 2025
 - Head of Organisational Development and Culture - started June 2025
 - Head of Strategy, Policy and Performance – started July 2025
 - Head of Customer Experience – started May 2025
- 7.29. The Workforce Programme Board is considering options for the next phase of the organisation, and is currently undertaking preparatory work for DMA, and a timeline.
- 7.30. The successful delivery of the Council's Transformation Plan is reliant upon having the right skills and capacity in place, and the completion of this considerable recruitment exercise in the early stages of 2025 will see a key milestone achieved.
- 7.31. Recruitment to the permanent Monitoring Officer and Director of Public Health roles has been challenging as is the picture nationally with interim arrangements remaining in place while further recruitment progresses.

Whole Council Response to Ofsted Inspection*Responsible Officer: Executive Director of Children's Services, supported by CLT*

- 7.32. Cheshire East Council received an Ofsted inspection of local authority children's services (ILACS) between 19 February and 8 March 2024. The inspection findings are set out in a report which was published on 16 May 2024. The inspection found that despite improvements identified in some areas of practice, services required improvement as the quality of services children experienced was too variable, and for care leavers services were inadequate. When an authority receives a judgement of inadequate in any area, they can only receive an overall judgement of inadequate. As care leavers was judged inadequate, the overall rating is therefore inadequate.
- 7.33. As a result of the inadequate rating, Cheshire East was required to submit an action plan (to be referred to as an improvement plan thereafter) to Ofsted 70 working days after publication of the report, and will be subject to monitoring from Ofsted, with monitoring visits focussing on where improvement is needed the most. The first monitoring visit took place in February 2025, with a further visit taking place in June 2025. Both visits recognised continuing progress being made but that areas of improvement are required to achieve consistency of good practice. The findings from the second monitoring visit were published on 10 July.
- 7.34. The DfE issued an Improvement Notice after the initial visit, which required an independently chaired Improvement Board. A DfE improvement advisor has been appointed to work with Cheshire East to support us to improve outcomes for children and young people and will chair the Improvement Board.
- 7.35. Draft terms of reference for an Improvement Board were agreed by Children and Families Committee on 3 June 2024 with the board established in July 2024.
- 7.36. The leadership team developed a draft of a new improvement plan, in response to the inspection findings, and this was discussed at the Improvement Board held on 30 May 2024. This has been further discussed and developed with Ofsted and the DfE, and subsequently endorsed by these partners, and ultimately approved at full Council on 17 July 2024.
- 7.37. A DfE progress review in March as part of the Improvement Notice arrangements has also acknowledged the progress of improvement in Children's services. It did note the need for the corporate centre to improve the pace to support Children's Services and therefore corporate colleagues are fully embedded in our transformation work of Families First.
- 7.38. Children and Families Committee continues to offer scrutiny to the Children's Improvement Plan and are now also provided with the Vital Signs performance

data to support this further. A paper has also been approved to facilitate Cllrs having more direct contact with front line practitioners through regular team visits.

- 7.39. Funding has been secured, and support has been given from the DfE to appoint North Tyneside as our sector led improvement partner and work has already progressed with a test of assurance around the improvement actions undertaken in relation to Care Leavers and a diagnostic piece of work regarding LADO.
- 7.40. Findings have been presented to the Improvement Board and demonstrated the impact for Care Leavers has delivered significant improvement since the ILACS inspection in 2024 which provides assurance to the Improvement plan success. LADO has a number of areas requiring strengthening and so an action plan is in place and new recruitment underway.
- 7.41. The headline findings from the second Ofsted monitoring visit, as published on 10 July 2025 recognises that the pace of progress has accelerated, and that improvements are being made in specific areas of practice, such as regularity of supervision and frequency of visits to children. There are still areas of inconsistency in the quality of practice for children in need of help and protection, including disabled children.
- 7.42. Ofsted also recognises that there have been recent and significant changes in the senior leadership team, from the experience interim senior leadership team, through to the recent permanent appointments, including the Executive Director and Director of Children's. Appropriate transition arrangements are in place to mitigate the potential impact of change on the wider workforce, and the continued pace of change.

Governance and Internal Control

Responsible Officer: Chief Executive

- 7.43. There are clear drivers for this organisation to transform to improve financial sustainability and improve efficiency and effectiveness in decision making. Other areas recognised in our significant governance issues are critical to ensuring we have the capability and capacity, as an organisation to transform, without losing focus on delivering key services for our residents.
- 7.44. The Annual Internal Audit Opinion for 2023/24 was, for the first time, given as "Limited". This is the first time since 2009 that there has been a limitation on this opinion. Whilst recognising significant progress, the Annual Internal Audit Opinion for 2024/25 is also "limited". This reflects that, whilst improvements are being implemented, and progressing, they are not consistently achieving the impacts required.

- 7.45. Engagement with, and delivery of internal audit actions has improved considerably during 2024/25. There have been no “No Assurance” reports issued during the year. “Good” assurance report numbers, have increased, albeit issued on a number of micro level reports. The content of the 2025/26 Internal Audit plan will be reviewed to ensure that there is sufficient focus to give ongoing assurance on the delivery of transformation projects.
- 7.46. As approved by the Corporate Policy Committee in June 2025, an overarching and cohesive Corporate Improvement Plan is being developed, to introduce a single point of oversight for all significant improvement plans and activity, providing assurance on progress and pace for delivery. The plan will be developed in collaboration with the Council’s Assurance Panel and MHCLG, Members, and staff engagement, and be presented for agreement at a meeting of Corporate Policy Committee in October 2025. This will be underpinned by a corporate Performance Management Framework and reporting aligning finance, risk and performance.
- 7.47. In June 2025, the Corporate Policy Committee also recommended to full Council the approval and adoption of the new officer Schemes of Delegation to be incorporated into the Constitution, replacing the existing schemes of delegation. The proposed schemes have been considered and approved by the Council’s Constitution Working Group. The adoption of the Schemes addresses a number of the findings and recommendations arising from the LGA Corporate Peer Challenge report.

Partnership Working

Responsible Officer: Executive Director, Adults Health and Intergration, Assistant Chief Executive.

- 7.48. The Council has a number of important partnerships which, whilst long established, continue to develop. These partnerships exist at local and neighbourhood level, with town and parish councils, schools, housing providers and care communities and at regional and supra-regional level with the neighbouring boroughs, the Cheshire and Merseyside Integrated Care System, Enterprise Cheshire and Warrington, and Cheshire Police.
- 7.49. These partnerships will become increasingly important as part of the Council’s transformation programme and improvement journey, for its long-term economic stability and to ensure success in addressing strategic ambitions. They will be a pre-requisite for ensuring the Council is able to fully engage with and benefit from the opportunities presented by devolution. Additional partnerships could emerge through new legislative requirements and national policy direction.
- 7.50. As part of the transformation plan, the Council is developing its aspirations for the type of organisation it wants to be and the new operating framework it will

adopt, which was developed collaboratively with staff and Members in 2024/25. This includes a focus on being more collaborative and working in partnership.

- 7.51. In this context it is timely to ensure that the Council's governance arrangements for partnership working are robust, transparent and appropriately led with sufficient scrutiny and over-sight, as well as facilitating co-production and joined up delivery of outcomes for the benefit of Cheshire East residents.
- 7.52. There is an opportunity to consider the approach to partnerships and engagement with key stakeholders as we develop a new Cheshire East Plan for 2025 and beyond.
- 7.53. Mapping of formal partnership arrangements has been completed with capacity supported through the LGA, and this exercise informed the Cheshire East Plan 2025-29. Existing partnership arrangements continue to function in line with current governance. As noted in the Health and Social Care Integration update, this will require reconsideration of governance arrangements in 2026/27.

8. Significant Governance Issues 2024/25

- 8.1. To date, our assessment of the effectiveness of our governance arrangements for 2024/25 has identified one further significant governance issue; Delivering Improvement. The Chief Executive is the responsible officer for this issue, supported by CLT.
- 8.2. Beginning with the LGA Corporate Peer Challenge in March 2024, there have been several external inspections, peer reviews and assessments for the Council. These have included the CIPFA Review following the request for Exceptional Financial Support, and the Ofsted Inspection of Local Authority Childrens Services. The Council's response to the Ofsted Inspection has previously been recognised as a significant governance issue.
- 8.3. The report from the LGA Corporate Peer Challenge in July 2024, made 18 recommendations focused on financial sustainability, transformation, culture, governance and getting the basics right. In response to the report, the Council established an Assurance Panel in July 2024, to give advice, challenge and support to the council's leadership in delivering improvement and agreed an action plan in August 2024. As reported to Corporate Policy Committee in June, 70% of the actions have been completed.
- 8.4. CIPFA undertook a review during July and August 2024, commissioned by MHCLG with recommendations published in March 2025. A Financial Leadership Improvement Plan, an improvement plan for all finance-related matters was developed and progress on this was reported recently to the Finance Sub Committee. The Plan also covers relevant recommendations from the Corporate Peer Challenge and External Audit 2023/24 accounts.

- 8.5. In August 2024, the Corporate Policy Committee considered and approved the submission of the Transformation Plan, which was also a requirement for the Council to access Exceptional Financial Support. Further updates on the Transformation Plan were given to the Corporate Policy Committee in October 2024. Progress on the Transformation Plan is reported on a monthly basis to the Transformation and Improvement Board, and the Corporate Leadership Team.
- 8.6. In May 2025, the Council received a non-statutory Best Value Notice. The Council responded to the Notice on 20 May 2025 confirming that the actions set out wholly align with the Council's improvement plans and significant progress against these has already been made, while recognising there is more to do. Formal quarterly updates with MHCLG will be used to demonstrate progress against the areas for improvement identified in the Notice.
- 8.7. The Assurance Panel provide a written update to full Council twice a year, and the first of these letters has now been published and discussed at the meeting of full Council on 16 July. The panel has recognised the council's commitment to improvement and positive collaboration between political leadership and senior officers to drive change, and that we have bolstered leadership capacity through senior management recruitment.
- 8.8. The panel also recognised the challenges the council is facing and the work we are doing to meet these challenges. They highlight the pace required, the need to coordinate our wide-ranging improvement work through a single outcome-focused plan, and to build on our established relationships with the panel and government departments to provide clear assurance around our progress.
- 8.9. A change to the chair of the assurance panel has also been agreed. Gavin Jones CBE becomes the chair from the meeting of the Panel on 24 July 2025. Gavin has extensive experience as a commissioner and improvement board chair. His insight, along with the expertise across the panel membership, will further support and challenge the council to deliver the necessary improvements.
- 8.10. There is now an opportunity for the Council to reset its improvement journey through the development of an overarching Corporate Improvement Plan. This will supersede the previous Corporate Peer Challenge action plan, and provide significant improvement plans and activity, and assurance on the progress and pace of delivery. The plan will address all areas identified for improvement in the Best Value notice and reflect best practice from other councils.

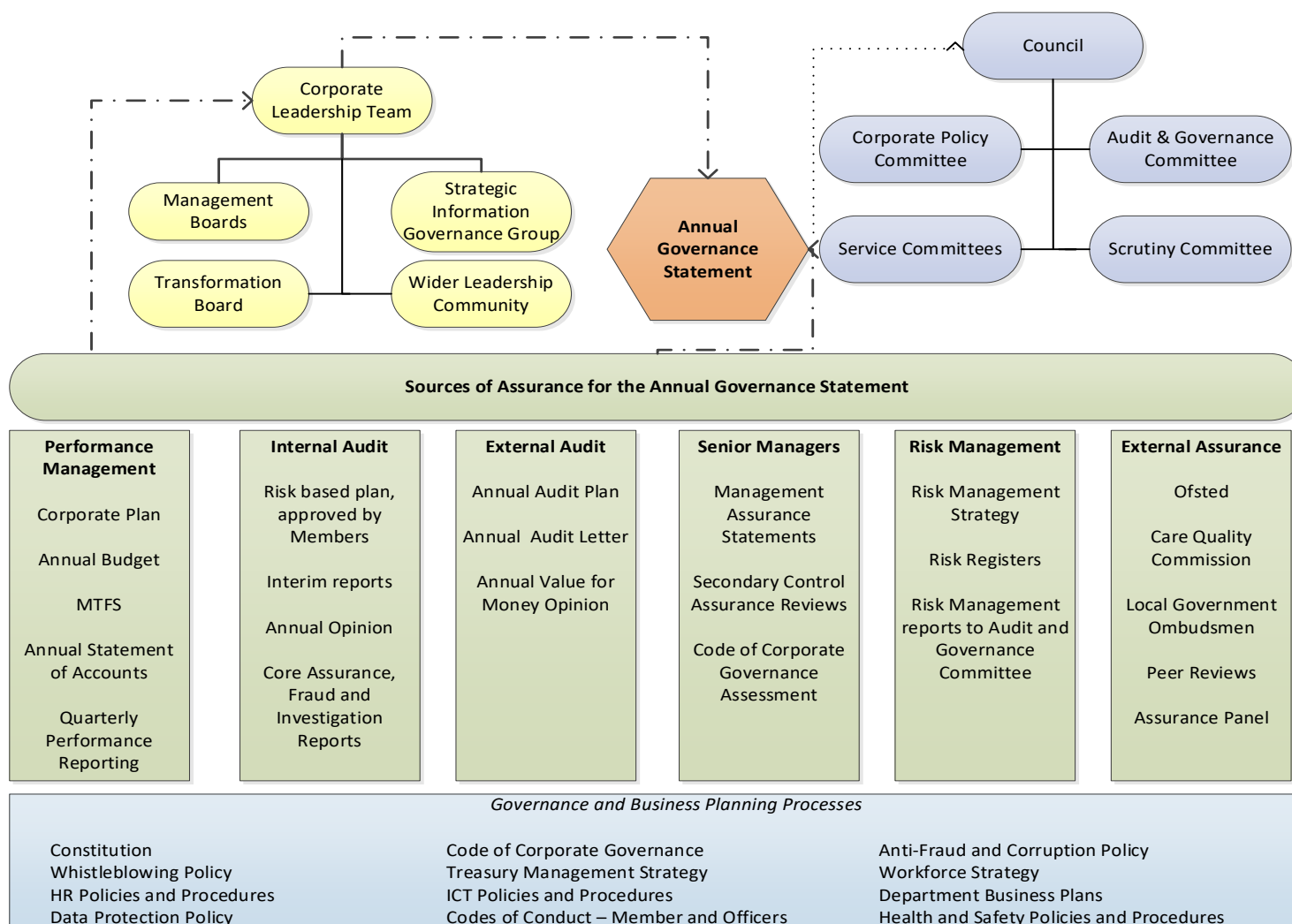
9. Governance Developments – looking ahead

- 9.1. There are a number of key priorities for the Council to deliver against in 2025/26 and beyond, as both an individual Council, and as a partner. Having the right governance frameworks in place for these is essential for success, and the Devolution agenda will drive a number of significant changes for the authority.

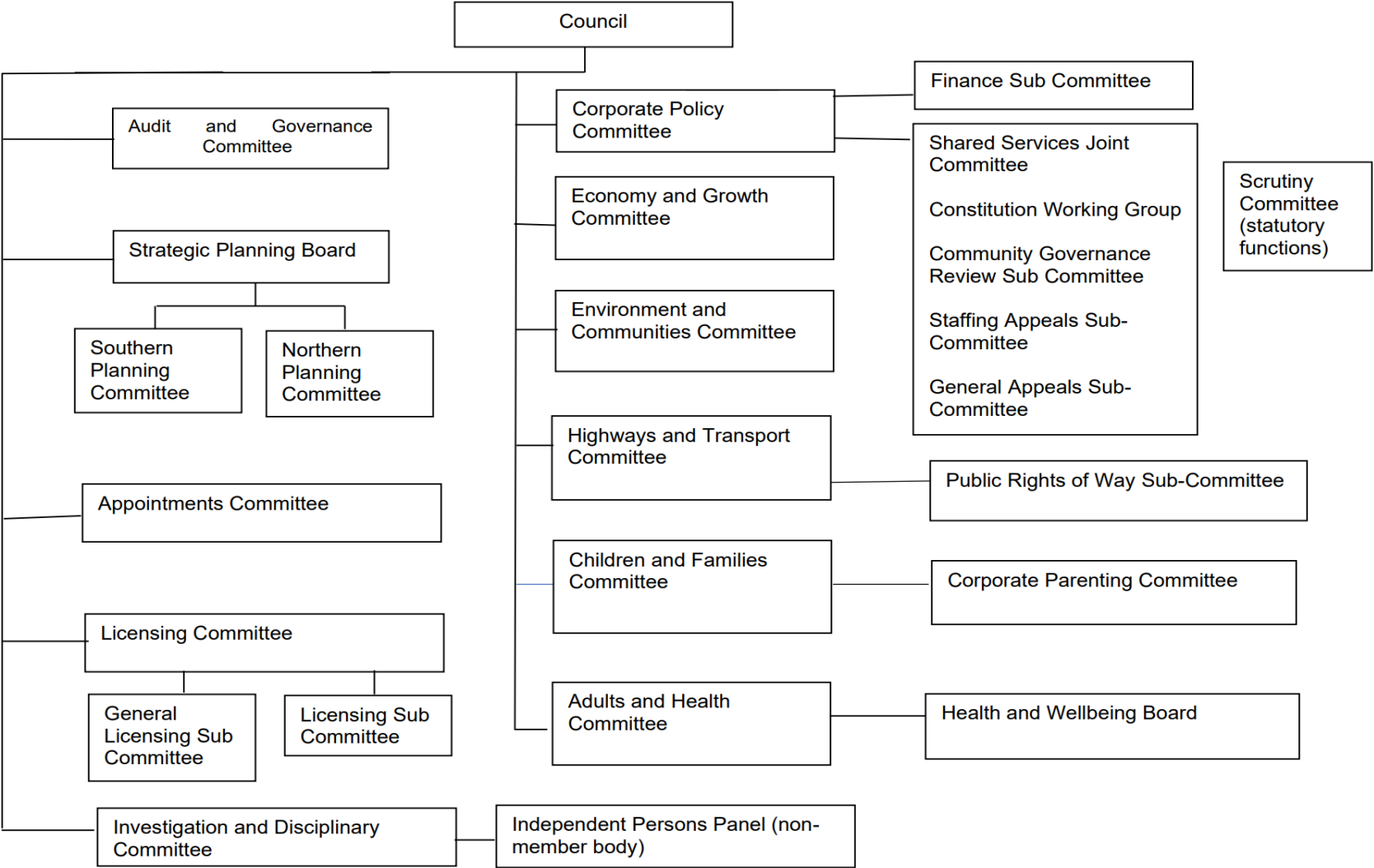
Devolution

- 9.2. The Government published its English Devolution White Paper in December 2024, and following a submission in January 2025, the Government confirmed that Cheshire and Warrington would be included in the priority programme. The Cheshire and Warrington Joint Committee has been established with political representation of each of the three Councils to facilitate the initial progress of the devolution agenda. Once the formal consent pursuant to s.110 of Local Democracy, Economic Development and Construction Act 2009 has been given by each of the Councils, the Combined Authority arrangements will progress, including shadow arrangements.
- 9.3. The Council will need to be ready to understand the detailed requirements, once confirmed to ensure it can support the ongoing devolution workstream, and to set out the ways of working with the new Combined Authority.
- 9.4. The Council recognises the need to review existing governance arrangements and is considering the options and implications of moving to a Leader and Cabinet model with the government recently setting out its intention to abolish the committee system of decision making.

Appendix 2: The Governance Framework 2024/25



Appendix 3: The Committee Structure



Appendix 4: Background to Significant Governance Issues

Council Funding <i>Recognised as a Continuing Governance Issue since 2015/16 but revised and restated in 2021/22, 2023/24 and 2024/25 to reflect the change in the nature and potential impact of the issue</i>	
Description of issue at the time	<p>The Council, like all Councils, is dealing with significant uncertainty around its funding levels for future years at the same time as dealing with growing demand for services due to demographic changes.</p> <p>Planning finances over the medium-term has been more difficult over recent years given the sector has received single-year financial settlements from Central Government as well as a significant number of one-off grants linked to specific Government priorities, rather than core funding certainty. This means that at times, short-term decisions are necessary to live within our means.</p> <p>The Council has set a legally balanced budget each February, although in February 2024 this included having to use one-off sources of funding to achieve this position including an in-principle capitalisation directive as part of exceptional financial support. General level of reserves has been decreasing due to over-spends within financial years, partly driven by the uncertainty of future funding aligned with growth in demand lead services.</p> <p>The other main source of funding for the Council is through Council Tax and Business Rates which following a period of significant volatility throughout Covid and the Covid recovery period, this has stabilised to a degree. There is still uncertainty over any structural changes to these income sources.</p> <p>Material funding issues remain within the High Needs funding block in the DSG, and Cheshire East Council took part in the Delivering Better Value Scheme, although it is clear this will not resolve the material deficits in this area.</p> <p>In May 2025, the Council was issued with a non-statutory Best Value Notice which requires the Council to provide the Government with further assurance of its ongoing improvement and work towards financial sustainability.</p>
Responsibility	Executive Director of Resources, Section 151 Officer

Action proposed	<p>Addressing national funding levels can only be achieved through discussion and lobbying through engaging with government officials and professional bodies such as County Council Network (CCN), CIPFA, LGA, Society of County Treasurers (SCT), and Rural Services Network (RSN).</p> <p>Responses have been provided to consultations and regular seminars and meetings have been attended to ensure that issues relevant to Cheshire East Council are being considered.</p> <p>Funding estimates are transparent and reported to the Finance Sub-Committee. Working Groups from the Sub-Committee have also reviewed estimates in detail. This includes estimates within all financial strategies that make up the over-arching Medium Term Financial Strategy.</p> <p>The Council is also continuing to progress its transformation plan, which was submitted to MHCLG by 27 August 2024 as part of the criteria for final approval of Exceptional Financial Support, and implementation of the actions from the Corporate Peer Challenge.</p> <p>Further action is also ongoing to mitigate cost pressures led by the Strategic Finance Management Board, which include:</p> <ul style="list-style-type: none"> • The cessation of any non-essential spend • Management of vacancies, particularly agency usage • Identification of any other areas of discretionary spend including grants awarded, where spend can be reduced or stopped • Review Debt management / overall level of bad debt provision <p>In February 2025, the Council again set a legally balanced budget which combined income, use of resources, robust savings plans and the proposals for the use of Exceptional Financial Support (EFS) and increase in Council Tax, to ensure that income will cover ongoing costs and future commitments in a sustainable and manageable way for 2025/26.</p> <p>As we progress through 2025/26, it is important that steps are taken to develop a sustainable MTFS post EFS to ensure the ongoing financial sustainability of the Council.</p>
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<p>Progress update for 2024/25 AGS</p>	<p>The outturn figures for 2024/25 showed an improvement on the Third Financial Review position of £8.5m, however the service overspend of £9.8m remains a significant financial challenge for the Council.</p> <p>The outturn position, net of proposed transfers to useable reserves of £7.8m, is an overspend of £17.6m. This includes the setting up of a reserve to set aside sufficient one-off resources to be able to respond to the steps that will be necessary to support the delivery of our transformation, change and improvement activity especially in light of the recent publication of the non-statutory Best Value notice.</p> <p>This will be able to pump prime activities to ensure that change is made at pace to support our longer-term financial sustainability. Any use of this reserve will need to be recommended by the Chief Executive and Executive Director of Resources and any virements will then need to follow the usual approval processes.</p> <p>The Council has also developed a thematic Financial Leadership Improvement Plan (FLIP) covering financial management & sustainability, capital, debt, assets & investments, governance, service delivery, and leadership & culture. It contains the corporate responses to the CIPFA Assurance Review, relevant recommendations from the Corporate Peer Challenge and External Audit recommendations. This, overarching approach to improving "all things finance related" will be overseen by the Finance Sub Committee. Furthermore, assurance on progress with the FLIP can be sought by the Audit and Governance Committee at any point as the Committee charged with governance.</p>
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<p>Health and Social Care Integration <i>Recognised as a Continuing Governance Issue since 2015/16 but revised and restated in 2021/22 and again in 2025/26.</i></p>	
<p>Description of issue at the time of inclusion in AGS</p>	<p>The NHS will be undergoing significant restructuring during 2025/26 following the announcement of the abolition of NHS England. In addition, all Integrated Care Boards (ICB) are required to make a 50% reduction in their administrative costs, primarily staffing. Cheshire and Merseyside ICB is one of the most financially challenged ICBs in the country and is formally in financial turnaround and required to make cashable savings of approximately £170 million.</p> <p>Since their creation in July 2022, Integrated Care Systems (ICS) have been the primary vehicle for partnership working between the NHS and local authorities and the integration of health and care commissioning and service delivery for adults and children. ICBs are responsible for the</p>

	<p>management of health and care partnerships and are the statutory NHS representative on the Health and Wellbeing Board.</p> <p>ICB Place directors have been responsible for the facilitation of partnership and collaborative working at a borough level, which in Cheshire East has included a number of jointly funded positions and shared management arrangements.</p> <p>The immediate governance risk is the loss of the Place Director, who retired in June 2025. The council has yet to be engaged in arrangements to recruit a replacement.</p> <p>Over the medium-term the appropriate operation of partnerships will be impaired by uncertainty. Specifically in respect of decision-making arrangements, staffing capacity, management over-sight, and quality and safeguarding arrangements.</p> <p>In addition, funding constraints are likely to have a disproportionate impact on people supported jointly by the local authority and the NHS. Most of the ICB's budget is spent on NHS hospitals and NHS staffing. Therefore, the ICB's requirement for cashable savings is disproportionately focused on those areas of service not provided directly by the NHS. This includes Continuing Health Care, a service provided directly to residents with long-term health needs, and services provided jointly with the local authority such as Sec 117 aftercare, SEND, and those services provided through the Better Care Fund. The key risk is that the NHS will seek to reduce its expenditure in the expectation that the local authority will meet costs of services to vulnerable adults and children to prevent harm.</p>
Responsibility	Executive Director of Adults, Health and Integration
Action proposed at the time of inclusion in the AGS	<p>Joint working with the eight local authorities that are also part of the Cheshire and Merseyside ICB.</p> <p>Weekly oversight and review of all cases being considered by the ICB for funding arrangements.</p> <p>Recording and monitoring of all activity to identify issues and trends.</p> <p>Re-statement of all policy, protocols and procedure to ensure compliance with statutory responsibilities.</p> <p>Informing MHCLG and DHSC of impact and consequences, especially in relation to the Best Value Notice and ongoing financial stability.</p>

Progress update for 2024/25 AGS	All actions in previous statement of governance issues implemented and effective. No update in respect of actions in restatement of issue.
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ASDV Governance	
Description of issue at the time of inclusion in AGS	<p>The governance of wholly owned companies across the local government sector has come under the spotlight following failures which have resulted in the publication of Public Interest Reports.</p> <p>Those reports highlighted that failings in the governance of those companies resulted in “institutional blindness” and a failure to recognise, understand, and so address commercial pressures and conflicts of interest. These governance failings resulted in high profile financial losses and reputational damage to those Councils and in some cases external intervention.</p> <p>In the light of these high-profile company failures, CIPFA have recently published guidance aimed at mitigating the risk to local authorities of company ownership. Whilst framed as guidance, its status is such that it will affect reporting and external assessment of the Council. There is therefore merit in being pro-active and taking action in response to these highlighted risks.</p> <p>A comparison of the Council’s current governance arrangements against the CIPFA guidance has highlighted risks in the current company structures, and with the levels of transparency and assurance. Improvement in the reporting and assurance can be achieved which will mitigate these risks and bring Cheshire East’s arrangements in line with best practice.</p>
Responsibility	Governance, Compliance and Monitoring Officer
Action proposed at the time of inclusion in the AGS	<p>Work has been undertaken to identify proposed changes to the current ASDV governance and reporting arrangements to ensure that they broadly align with the good practice as described in the CIPFA guidance.</p> <p>This has also proposed that a full review of the overall company structures and governance arrangements is undertaken and that a reporting structure is implemented to strengthen insight into the operation of the Council’s ASDVs.</p> <p>The review is proposed to include a review of directors, the process for their appointment, and the training and support provided to them.</p>

	A working group has been established, and stage 1 of the review was completed in December 2022.
Progress update for 2024/25 AGS	<p>At the Finance Sub Committee in June 2024, the committee received the outcomes of the wholly owned companies' strategic options review and determined that the services provided by Ansa and Orbitas were to be brought back in house and delivered directly by the Council.</p> <p>Orbitas Bereavement Services staff and services transferred back to the Council on 1 February 2025.</p> <p>The majority of the services provided by ANSA transferred back under Council control as planned on the 1 April 2025 and are integrated back into the Council's wider governance process.</p> <p>Transport Services Solutions will transfer back to the council on the 1 August 2025. Following this, the companies will be formally closed down.</p> <p>As a result of these actions, the only remaining external operations will be:</p> <ul style="list-style-type: none"> • Tatton Park Enterprises • Alliance Environmental Services – partnership with High Peak and Staffordshire Moorlands • Engine of the North – dormant company • Everybody Health & Leisure – independent trust <p>These companies are not considered to constitute a significant governance issue for the Council, and it is therefore recommended that this is removed from future Annual Governance Statements.</p>

Planning	
Description of issue at the time of inclusion in AGS	<p>In November 21, the Chief Executive and Environment and Communities Committee requested an objective review, prompted by the planning application backlog in Planning Services be undertaken.</p> <p>The backlog had accumulated over some time as a result of increasing workloads, vacant posts and impacts on delivering the service from the Covid 19 pandemic. The backlog was significant in number and was attracting complaints about the service from both within and beyond the Council, with potential for reputational damage to both the Local Planning Authority and the Council. An objective Deep Dive review was undertaken, led by the Executive Director of Place.</p>

	The findings, recommendations and next steps for the service were received and noted by the Environment and Communities Committee on 31 October 22. It was also noted that a range of measures had already been implemented, particularly in relation to reducing the backlog of planning applications.
Responsibility	Executive Director of Place
Action proposed at the time of inclusion in the AGS	<p>The review has produced a detailed Modernisation Plan for the service including a significant number of actions and improvements that have been identified through the review.</p> <p>Workstream leads have been identified, and many actions are underway, implemented or partially implemented from the review.</p> <p>Work to remove the applications backlog had advanced in recent months although workloads remain significant in the service.</p> <p>Performance scorecards have been developed to report to the new Modernisation Board - when established this introduces a new level of reporting and governance for the Modernisation Plan. Terms of Reference for the Board are now agreed.</p> <p>Performance reports from the service will continue to be reported to the Environment and Communities Committee with additional regular oversight by CLT also being introduced to monitor progress within the service.</p>
Progress update for 2024/25 AGS	<p>Significant progress on the key workstreams by the end of 2024/25 had been made through the Service Improvement Board, which had continued with monthly meetings to monitor progress and actions.</p> <p>A number of the high priority workstreams have now been completed and closed with others close to completion against their key objectives following implementation and/or completed actions. It is also evident that some of the remaining objectives are no longer appropriate and have been superseded by the passage of time, changes in legislation or revised corporate priorities/actions.</p> <p>Of the previous key workstreams:</p>

	<p>1. Customer Experience and Communications Complete and closed. Improvement to customer experience to continue through business as usual and any specific communication to be flagged as and when needed.</p> <p>2. IT Systems and Processes Complete and closed. New systems have now been implemented. Ongoing difficulties with system operations to be dealt with by Planning Service/IT in discussion with supplier. Separate updates and monitoring of system improvements to be progressed as business as usual within Service albeit any risks to be communicated with Senior Officers as needed.</p> <p>3. Performance and Governance Performance scorecard for Service in place to monitor key performance indicators and 'health' of service. To be reviewed and aligned with new corporate templates / monitoring.</p> <p>4. Training and Development Various identified training needs completed but will be part of an on-going programme for both Members and staff which will be progressed through business as usual.</p> <p>5. Service Restructure Complete and closed. Successful recruitment in most areas of Service, but still some key posts remain vacant pending re-advertising. These will be addressed through normal HR processes.</p> <p>6. Culture and Leadership Complete and closed.</p> <p>7. Section 106 Audit Recommendations/actions from audit have now been completed. Future checks to ensure processes are embedded and updated as per procedures.</p>
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	<p>8. Tree Risk Management Strategy Complete and closed. Tree Risk Management Board in place with regular meetings to monitor and manage.</p> <p>9. Building Control – HSE Inspection Complete and closed. System / Service reporting in place for future audit.</p> <p>A final report will be presented back to informal Environment & Communities Committee (Q2 25/26) to effectively close down the Service Improvement Board. Any existing and future matters to be picked up through business as usual and/or separate focus – such as Local Plan Board.</p>
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Executive and Wider Leadership Team Capacity	
Description of issue at the time of inclusion in AGS	<p>The Council's Corporate Leadership Team (CLT) comprises the Chief Executive as Head of Paid Service, with the most senior officers of the organisation; Executive Directors for each of the Council's 4 Directorates and the Council's Statutory Officers, S151 Officer and Monitoring Officer. CLT meetings are also regularly attended by the Cheshire East Place Director (Cheshire and Merseyside Integrated Care Board).</p> <p>During 2022/23, interim arrangements were introduced to manage the absence of the Executive Director, Place, ensuring that there is senior leadership capacity in the Directorate. In October 2023, the Executive Director, Place left the Council, and it was confirmed that the interim arrangements have continued. However, these interim arrangements are not subject to backfill which impacts upon the wider management capacity within the Place directorate.</p> <p>In May 2023, the Executive Director, Corporate Services left the organisation, and interim management arrangements are in place for this Directorate, which ensures direct reporting lines between the Head of Paid Service and the Section 151 and Monitoring Officer roles.</p> <p>In July 2023, the former Chief Executive was announced as the preferred candidate for the Chief Executive role at Bradford Council and was subsequently confirmed in that post. The former Chief Executive left Cheshire East Council on the 13 October 2023.</p>

	<p>On the 18 October 2023, Council appointed an Interim Chief Executive with immediate effect whilst the ongoing recruitment process for a permanent candidate took place.</p> <p>On 13 December 2023, Council appointed a permanent Chief Executive who took up post on 3 January 2024.</p> <p>In February 2024, it was announced that the Section 151 Officer will be leaving the Council in May 2024 and interim arrangements are being put in place pending a permanent appointment to the role.</p> <p>Ensuring that there are sufficient and stable senior management arrangements for an organisation the size and complexity of Cheshire East Council must always be balanced against ensuring the arrangements are proportionate and offer effective and efficient use of resources.</p>
Responsibility	Chief Executive
Action proposed at the time of inclusion in the AGS	To review the Corporate Leadership Team and wider senior management structure to ensure sufficient capacity to meet statutory responsibilities and deliver the transformation programme required to meet the objectives and address the financial position of the Council.
Progress update for 2024/25 AGS	<p>The Local Government Association (LGA) has undertaken a Decision-Making Accountability (DMA) review to examine current senior management roles to help ensure a stable senior management structure is in place. This provided recommendations for a revised organisational structure to ensure effective decision making, with clear accountabilities and roles, and efficient use of management resources.</p> <p>A series of development sessions for Corporate Leadership Team (CLT) and Wider Leadership Community (WLC) has been developed, with the first of these sessions held on 12th April 2024. Additional sessions have been delivered to CLT and WLC by Inner Circle and Solace, with a development programme scheduled to commence early in the new year.</p> <p>Recruitment to a number of key senior interim roles has taken place to provide cover for the Director of Finance and Customer Services & S151 Officer, Director of Policy and Change, Director of Commissioning, Director of Environment and the Director of Transformation.</p> <p>In July 2024, the Executive Director for Children's Services and the Director of Family Help and Children's Social Care left the Council, In June 2024, an Interim Director of Family Help and Children's Social Care was appointed as well as an Interim Executive Director for Children's Services in October along with an Interim Director of Improvement for Children's Services. The Chief Executive</p>

	<p>briefed members of Audit & Governance Committee in relation to this issue on 18 July prior to their meeting on 29 July 2024.</p> <p>In response to the recommendations arising from the DMA review, a permanent senior management structure was developed following consultation with trade unions, affected staff and with the subsequent approval by Full Council on 16 November. The new structure was implemented on 1 November 2024. The recruitment to the new senior management structure has increased leadership capacity across the organisation.</p> <p>A permanent Executive Director of Place joined the Council as well as an Interim Director of People in December 2024.</p> <p>Senior interim arrangements will remain in place until recruitment has taken place and postholders take up their new positions. An Interim Executive Director of Children’s Services and an interim Improvement Director joined CEC in October 2024.</p> <p>Senior management roles were advertised in phases from December 2024 – March 2025. By the end of March 2025, we had successfully recruited to the following roles:</p> <ul style="list-style-type: none"> • Executive Director of Resources (S151) – started June 2025 • Executive Director of Children’s Services – started May 2025 • Assistant Chief Executive – started March 2025 • Director of People and Customer Experience – started April 2025 • Director of Commissioning and Integration (Adults) - starts July 2025 • Director of Family Help and Children’s Social Care – started May 2025 • Director of Planning and Environment – started April 2025 • Director of Finance (Deputy S151) – starts August 2025 • Head of Organisational Development and Culture - started June 2025 • Head of Strategy, Policy and Performance – starts July 2025 • Head of Customer Experience – started May 2025
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	<p>The Workforce Programme Board is considering options for the next phase of the organisation, and is currently undertaking preparatory work for DMA, and a timeline.</p> <p>The successful delivery of the Council's Transformation Plan is reliant upon having the right skills and capacity in place, and the completion of this considerable recruitment exercise in the early stages of 2025 will see a key milestone achieved.</p>
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Whole Council Response to Ofsted Inspection

<p>Description of issue at the time of inclusion in AGS</p>	<p>Cheshire East Council received an Ofsted inspection of local authority children's services (ILACS) between 19 February and 8 March 2024. The inspection findings are set out in a report which was published on 16 May 2024.</p> <p>The inspection found that despite improvements identified in some areas of practice, services required improvement as the quality of services children experienced was too variable, and for care leavers services were inadequate.</p> <p>When an authority receives a judgement of inadequate in any area, they can only receive an overall 2 judgement of inadequate. As care leavers was judged inadequate, the overall rating is therefore inadequate.</p> <p>As a result of the inadequate rating, Cheshire East is required to submit an action plan (to be referred to as an improvement plan thereafter) to Ofsted 70 working days after publication of the report. Cheshire East will also be subject to monitoring from Ofsted, with monitoring visits focussing on where improvement is needed the most. The first monitoring visit will take place 6 months after the publication of the report.</p> <p>The DfE issued an Improvement Notice, which required an independently chaired Improvement Board. A DfE improvement advisor has been appointed to work with Cheshire East to support us to improve outcomes for children and young people and will chair the Improvement Board.</p>
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	<p>Cheshire East currently has an Improvement Board to drive the improvements identified within previous inspection reports and other identified areas for improvement and this is chaired by the DfE improvement advisor appointed to support the JTAI improvement, which was signed off by the DfE in December 2023.</p> <p>This will continue to meet to scrutinise and support the development of the new improvement plan and to oversee improvement activity. This meets monthly and membership includes senior officers, the lead member, and the Chief Executive.</p> <p>Draft terms of reference for a new Improvement Board were agreed by Children & Families Committee on 3 June 2024 with the board established in July 2024.</p> <p>The leadership team has developed a draft of a new improvement plan, in response to the inspection findings, and this was discussed at the Improvement Board held on 30 May 2024. This was further discussed and developed with Ofsted and the DfE in an action planning meeting on 19 June as part of ILACS framework. The plan was submitted to Ofsted by 23 August 2024. Prior to this, the plan was subject to Children and Families Committee approval on 8 July and approval at full Council on 17 July 2024.</p>
Responsibility	<p>Executive Director of Children's Services</p> <p>Supported by: CLT</p>
Action proposed at the time of inclusion in the AGS	<ul style="list-style-type: none"> • An Improvement Plan has now been devised and endorsed by Ofsted and the DfE • The Improvement Board is overseeing the progress and delivery of the improvement actions and is independently chaired by a DfE advisor. • Additional governance arrangements have been implemented to facilitate rigour around the process and sign off to agree when actions can be marked as completed after impact is evidenced. • Children and Families Committee has been reviewing the progress updates and offers scrutiny and challenge on the progress and impact of the improvement plan. • An additional RAG rating (Amber E) has been added to allow actions to be embedded into practice before turning any action green, this will ensure the improvement has achieved the intended impact before we show as completed.

	<ul style="list-style-type: none"> • As part of the enhanced oversight to deliver the improvement plan, additional work has been taking place to understand the interdependencies that require actions to be sequenced for partnership and corporate contributions, therefore some actions timescales have been reviewed accordingly. • A practitioner reference group is in place to ensure that practitioners' views inform our improvements. Practitioners are represented on all the improvement groups as part of the new governance arrangements. • Improvement Director in post since October 2024, providing additional capacity and driving improvements and is also overseeing the newly approved additional director post of QA, Safeguarding and Commissioning pending recruitment. • A family feedback strategy has been developed to ensure that children, young people and families' views inform how we shape and evaluate services. • An external review was commissioned to understand the effectiveness of our Front Door arrangements and those findings identified good decision making by Children's Services. However, it identified the need to develop the partnership working arrangements to better support multi agency decision making. As a result, an action plan has been devised and partnership commitment to improving has been agreed. • Any additional improvement actions identified as part of ongoing service wide improvements are now being added as an appendix to the improvement plan. • The service had its first monitoring visit by Ofsted on 27/28 February 2025. Ofsted will test and examine in more detail various parts of the system over the course of 4-6 monitoring visits to test if improvements are being achieved and we know our services well prior to a full re-inspection. • To stabilise the service and facilitate improvements required, the workforce group has been refreshed to have a strong focus on recruitment, retention and development and a revised strategy has been produced with some new innovative ways to reduce the need for agency staff. • Vacancies that were being held due to reported recruitment freeze have now been resolved and vacant posts are being recruited to, and uncovered vacancies has reduced. • Additional service capacity has been funded to support the delivery of the improvement plan
Progress update for 2024/25 AGS	<ul style="list-style-type: none"> • Progress of the Improvement Plan now shows 27% of actions completed (Green) and impact achieved. A further 48% also have completed actions and we are in a phase of testing impact (Amber E) before these move to Green and 18% on track (Amber). The one delayed action due

	<p>to Ofsted's lack of capacity to register our children's home has now also been competed, therefore all other actions are progressing in timescales.</p> <ul style="list-style-type: none"> • A first Ofsted monitoring visit took place in February 2025 and continued progress was acknowledged, stating that improvement has accelerated since the new team joined in the late autumn of 2024. The focus of this visit was the IFD and a dedicated transformation programme has been set up to deliver the improvements to progress as a MASH and in line with reforms under the Children's Well-being and Schools Bill • A DfE progress review in March as part of the Improvement Notice arrangements has also acknowledged the progress of improvement in Children's services. It did note the need for the corporate centre to improve the pace to support Children's Services and therefore corporate colleagues are fully embedded in our transformation work of Families First • A second Ofsted Monitoring visit has now also recently taken place in June and again continued progress recognised. Areas of improvements continue to be required to achieve consistency of good practice but that QA systems have improved ensuring we know the quality of practice and can take appropriate steps. The letter will be published formally on the 10th July. • Ofsted also gave recognition to the strong workforce strategy in place, a business case is pending to support the delivery of this and specifically target the recruitment challenges and reduce the vacancy rate • Children and Families Committee continues to offer scrutiny to the Children's Improvement Plan and are now also provided with the Vital Signs performance data to support this further. A paper has also been approved to facilitate Cllrs having more direct contact with front line practitioners through regular team visits • While in the last update it was confirmed a recruitment freeze was not in place the recruitment process has delayed and paused some posts while enquiries are made around the suitability of roles and budgets which is impacting • We have now secured funding and support from the DfE to appoint North Tyneside as our sector led improvement partner and work has already progressed with a test of assurance around the improvement actions undertaken in relation to Care Leavers and a Diagnostic piece of work regarding LADO. Findings have been presented to the Improvement Board and demonstrated the impact for Care Leavers has delivered significant improvement since the ILACS inspection in 2024 which provides assurance to the Improvement plan success. LADO has a number of areas requiring strengthening and so an action plan is in place and new recruitment underway
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Governance and Internal Control	
Description of issue at the time of inclusion in AGS	<p>The outcome of the Corporate Peer Challenge, taken alongside other matters recognised in the AGS as significant governance issues all encapsulate the significant challenges for the organisation.</p> <p>This was also demonstrated by the Head of Audit, Risk & Assurance's opinion as the Chief Audit Executive on the Council's framework for governance, risk management and internal control for 2023/24 being given as "limited". This is the first time since 2009 that there has been a limitation on this opinion.</p> <p>The opinion reflects a number of factors, including the outcome of the 2023/24 internal audit programme, where a significant number of the overall findings related to a failure to apply existing controls, or the absence of expected or actual controls. A significant "No Assurance" report was also provided during the year in relation to the arrangements of Section 106 funds, which has subsequently had delays in implementing actions within agreed timescales.</p> <p>Whilst the organisation is committed to transformational change and improvement in order to address the issues it faces, to deliver substantial and sustained change, there also needs to be a balance to ensure that changes to the control environment are proportionate and do not exceed appropriate measures, which would risk the organisation being exposed unacceptably in its decision making and statutory responsibilities.</p>
Responsibility	Chief Executive
Action proposed at the time of inclusion in the AGS	<p>The approach to the follow up on agreed internal audit recommendations has been reviewed, and a number of changes introduced. This will ensure that progress on implementation is being reviewed by senior management, the Corporate Leadership Team and the Audit and Governance Committee more regularly.</p> <p>As well as improving visibility and accountability, it provides the opportunity to identify emerging challenges to completing planned actions as soon as possible, and for engagement between internal</p>

	<p>audit and responsible managers to agree either alternative actions, or re-position timescales with the agreement of the relevant CLT member.</p> <p>Progress updates provided by Internal Audit on the delivery of the 2024/25 internal audit plan will include an indication of whether there is improvement against the previous year's opinion.</p> <p>The Council's response to the Corporate Peer Challenge, and the plans for change are set out in the Corporate Peer Challenge Action Plan. A progress revisit by the LGA planned for February 2025, will further inform the progress made to date and priorities for improvement. Corporate Policy Committee will receive an update on delivery of the action plan in March 2025.</p> <p>The Transformation Plan was approved by Corporate Policy Committee in August 2024. A progress update was provided to the Corporate Policy Committee in October 2024.</p> <p>The Council is supported on its improvement journey by an externally chaired, independent Assurance Panel, which was one of the recommendations of the Peer Challenge. The terms of reference and membership of the Panel were agreed at Council in July 2024, the panel has been established and is meeting regularly. The Assurance Panel reports progress to Council twice a year and the first progress letter is expected in May 2025.</p> <p>At its meeting in February 2025, the Corporate Policy Committee agreed the draft Cheshire East Plan 2025-2029 and recommended it to Council for approval; performance against the Plan and annual delivery plan will be reported to the Corporate Policy Committee on at least a quarterly basis. One of the aspirations of the plan is to support effective and responsive governance, compliance and evidence-based decision making across the council.</p> <p>At the same meeting, the Committee considered a report in response to the Notice of Motion submitted to the October Council meeting relating to the governance and decision making of the council. The recommendation of the report was to establish a politically proportionate Task and Finish Group to drive the review of the council's decision making and governance arrangements, as per the terms of reference, scope and design principles set out in the appendices to the report. Recognising that work is ongoing to improve existing arrangements, such as scrutiny work programming, training</p>
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	and officer reporting, progress reports from the task and finish group and further immediate improvements will be brought to future meetings of the Corporate Policy Committee.
Progress update for 2024/25 AGS	<p>Engagement with, and delivery of internal audit actions has improved considerably during 2024/25. There have been no “No Assurance” reports issued during the year. “Good” assurance report numbers, have increased, albeit issued on a number of micro level reports. The content of the 2025/26 internal audit plan will be reviewed to ensure that there is sufficient focus to give ongoing assurance on the delivery of transformation projects.</p> <p>As approved by the Corporate Policy Committee in June 2025, an overarching and cohesive Corporate Improvement Plan is being developed, to introduce a single point of oversight for all significant improvement plans and activity, providing assurance on progress and pace for delivery. The plan will be developed in collaboration with the Council’s Assurance Panel and MHLCG, Members, and staff engagement, and be presented for agreement at a meeting of Corporate Policy Committee in August 2026.</p> <p>In June 2025, the Corporate Policy Committee also recommended to full Council the approval and adoption of the new officer Schemes of Delegation to be incorporated into the Constitution, replacing the existing schemes of delegation. The proposed schemes have been considered and approved by the Council’s Constitution Working Group. The adoption of the Schemes addresses a number of the findings and recommendations arising from the LGA Corporate Peer Challenge report.</p>

Partnership Working	
Description of issue at the time of inclusion in AGS	<p>The Council has a number of important partnerships which, whilst long established, continue to develop. These partnerships exist at local and neighbourhood level, with town and parish councils, schools, housing providers and care communities and at regional and supra-regional level with the neighbouring boroughs, the Cheshire and Merseyside Integrated Care System, Enterprise Cheshire and Warrington, and Cheshire Police. These partnerships will become increasingly important as part of the Council’s transformation programme and improvement journey, for its long-term economic stability and to ensure success in addressing strategic ambitions. They will be a pre-requisite for ensuring the Council is able to fully engage with and benefit from the opportunities presented by devolution. Additional partnerships could emerge through new legislative requirements and national policy direction.</p>

	<p>As part of the transformation plan, the Council is developing its aspirations for the type of organisation it wants to be and the new operating framework it will adopt. This includes a focus on being more collaborative and working in partnership.</p> <p>In this context it is timely to ensure that the Council's governance arrangements for partnership working are robust, transparent and appropriately led with sufficient scrutiny and over-sight, as well as facilitating co-production and joined up delivery of outcomes for the benefit of Cheshire East residents.</p> <p>There is an opportunity to consider the approach to partnerships and engagement with key stakeholders as we develop a new Cheshire East Plan for 2025 and beyond.</p>
Responsibility	<p>Executive Director of Adults, Health & Integration</p> <p>Assistant Chief Executive</p>
Action proposed at the time of inclusion in the AGS	<p>The key activities that that will be undertaken are:</p> <ul style="list-style-type: none"> • Mapping of current formal partnership arrangements • Review of formal governance arrangements in place to support individual partnerships (E.g. Section 75 for the Better Care Fund has been reviewed and the latest agreement approved by the Adults and Health Committee on 23 September 2024) • Review of membership and leadership of formal partnership arrangements • Recommendation for revised partnership structures aligned to strategic aims and the revised organisational operating model • Partnership arrangements are reflected in the council's overarching communication and engagement strategy • Partnership working is reflected in the new Cheshire East Plan and delivery of outcomes for residents <p>The primary actions will be undertaken as part of the implementation of the target operating model. In the interim, arrangements already in place are operating as normal.</p>

Progress update for 2024/25 AGS	<p>Mapping of partnerships has taken place. This exercise informed the Cheshire East Plan 2025-29 which has been published.</p> <p>We can confirm that existing partnership arrangements continue to function in line with current governance.</p> <p>Comments noted in AGS item Health and Social Care Integration will require reconsideration of governance arrangements in respect of health and care in 2026/27.</p>
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OPEN

Audit & Governance Committee

28 July 2025

Complaints and Compliments Annual Report 2024-25

**Report of: Karen Grave, Director of People and Customer
Experience**

Report Reference No: AG/04/25-26

Ward(s) Affected: All

Purpose of Report

- 1 This report provides a summary and analysis of complaints and compliments received by the Council during the period 1st April 2024 to 31st March 2025.
- 2 The report highlights any areas of concern and examples of good practice. It provides assurance that matters raised as complaints by customers are being addressed; that action has been taken to rectify issues and that information arising from complaints has informed service improvements. Responsibility for services rests with the relevant service committee and members may wish to seek additional assurances from those service committees.
- 3 The report supports the strategic aims and objectives in the Council's Corporate Plan 2021-25 to become an open and enabling Council and specifically supports the objectives of the Council's Customer Experience Strategy 2021-25. A new Customer Experience Strategy for 2025-29 is currently being developed.

Executive Summary

- 4 The Council provides the facility for customers to report compliments and complaints in relation to Council services in an accessible and consistent way. Improvements have been made to the processes for these customer engagements following the introduction of the Customer Experience Strategy in 2021. Following the introduction, the Committee receives updated performance information bi-annually.
- 5 The Council provides in the region of 500 different services across a population of almost 400,000 residents. These range from place-based services, such as waste collection and highways management which are universal, to individual services such as social care and housing.
- 6 The Council received 4,314 complaints and 935 compliments in 2024/25. 1% of the total contact received by the Council during the 12-month period. Total contact includes telephony and email contact (online forms are not included).
- 7 In addition to the complaints addressed within the briefing sections of this report, the Council received and recorded 35 multi-departmental complaints. These complaints arose from residents expressing dissatisfaction with the Council Tax charge increase in Cheshire East, combined with general dissatisfaction with the service provided by the Council. Specifically, 25 of these complaints were related to the proposed 9.99% increase in Council Tax. None of the 35 multi-departmental complaints were upheld.
- 8 In 2024/25, 4,314 complaints were received compared to 3,051 in 2023/24. This is an increase of 41% some of which correlates with changes in policy or service delivery. In terms of compliments, 936 were received in 2024/25, compared with 824 in 2023/24. This is an increase of 14%. Of the 4,314 complaints received in 2024/25, 323 were rejected, withdrawn or not pursued; and the remaining 3,991 were processed as official complaints. Of the 3,991 processed complaints, 205 were Stage 2 complaints and 0 were Stage 3 complaints.
- 9 The Council has a two-stage complaints procedure. Most complaints are resolved at Stage 1 where a complaint is investigated and responded to by a manager from the service being complained about. The council's Customer Charter sets a standard of 10 or 20 days to respond to a complaint (depending on the stage and whether statutory or non-statutory). The customer will generally receive a written response within 10 workings days, unless the matter has been resolved, and the customer has been contacted directly by the service via telephone or email. It should be noted that the statutory complaints

process for Children’s Social Care has the option to go to Stage 3 if required.

- 10 If the customer remains unhappy following the Stage 1 response and outcome, they can request that the complaint is considered at Stage 2. At this stage a review of the complaint is carried out by a manager who has not previously been involved with the complaint.
- 11 Of the 3,936 complaints that had received a response at the time of writing, 53% were upheld, 14% were partly upheld and 33% were not upheld.
- 12 Customer feedback is very important in the future development of services and this report provides data and activities related to feedback in the period 1st April 2024 to 31st March 2025, focusing on those services which received a comparatively high volume of complaints (compared with other services in the same committee); or where complaint volumes have significantly increased for a service.
- 13 Once a complaint has been resolved, Customer Feedback Team send a Complaints Customer Satisfaction Survey to the resident. The data from the survey can be found in Appendix 3.

RECOMMENDATIONS

The Audit and Governance Committee is recommended to:

1. Note the complaints and compliments data, and the briefing material in this report relating to 2024/25.
2. Note the issues raised and improvements made in respect to the management of complaints across the Council contained within the briefing material in this report.
3. Note the Council’s compliance with the Corporate Complaints Policy, and with the recommendations of the Ombudsman.

Background

- 14 The Council has a Corporate Complaints Policy covering all complaints about Council services other than Adults & Health and Children’s Social Care complaints, which each have separate statutory complaints process.
- 15 The Policy provides for members of the public to contact the Council in several different ways. Most complaints are received either by email, via

the Customer Contact Centre or are self-logged via the Council's website.

- 16 The Local Government Act 1974 established the Local Government and Social Care Ombudsman. It empowers the Ombudsman to investigate complaints against councils and adult social care providers and to provide advice and guidance on good administrative practice. Once a complainant has exhausted the Council's Complaints procedure, their next recourse, should they remain dissatisfied with the Council's response, is to contact the Ombudsman.
- 17 The Ombudsman will assess the merits of each case escalated to them and seek clarification from the Council as necessary before making the decision to investigate a complaint. Once the Ombudsman decides to investigate, they will try to ascertain if maladministration/Fault has occurred and whether there has been any resulting injustice to the complainant because of the maladministration/Fault.
- 18 In instances where maladministration/Fault with Injustice is found, the Ombudsman will usually make non-legally binding recommendations which they consider to be appropriate and reasonable. Although not legally binding, refusal to accept the Ombudsman's recommendation(s) will trigger a Public Report. A Public Report is a detailed account of the complaint, outlining the failures by the Council in the investigation.
- 19 All complaints are a useful indicator of performance and provide the Council with an opportunity to review the quality of service provided and to make improvements. The Customer Relations Team within Customer Services reports the volume, outcome and time taken to resolve complaints to each Directorate on a quarterly basis. The volume of compliments, overall customer contact and, where appropriate, areas of concern and potential for service improvements are also reported. The Customer Relations Team attends directorate management team meetings to go through the report and answer any questions.
- 20 It has been agreed that as of 2025/26 onwards, any upheld or partly upheld complaints regarding staff conduct will be shared with Human Resources Business Partners.
- 21 In October 2023, the Complaints Team introduced a 'themes tracker' to assist in understanding the root of complaints. This is referenced in the Briefing section below.
- 22 Data provided within this report relates to the 'static' SLAs – which are set out by the Charter. Three services (SEND, Waste Commissioning and Development Management) currently have temporary Stage 1 complaint SLAs of 20 working days rather than 10 working days; and on

occasion, services may agree a different SLA with the complainant / correspondent. The Briefing section for each committee gives details of both the static SLA data and the 'non-static' SLA data – SLAs which have been agreed between the complainant and the responder which may fall outside the Charter's SLAs.

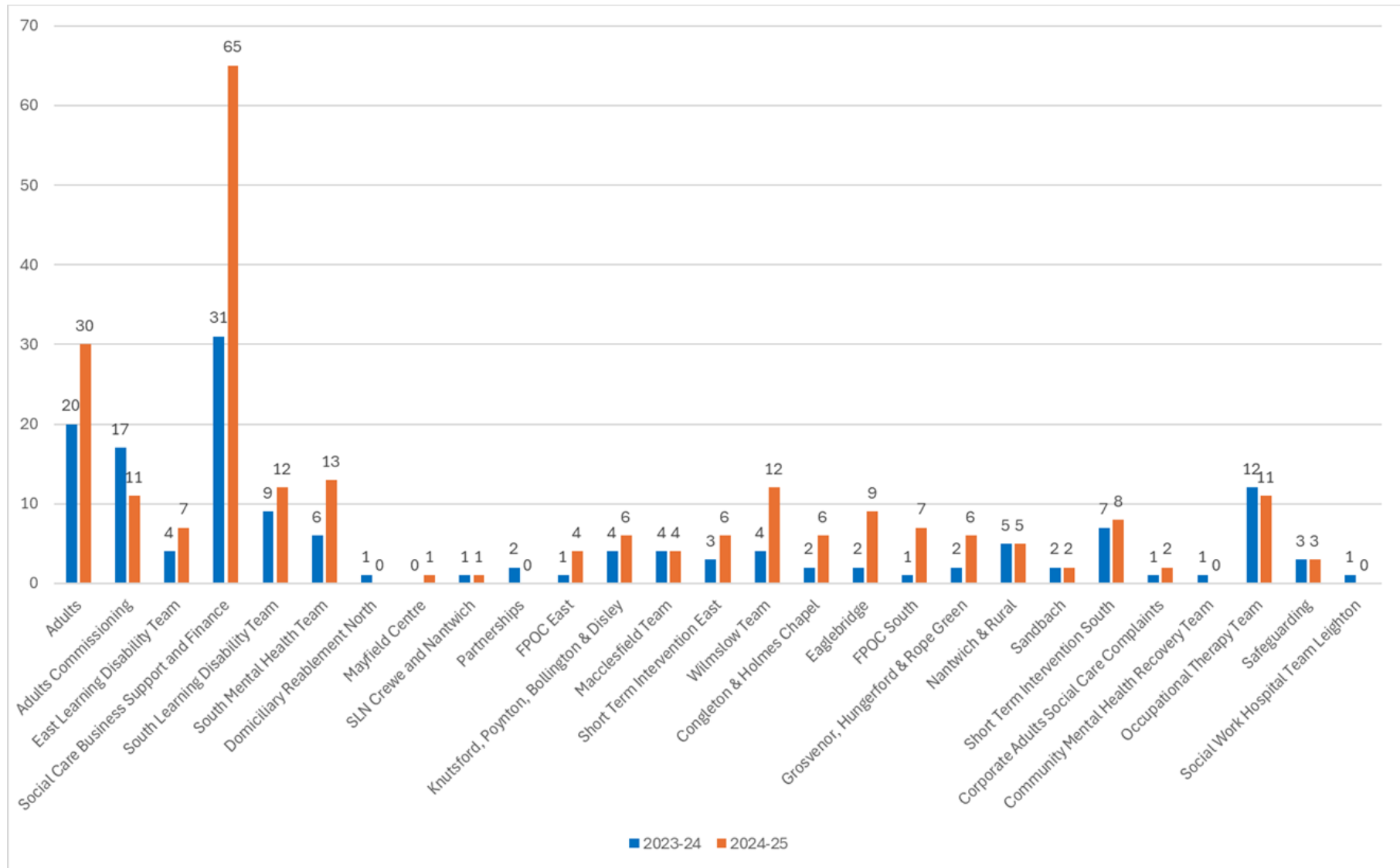
- 23 NB The Stage 2 option in the Adult Social Care Policy has been removed. Instead, further work at Stage 1 – including the offer of a meeting and a further written response – will be completed where deemed necessary to provide further clarification to the complainant. They will then be referred to the Local Govt & Social Care Ombudsman if they remain dissatisfied.
- 24 It is noted that the LGSCO has launched a new Complaints Handling Code. The Ombudsman believes that a single code that applies to all councils in England will make it easier for customers to know what to expect in terms of how their complaint is going to be dealt with; and that it will improve complaints handling and standards, resulting in better services. The code will officially go live on the 1st of April 2026; we are currently awaiting approval of the revised Corporate Complaints Policy to fall in line with the code.
- 25 During 2024/25 Cheshire East Council received 3,785 pieces of Formal Correspondence. These currently have an SLA of 8 working days. It is our intention to change the SLA for Formal Correspondence to 5 working days for acknowledgement and 10 working days for response – which will bring the SLA for Formal Correspondence into line with the proposed SLA for Stage 1 complaints (as per the revised Corporate Complaints Policy awaiting approval).
- 26 The council's Special Contact Measures Policy requires that the Audit & Governance Committee are updated annually regarding the number of special contact arrangements that have been put into place during the year. During 2024-2025, nine Stage 1 warning letters were issued. None of these progressed to Stage 2 where a special contact arrangement would be implemented. This does show that the warning at Stage 1 does usually have the desired effect on moderating a customer's behaviour where it is becoming unreasonably persistent. There are two other customers who remain in Stage 2 special contact measures due to their continued unreasonably persistent communications, one in relation to parking and one in relation to the Environmental Services site in Middlewich.

Complaints Information by Committee

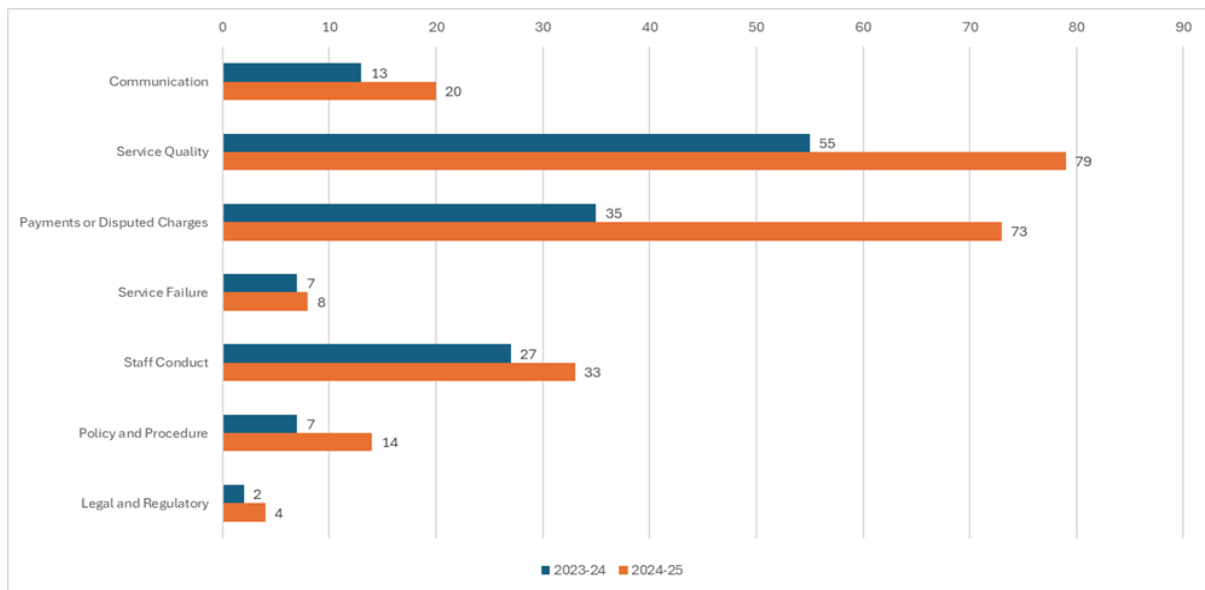
Adults and Health

- 27 Adults and Health received 231 complaints in 2024/25, 5% of the total received by the council. Of these, 55 complaints were rejected, withdrawn, or not pursued; the remaining 176 were processed as official complaints.
- 28 2024/25 saw a 52% increase in processed complaints compared with 2023/24 (116). There was 1 Stage 2 complaint processed in 2024/25.
- 29 Adults and Health received 472 compliments in 2024/25.

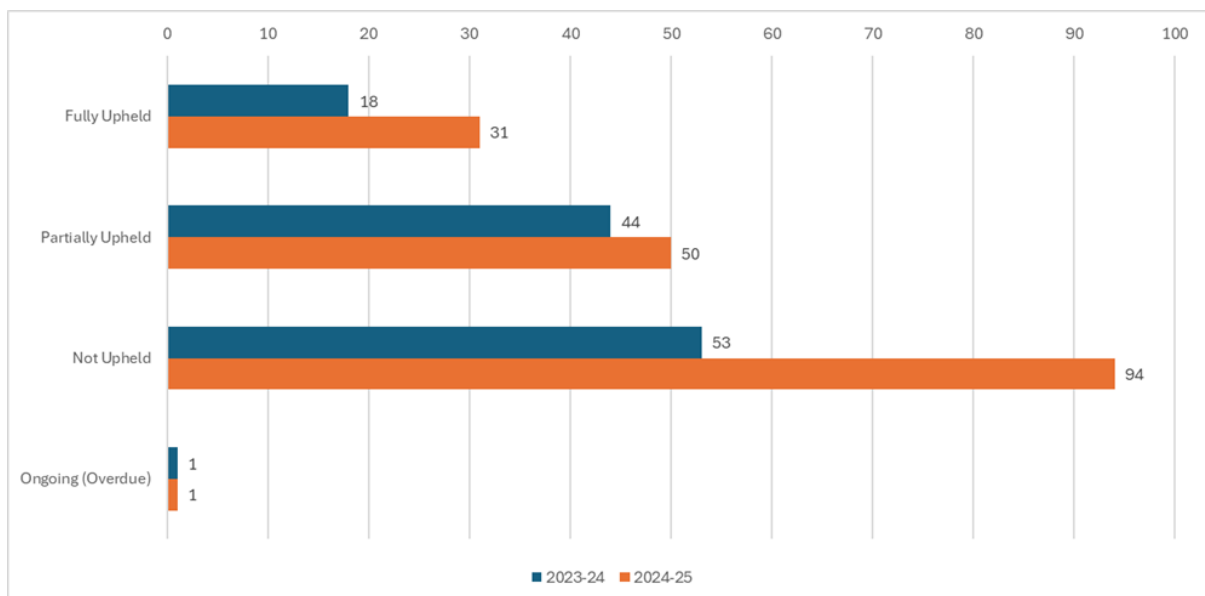
30 **Table 1: Complaint Volumes received by Service**



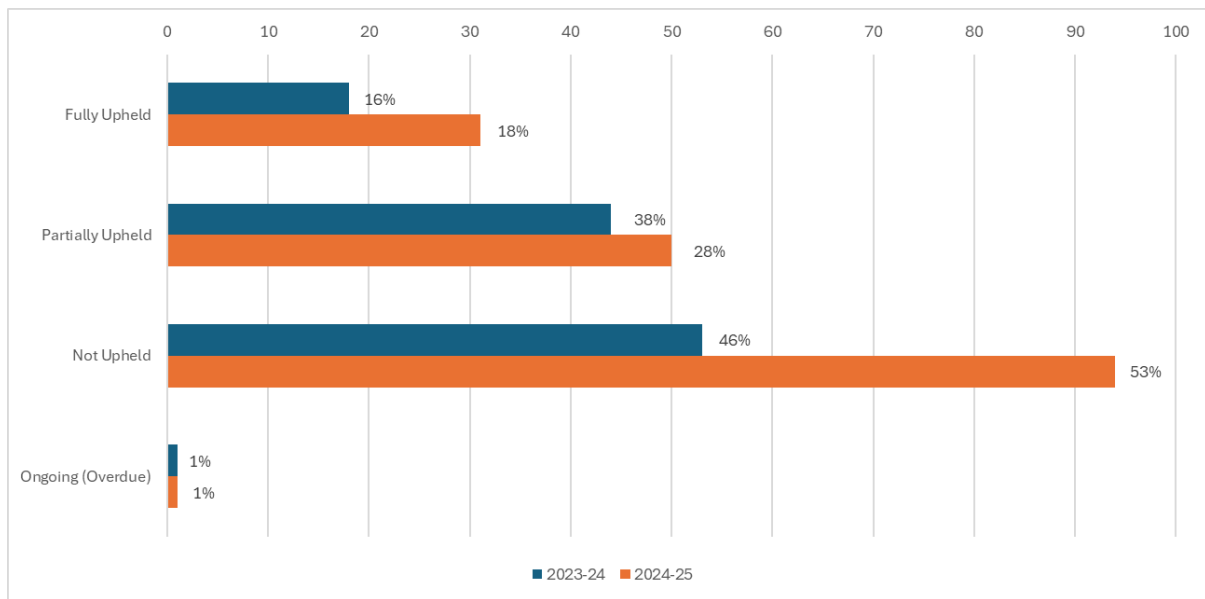
31 **Table 2: Complaint Primary Causes in 2023/24 and 2024/25 (Received)**



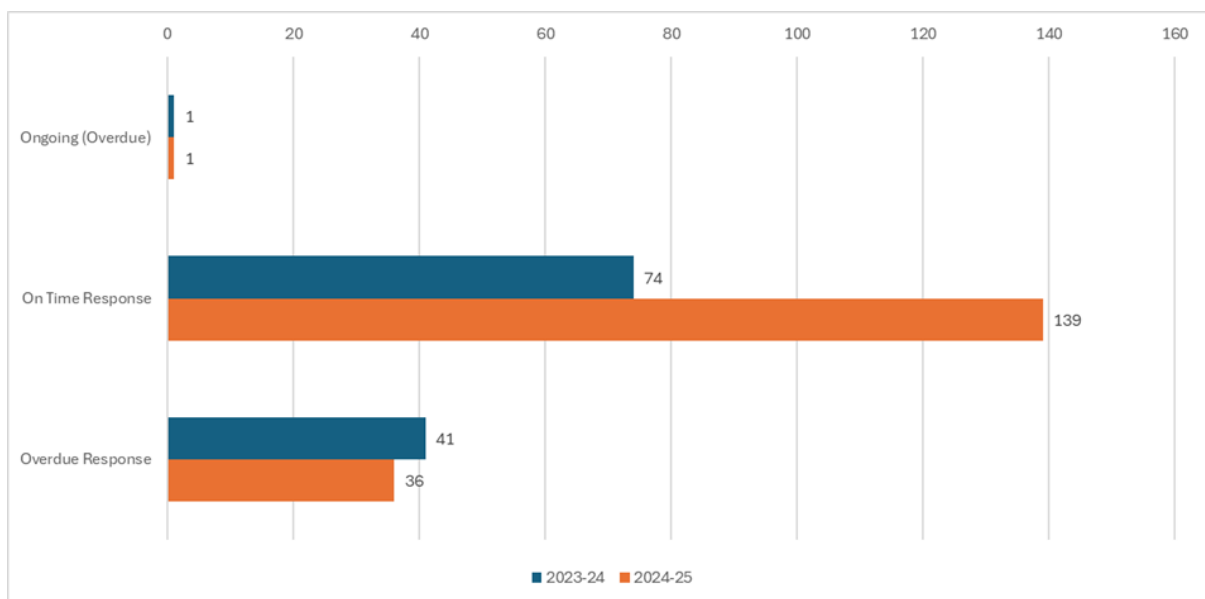
32 **Table 3: Complaints Outcomes – Numbers**



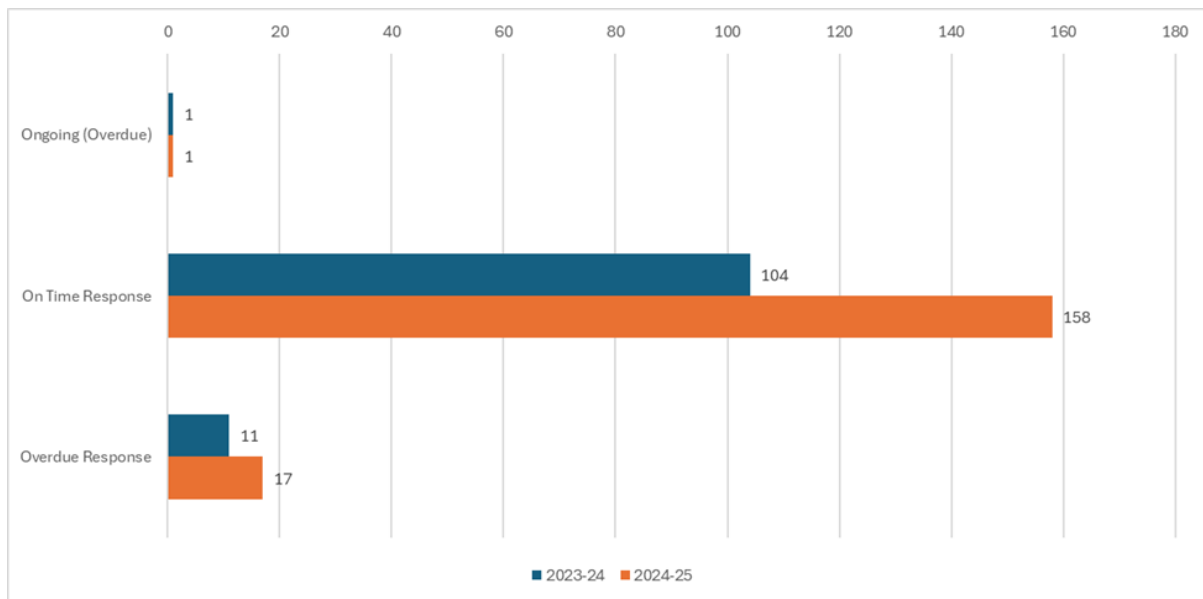
33 **Table 4: Complaints Outcomes – Percentage**



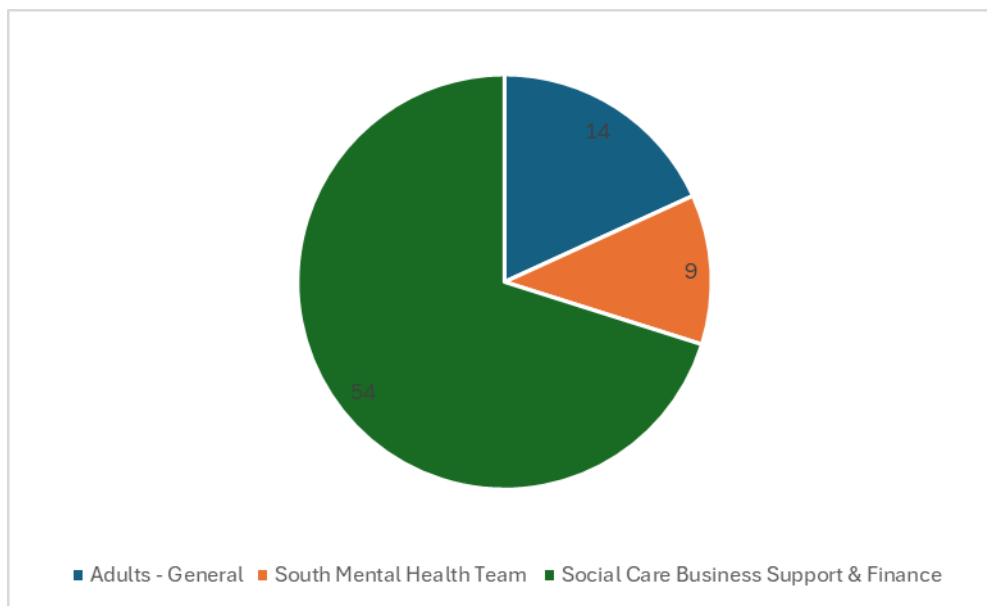
34 **Table 5: Complaint Timeframes in 2023/24 and 2024/25 – Static (answered within 10 working days)**



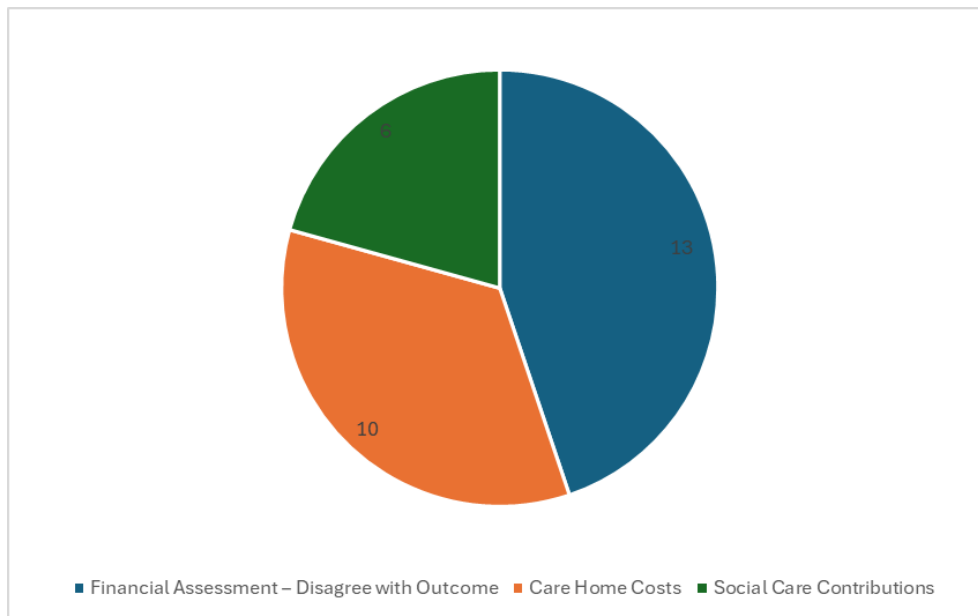
35 **Table 6:** Complaint Timeframes in 2023/24 and 2024/25 – Non-Static



36 **Table 7:** Themes Tracker – Top 3 Services (processed complaints)



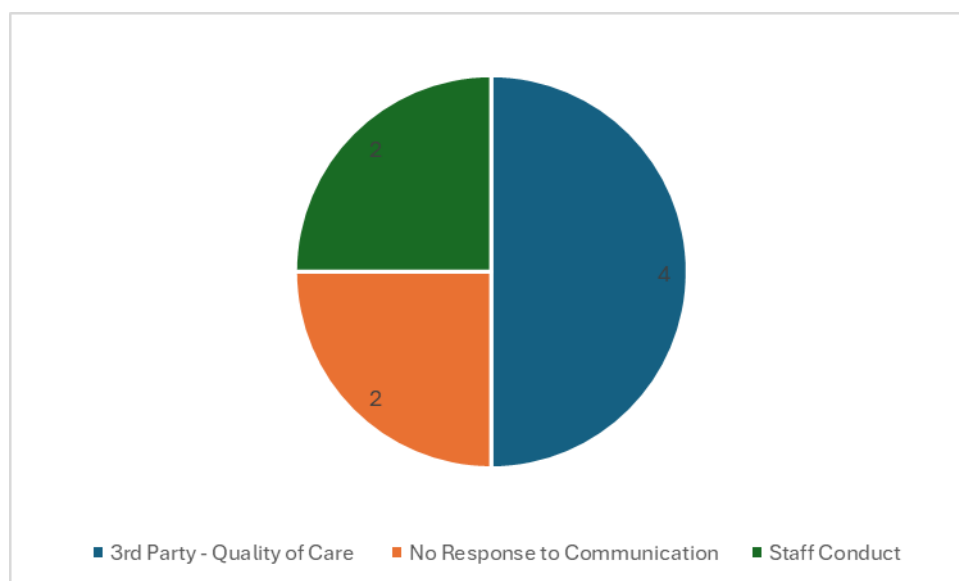
37 **Table 8:** Themes by Service – Social Care Business Support & Finance (processed complaints)



38 **Table 9:** Theme by Service outcomes - Social Care Business Support & Finance (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Financial Assessment – Disagree with Outcome	0	0	13
Care Home Costs	1	7	2
Social Care Contributions	1	2	3

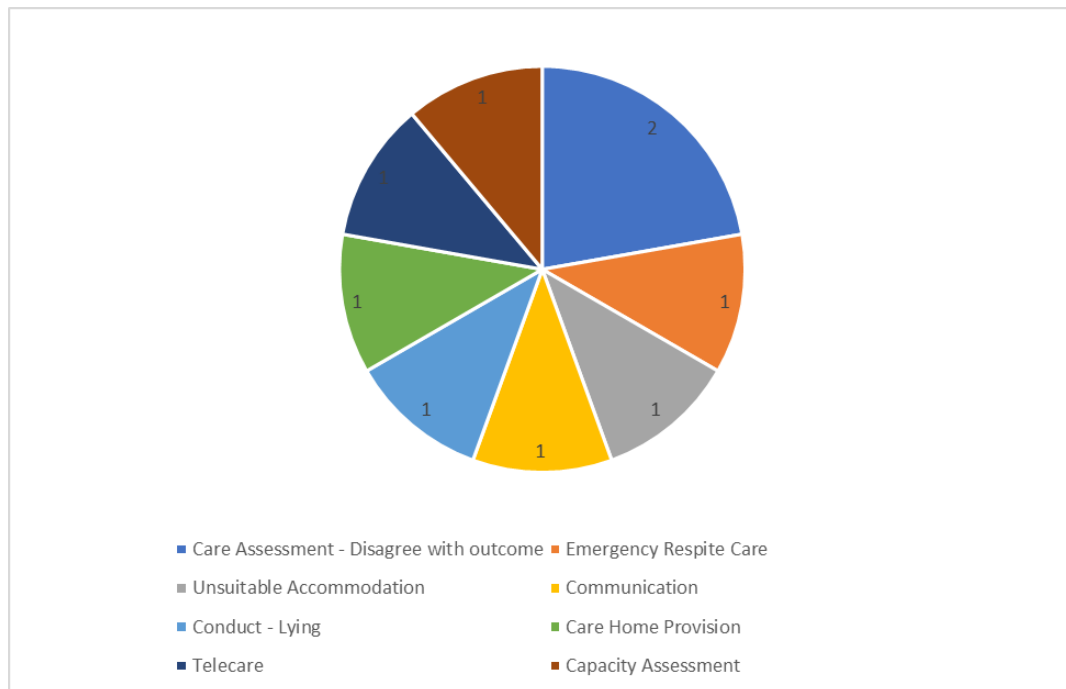
39 **Table 10:** Themes by Service – Adults General (processed complaints)



40 **Table 11:** Themes by Service outcomes – Adults General (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Third Party Quality of Care	1	1	2
No Response to Communication	0	2	0
Staff Conduct	0	0	2

41 **Table 12:** Themes by Service – South Mental Health team (processed complaints)



42 **Table 13:** Themes by Service outcomes – South Mental Health team (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Care Assessment - Disagree with outcome	1	1	0
Emergency Respite Care	1	0	1
Unsuitable Accommodation	0	0	1
Communication	0	0	1
Conduct – Lying	0	0	1
Care Home Provision	1	0	0
Telecare	1	0	0
Capacity Assessment	0	0	1

43 **Table 14:** Adults and Health received 472 compliments in 2024/25, spread across 32 services.

Team	2023-24	2024-25
Adults	27	13
Adults Commissioning	1	1
East Learning Disability Team	0	3
East Mental Health Team	1	0
Social Care Business Support and Finance	4	12
South Learning Disability Team	0	1
South Mental Health Team	1	0
Carter House	2	1
Dementia Reablement North	25	35
Dementia Reablement South	46	63
Domiciliary Reablement North	59	89
Domiciliary Reablement South	54	54
Macclesfield Lifestyle Group	1	0
MH Providers and Reablement North	39	31
MH Providers and Reablement South	15	19
Reablement Congleton	1	0
Reablement Crewe	4	2
Reablement Macclesfield	24	40
Reablement Wilmslow	4	41
Redesmere Centre	1	0
Salinae Centre	6	3
SLN Heather Brae	0	1

Community Resilience	1	0
FPOC East	3	5
Knutsford, Poynton, Bollington & Disley	3	7
Macclesfield Team	6	2
Short Term Intervention East	1	6
Wilmslow Team	0	9
Congleton & Holmes Chapel	0	2
Eaglebridge	5	2
FPOC South	7	11
Grosvenor, Hungerford & Rope Green	1	2
Nantwich & Rural	1	3
Sandbach	7	1
Short Term Intervention South	3	8
Integrated Discharge Team Macclesfield Hospital	1	0
Occupational Therapy Team	5	3
Safeguarding	3	1
Visual Impairment Team	1	1
Public Health & Wellbeing	1	0

44 Examples of Compliments in 2024/25

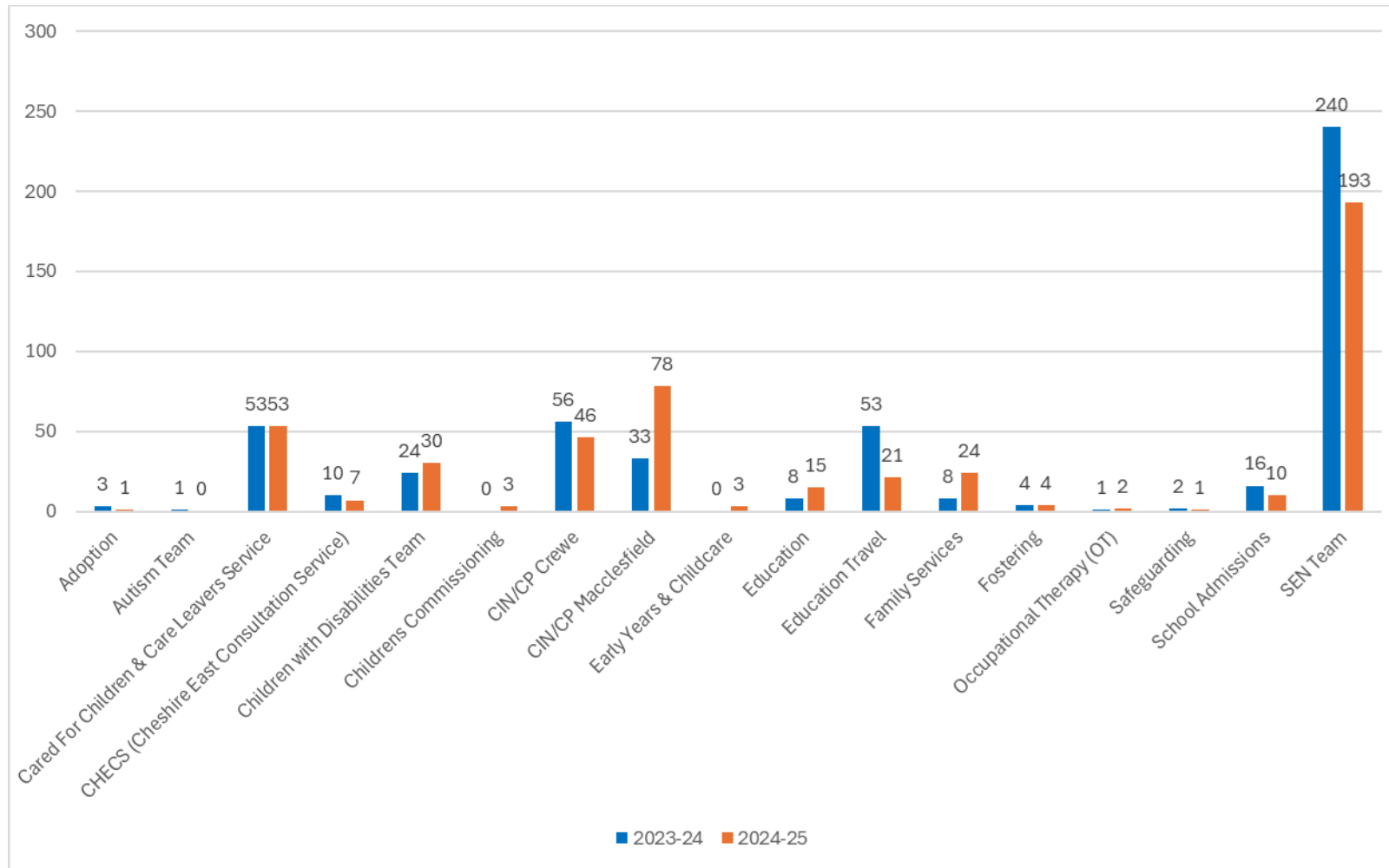
- *When X started visiting, it was like a breath of fresh air. I was at a very low point in my life it was very uplifting to have X visit me with such a positive attitude. She outlined what needed to be done but with an understanding of what my capabilities are at the moment. X has a realistic and sympathetic attitude towards my needs just chatting to X is a positive in my life. I sign off with a big thank you to X and the mental health team from Cheshire East, when needed you were there.*
- *Social worker X, short term discharge support team, later life Sandbach area completed a Care Needs assessment with my Mum. His level of empathy, kindness and engagement with my Mum was a pleasure to observe. He also involved me in the process, speaking to me prior to the assessment, accommodating changes of date for the assessment and informing me that on the day of the assessment he was running 10 mins late. An absolute credit to his team, local authority and profession.*
- *X from the Dementia Reablement Service went above and beyond to facilitate a face-to-face visit to an individual who had received a scam text message to reassure them and check that they were not at risk of abuse. I wanted to formally pass on my thanks to her for her prompt and compassionate response.*

- *I just wanted to say thank you so much for your time on the phone this afternoon. I do appreciate you explaining the complexities of care funding and attendance allowance. This is very new to us, so we feel a bit out of our depth. Your patience and care shines through.*

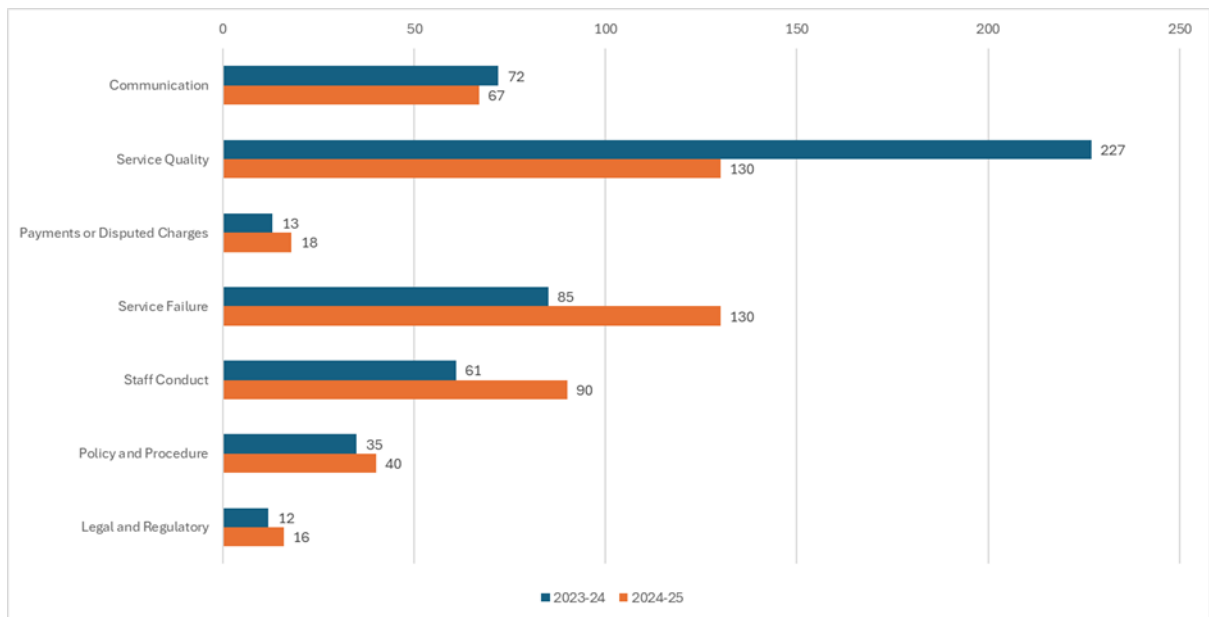
Children and Families

- 45 Children and Families received 491 complaints in 2024/25, 11% of the total received by the council. Of these, 123 complaints were rejected, withdrawn, or not pursued; the remaining 368 were processed as official complaints.
- 46 2024/25 saw a 14% decrease in processed complaints compared with 2023/24 (429). There were 13 Stage 2 complaints and 0 Stage 3 complaints in the 6 months.
- 47 Children and Families received 97 compliments in 2024/25

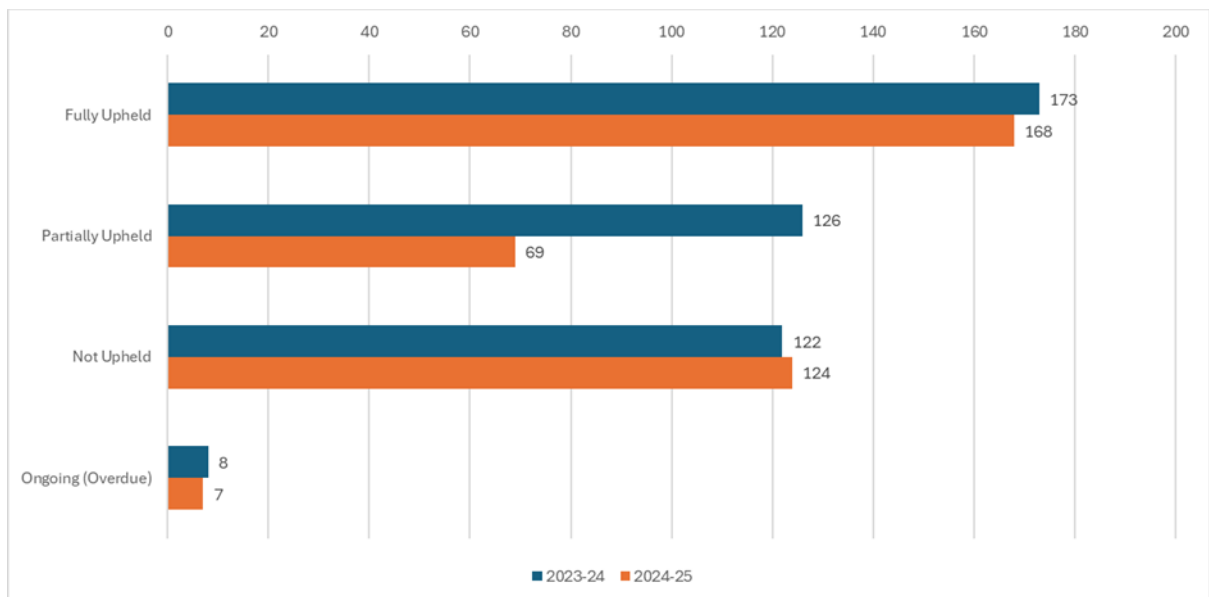
48 **Table 15:** Complaint Volumes received by Service



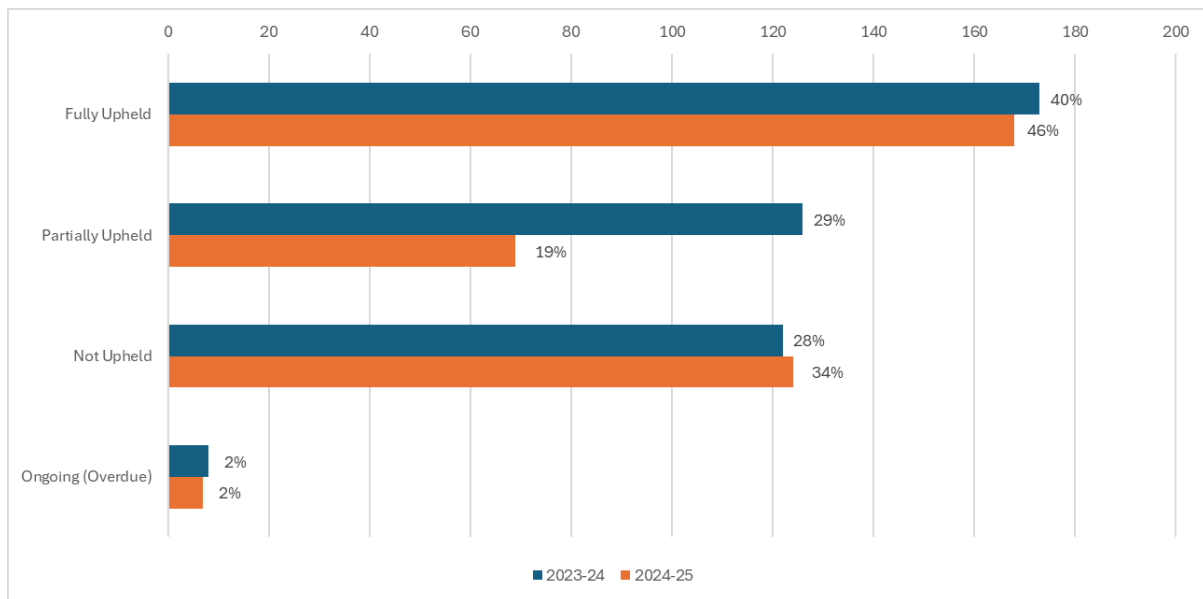
49 **Table 16: Complaint Primary Causes in 2024/25**



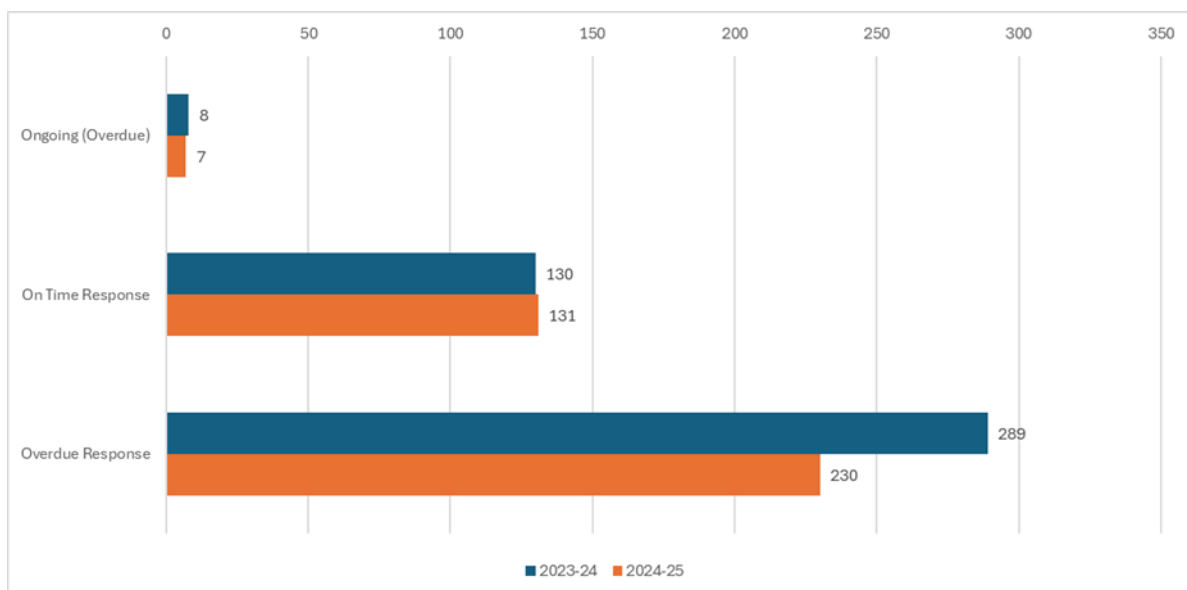
50 **Table 17: Complaints Outcomes – Numbers**



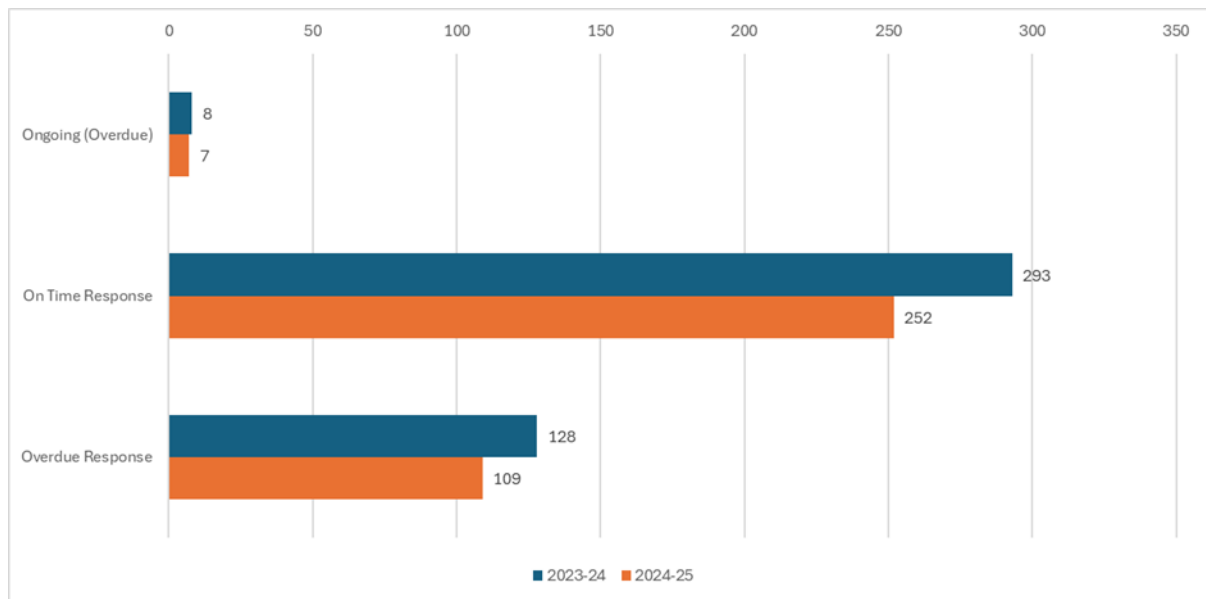
51 **Table 18: Complaints Outcomes – Percentages**



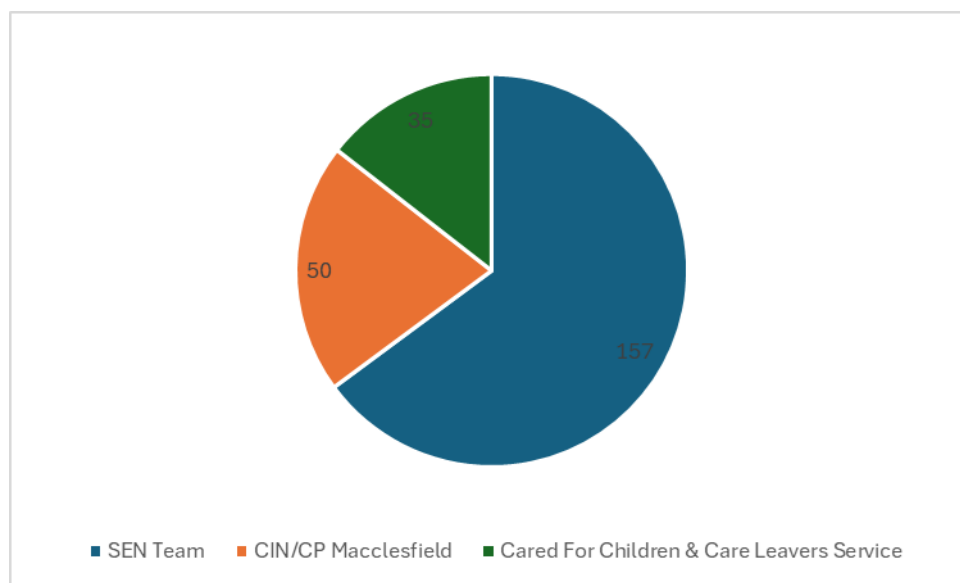
52 **Table 19: Complaint Timeframes in 2023/24 & 2024/25 – Static (answered within 10 working days)**



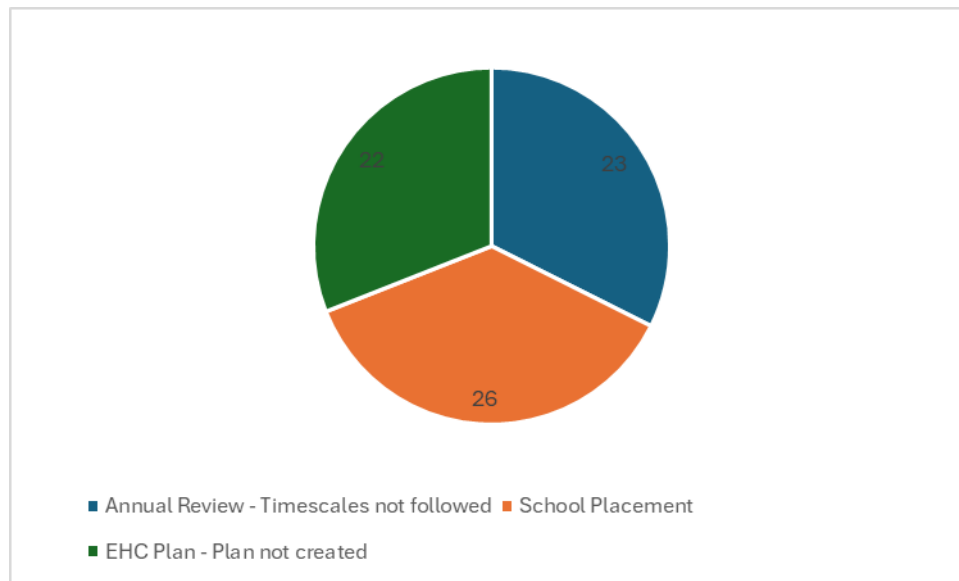
53 **Table 20:** Complaint Timeframes in 2023/24 & 2024/25 – Non-Static



54 **Table 21:** Themes Tracker – Top 3 Services (processed complaints)



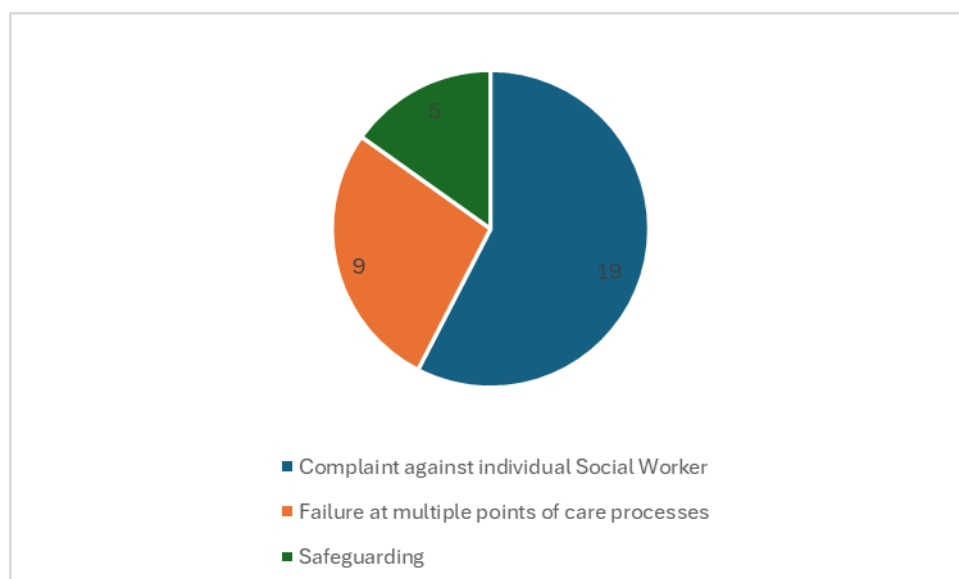
55 **Table 22:** Top 3 themes by Service – SEN Team (processed complaints)



56 **Table 23:** Top 3 themes by Service outcomes – SEN Team (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
School Placement	18	6	2
Annual Review - Timescales not followed	19	4	0
EHC Plan - Plan not created	20	1	1

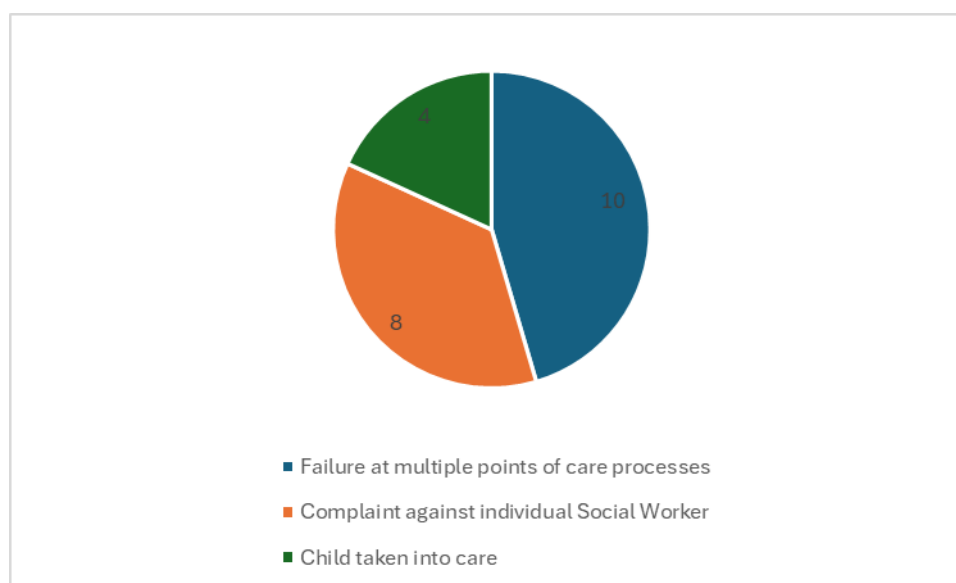
57 **Table 24:** Top 3 Themes by Service – CIN/CP Macclesfield Team (processed complaints)



58 **Table 25:** Top 3 Themes by Service outcomes – CIN/CP Macclesfield Team (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Complaint against individual Social Worker	6	3	10
Failure at multiple points of care processes	2	4	3
Safeguarding	1	1	3

59 **Table 26:** Top 3 themes by Service – Cared For Children & Care Leavers Service (processed complaints)



60 **Table 27:** Top 3 themes by Service outcomes – Cared For Children & Care Leavers Service (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld	Ongoing
Failure at multiple points of care processes	3	2	4	1
Complaint against individual Social Worker	2	0	6	0
Child taken into care	3	0	1	0

- 61 **Table 28:** Children and Families received 97 compliments in 2024/25, spread across 10 services

Team	2023-24	2024-25
Adoption	0	1
Autism Team	0	3
Cared For Children & Care Leavers Service	6	4
Children with Disabilities Team	1	8
CIN/CP Crewe	1	0
CIN/CP Macclesfield	5	3
Education	8	11
Education Travel	3	3
Emergency Duty Team (EDT)	0	0
Family Services	71	11
Fostering	0	2
Occupational Therapy (OT)	1	0
School Admissions	1	0
SEN Team	70	51

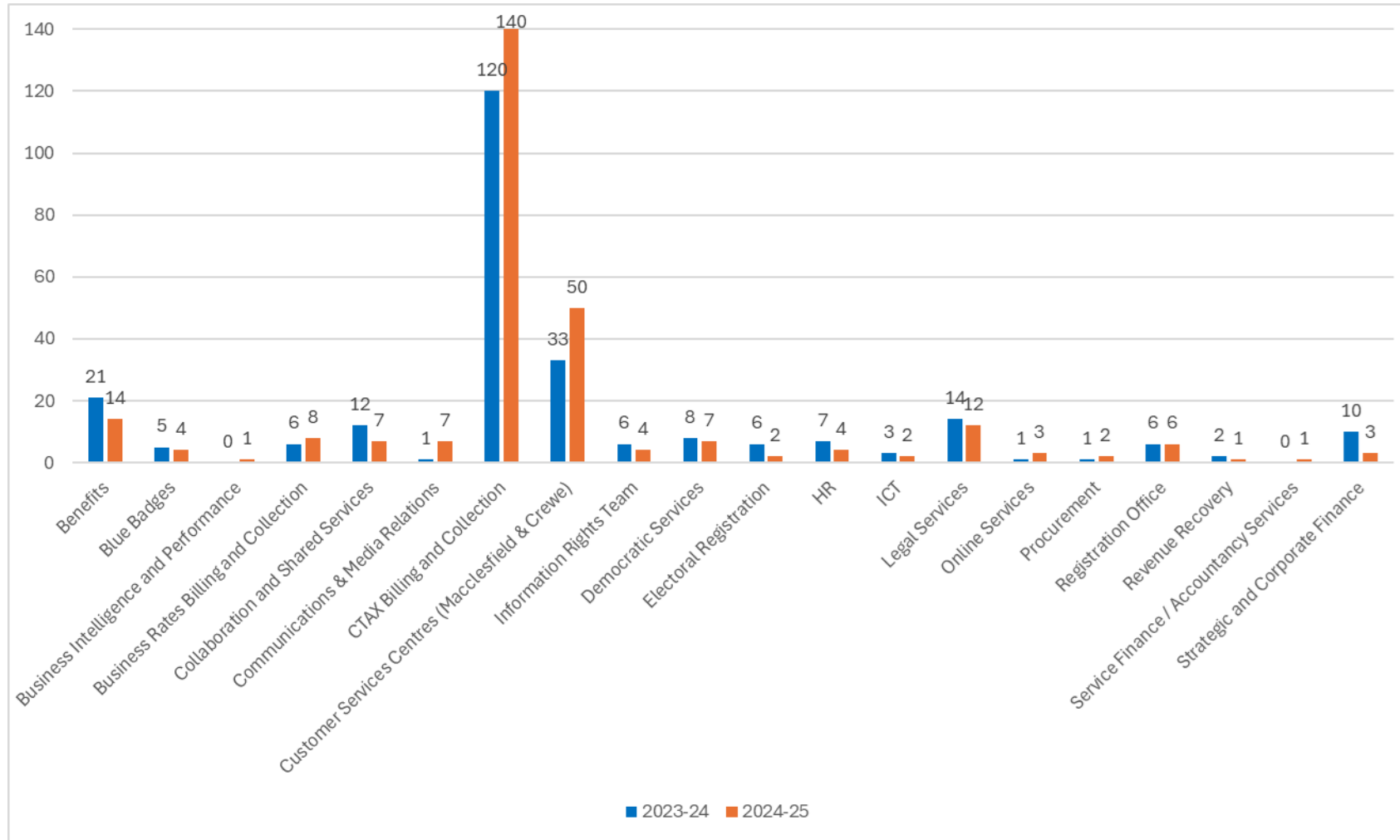
- 62 Examples of Compliments in 2024/25

- I just wanted to take a moment to express how truly kind and helpful she has been. Her warmth, understanding, and dedication have made such a difference, and we are incredibly grateful for all the support she has provided.*
- It was such a positive meeting, X was amazing with the parent, she listened, was reassuring but realistic and professional. She ensured that the meeting was an extremely positive one. I know that the parent was grateful and fed that back to X after the meeting finished, but I just wanted to let you both know too! It was very much appreciated.*
- I would just like to say a big thank you to X at CEIAS and Y and Z on the SEN Team for working so hard to help my daughter, A, gain a place at Springfield School. As a parent, it is difficult to always know what to do on the EHCP and school placement journey, but I have received the help and support needed to keep me sane and provide what A needs.*
- As we end the year, I wanted to thank you for all you have done to help our students and their families. You have had a real impact with several of our young people, and the fact that they are now attending school in some shape or form is down to you. You have added that extra dimension to the work we do, and it is much appreciated.*

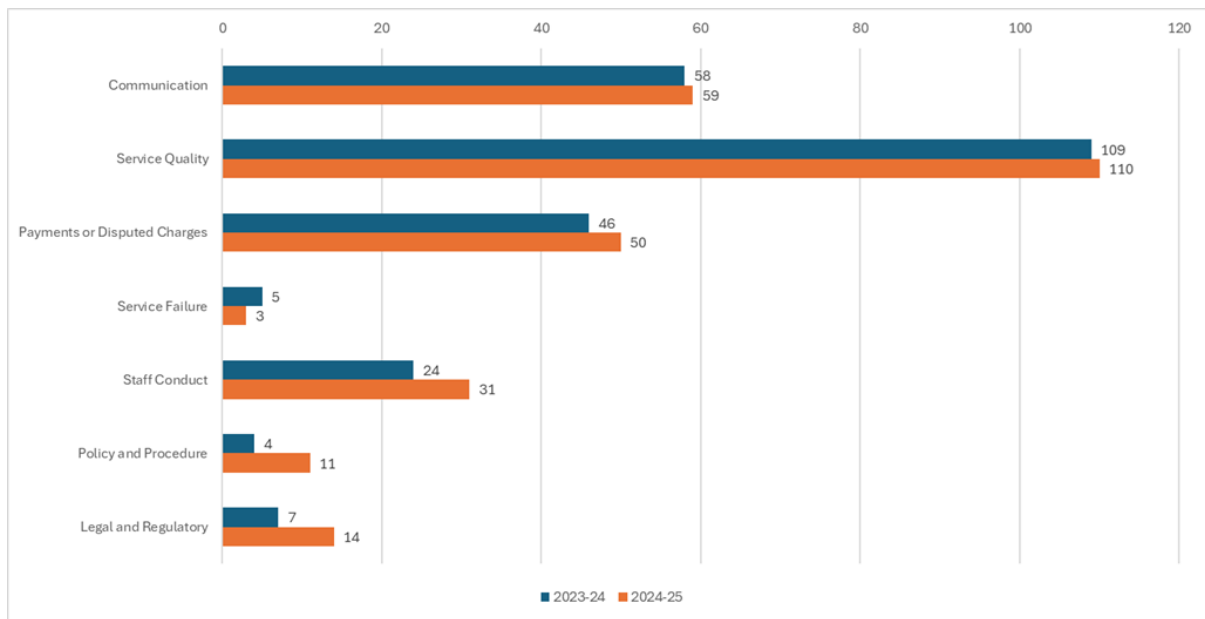
Corporate Policy (including Finance Sub-Committee)

- 63 Corporate Policy received 278 complaints in 2024/25. 6% of the total received by the council. Of these, 21 complaints were rejected, withdrawn, or not pursued; the remaining 257 were processed as official complaints.
- 64 2024/25 saw a 4% increase in processed complaints compared with 2023/24 (248). There were 21 Stage 2 complaints in 2024/25.
- 65 Corporate Policy received 228 compliments in 2024/25.

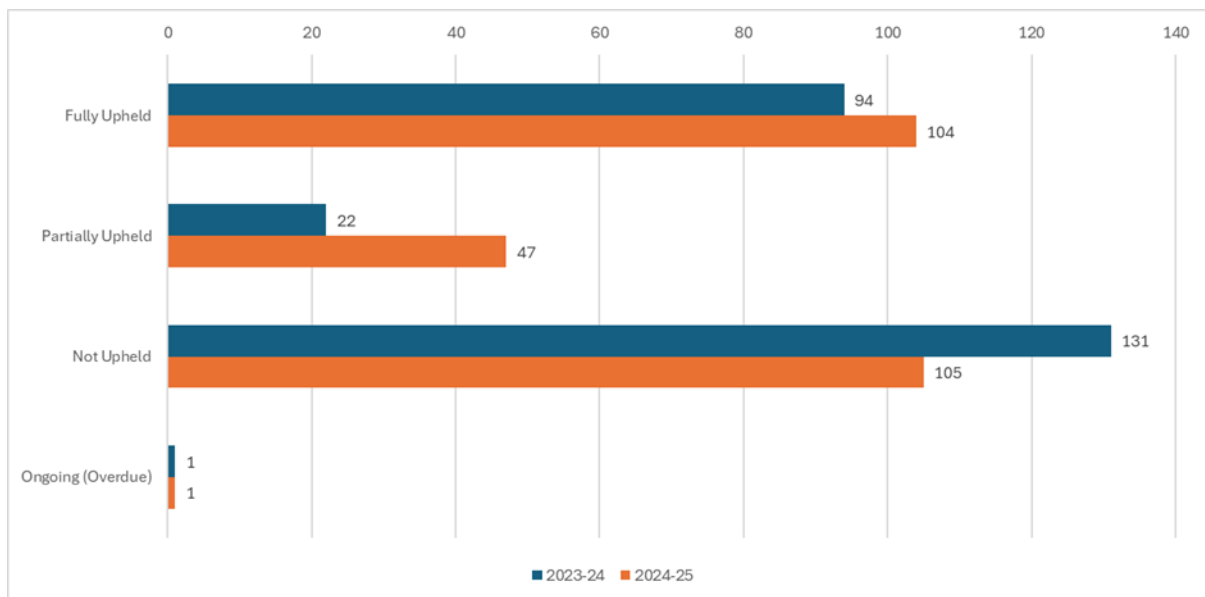
66 **Table 29:** Complaint Volumes received by Service



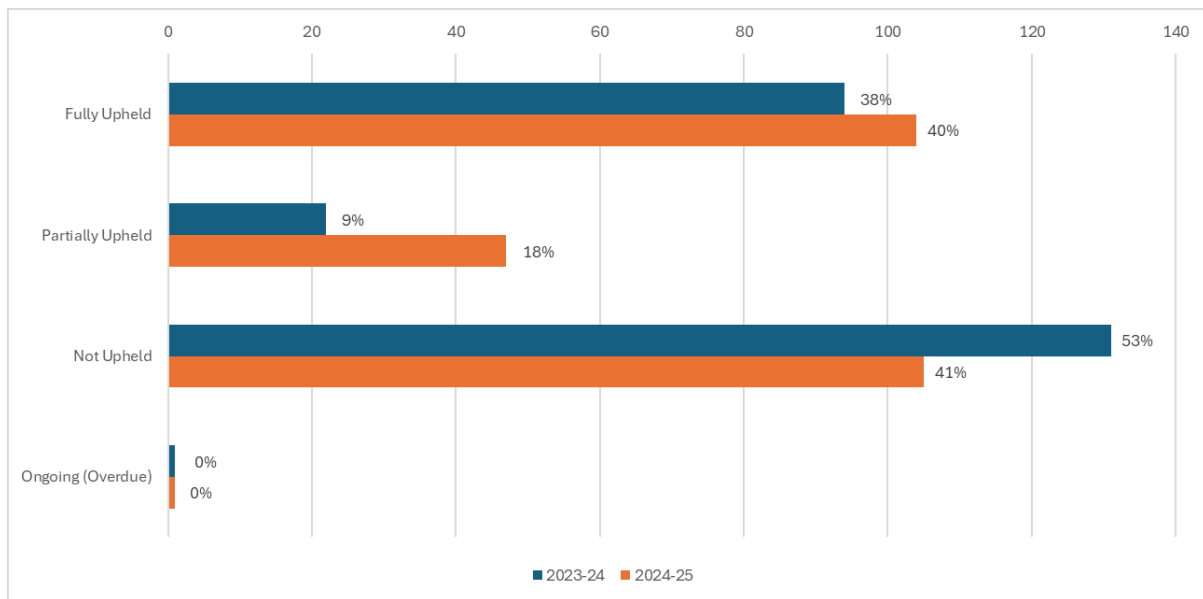
67 **Table 30: Complaint Primary Causes in 2023/24 and 2024/25**



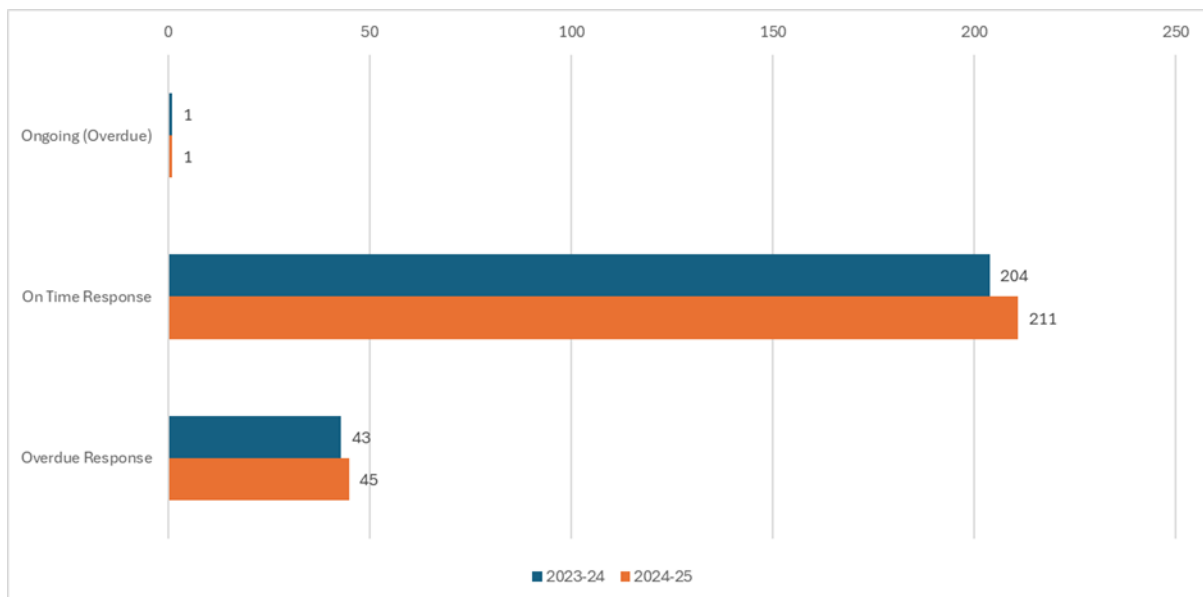
68 **Table 31: Complaint Outcomes – Numbers**



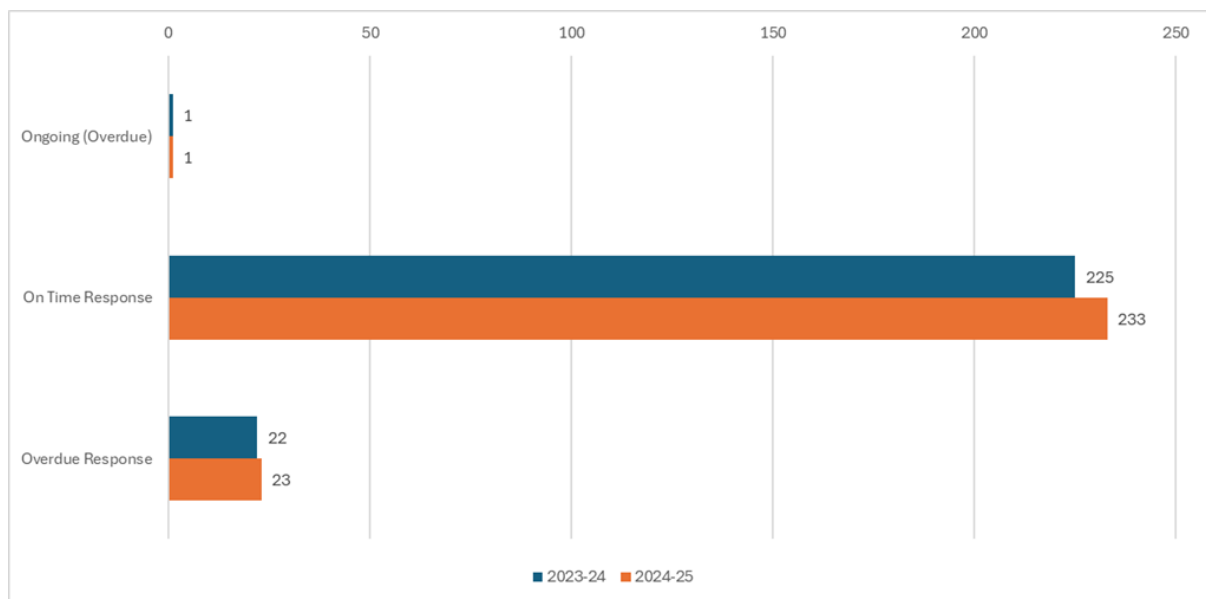
69 **Table 32: Complaints Outcomes – Percentages**



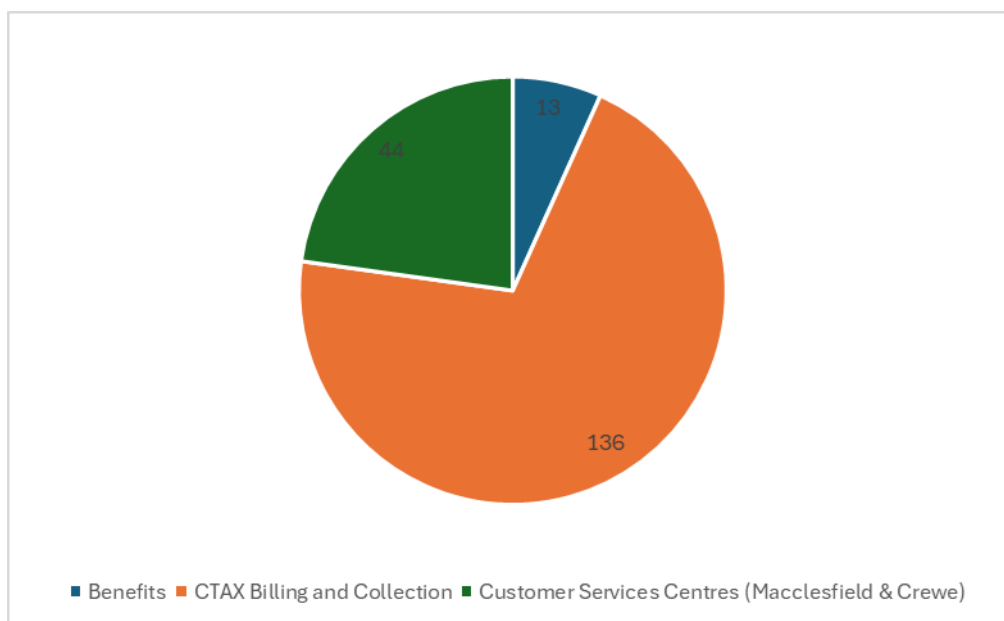
70 **Table 33: Complaint Timeframes in 2023/24 and 2024/25 – Static (answered within 10 working days)**



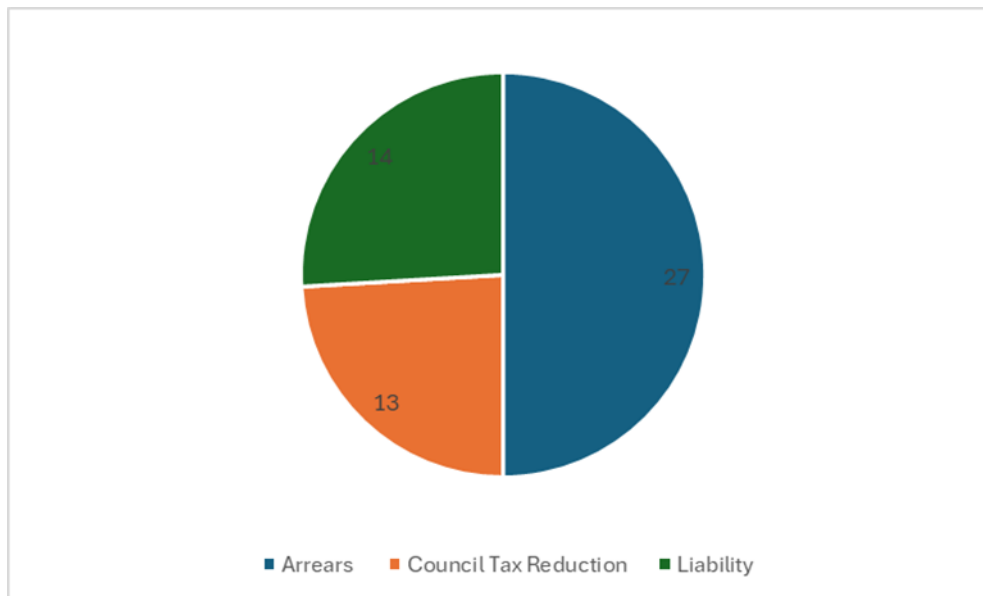
71 **Table 34:** Complaint Timeframes in 2023/24 and 2024/25 – Non-Static



72 **Table 35:** Themes Tracker – Top 3 Services (processed complaints)



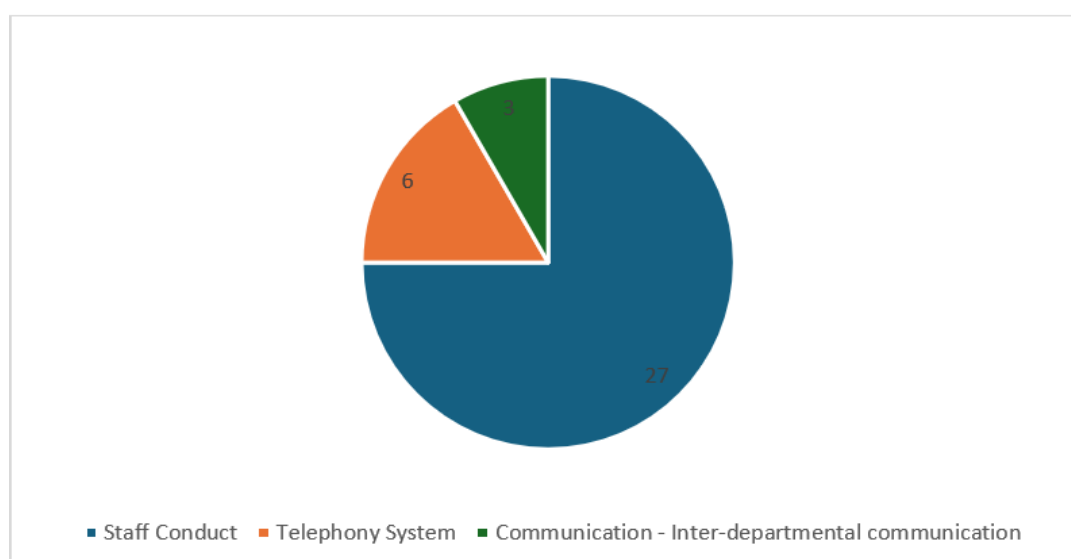
- 73 **Table 36:** Top 3 themes by Service – CTAX, Billing and Collection (processed complaints)



- 74 **Table 37:** Top 3 themes by Service outcomes – CTAX, Billing and Collection (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Arrears	3	9	15
Council Tax - Council tax reduction	4	3	6
Liability	6	3	5

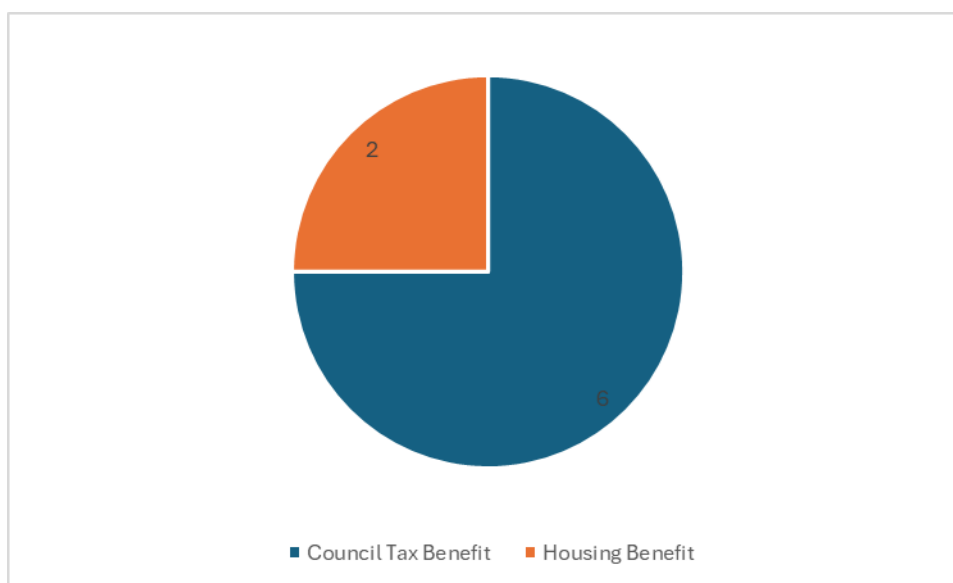
- 75 **Table 38:** Top 6 Themes by Service - Customer Services Centres (Macclesfield & Crewe) (processed complaints)



76 **Table 39:** Top 3 Themes by Service outcomes - Customer Services Centres (Macclesfield & Crewe) (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Staff Conduct	17	5	5
Telephony System	6	0	0
Communication - Inter-departmental communication	2	0	1

77 **Table 40:** Top 2 Themes by Service – Benefits (processed complaints)



78 **Table 41:** Top 2 Themes by Service outcomes – Benefits (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Benefits - Council Tax Benefit	3	0	3
Benefits – Housing Benefit	1	0	1

- 79 **Table 42:** Corporate Policy received 228 compliments in 2024/25 across 5 services

Team	2023-24	2024-25
Blue Badges	1	0
Business Rates Billing and Collection	29	21
CTAX Billing and Collection	98	42
Customer Services Centres (Macclesfield & Crewe)	39	163
Information Rights Team	1	0
Registration Office	1	1
Revenue Recovery	0	1

- 80 Examples of Compliments in 2024/25

- I was able to speak to a lady who was most understanding of my needs and helped tremendously and pointed me in the right direction and made me feel there is hope to continue with my applications. The good old fashioned telephone conversation could not be improved upon in my experience today.*
- I wanted to say thanks so much for all your help, advice and the great service you have given me. I know you have gone out of your way for me, even checking the library opening times for me regarding the scanning. It's really helped ease some of the stress we are under at the moment and greatly appreciated. Massive thanks.*
- The Board formally asked us to pass on their appreciation of what they view as outstanding work undertaken by the CEC Business Rates Team in preparing and issuing the BID Levy bills and collecting the BID levy.*
- The lady I talked to was just the person I needed to talk to. She listened to the predicament I found myself in. She looked into my council tax record and went on to explain in detail how she could reschedule my council tax payments that would help me. She is a credit to the council I cannot praise her enough. Thank you.*

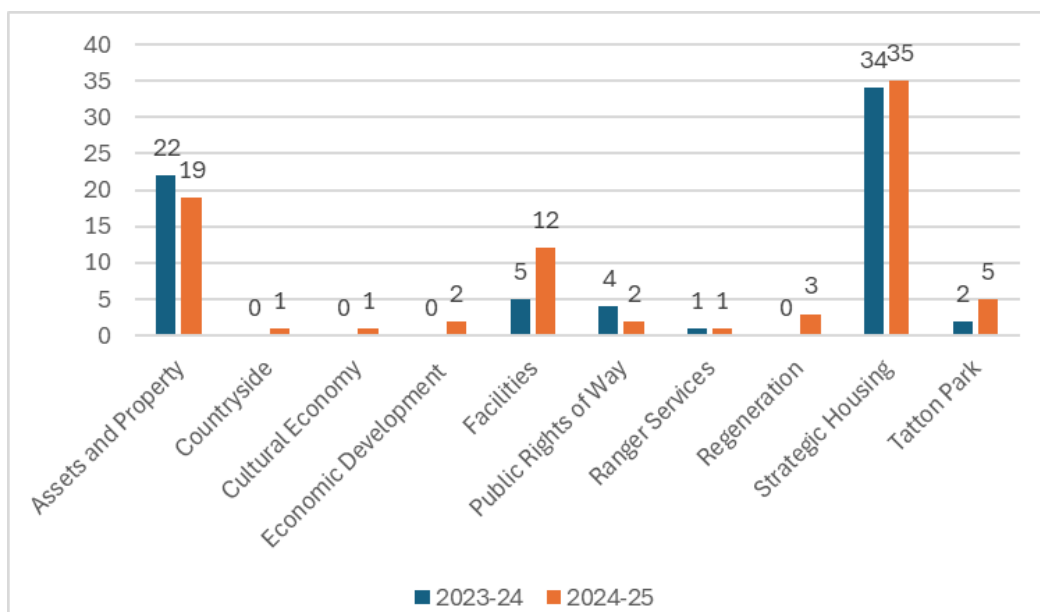
Economy and Growth

81 Economy and Growth received 81 complaints in 2024/25. 2% of the total received by the council. Of these, 10 complaints were rejected, withdrawn, or not pursued; the remaining 71 were processed as official complaints.

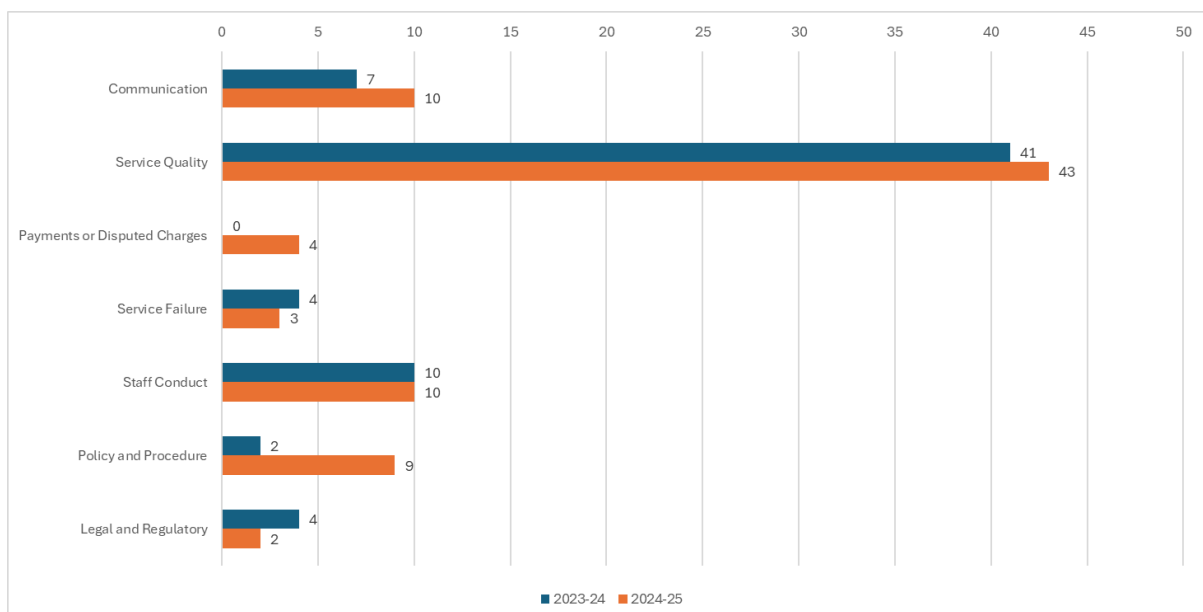
82 2024/25 saw a 16% increase in processed complaints compared with 2023/24 (61). There were 7 Stage 2 complaints in 2024/25.

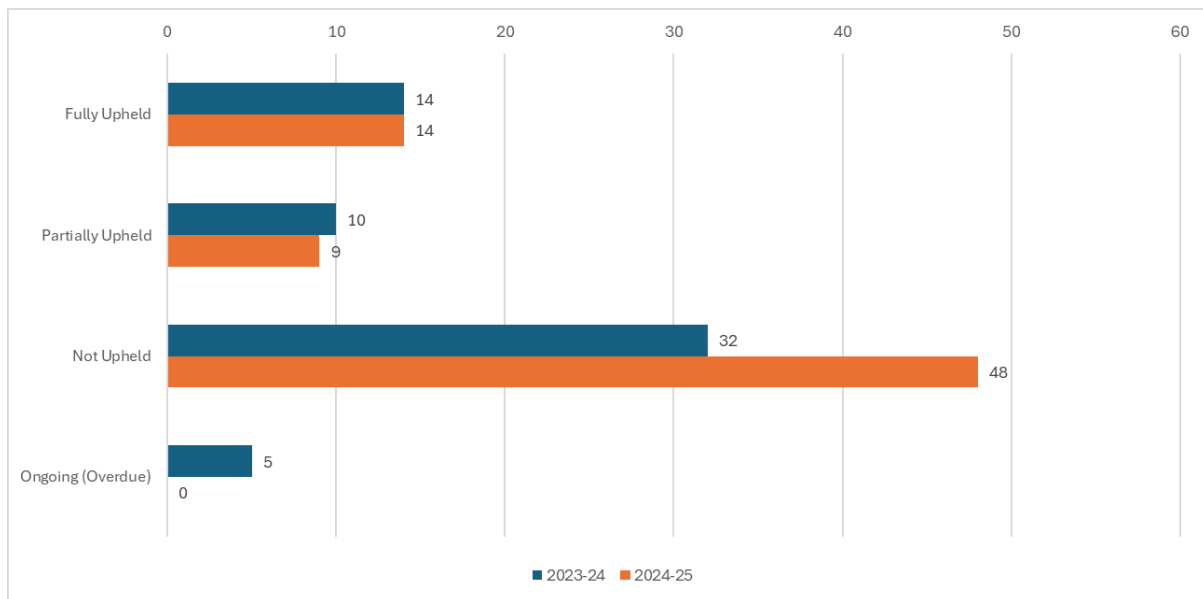
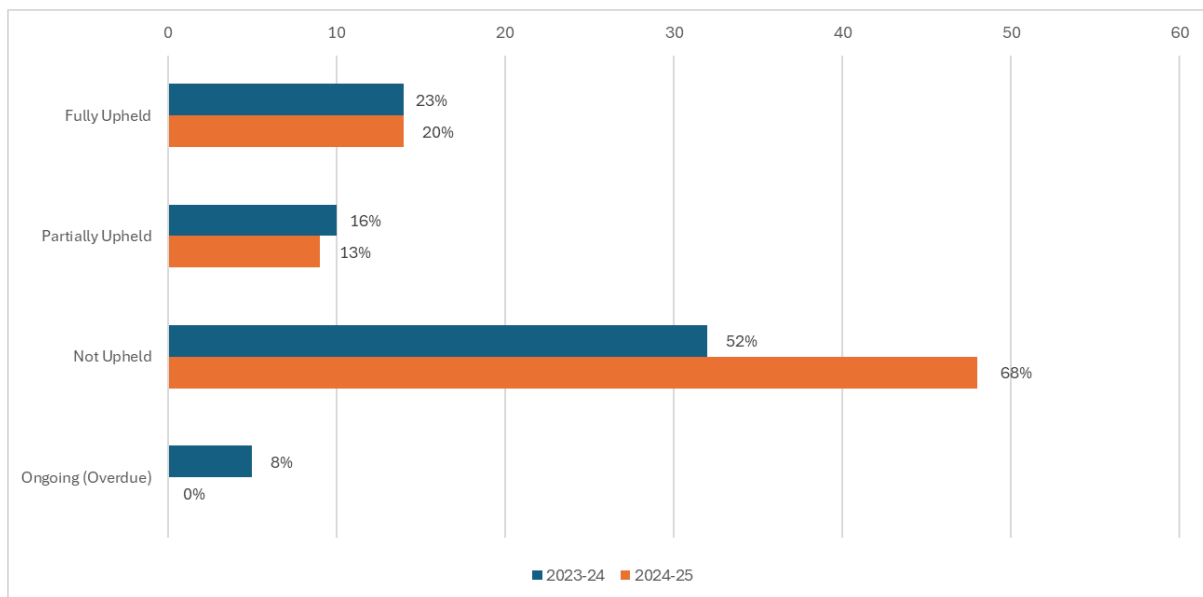
83 Economy and Growth received 3 compliments in 2024/25.

84 **Table 43:** Complaints Volumes received by Service

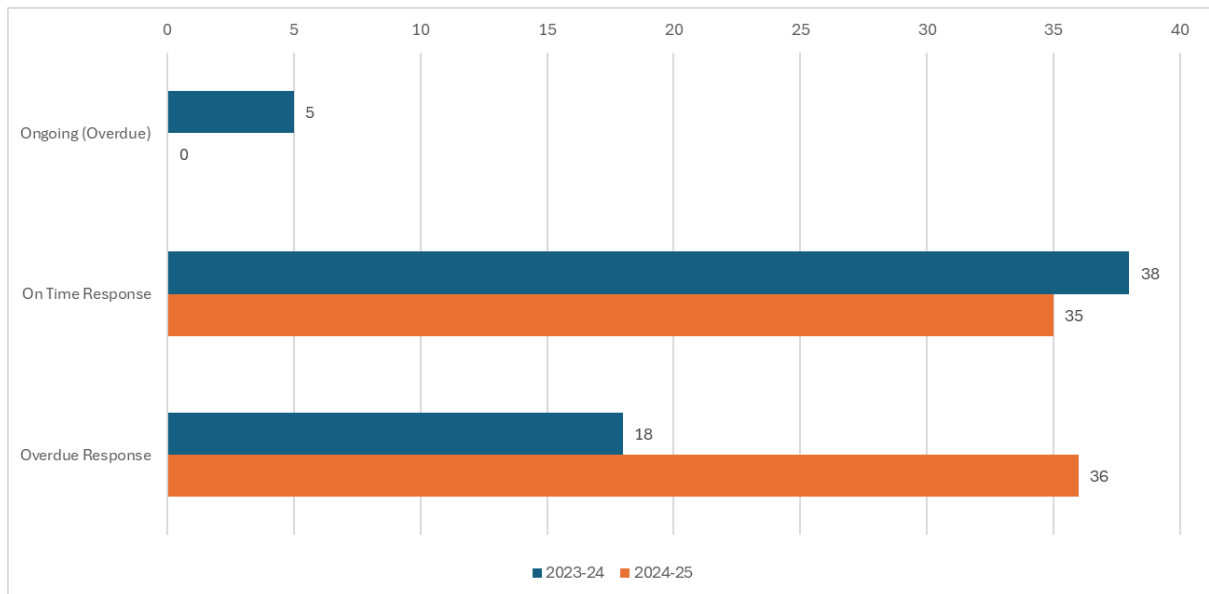


85 **Table 44:** Complaint Primary Causes in 2023/24 and 2024/25

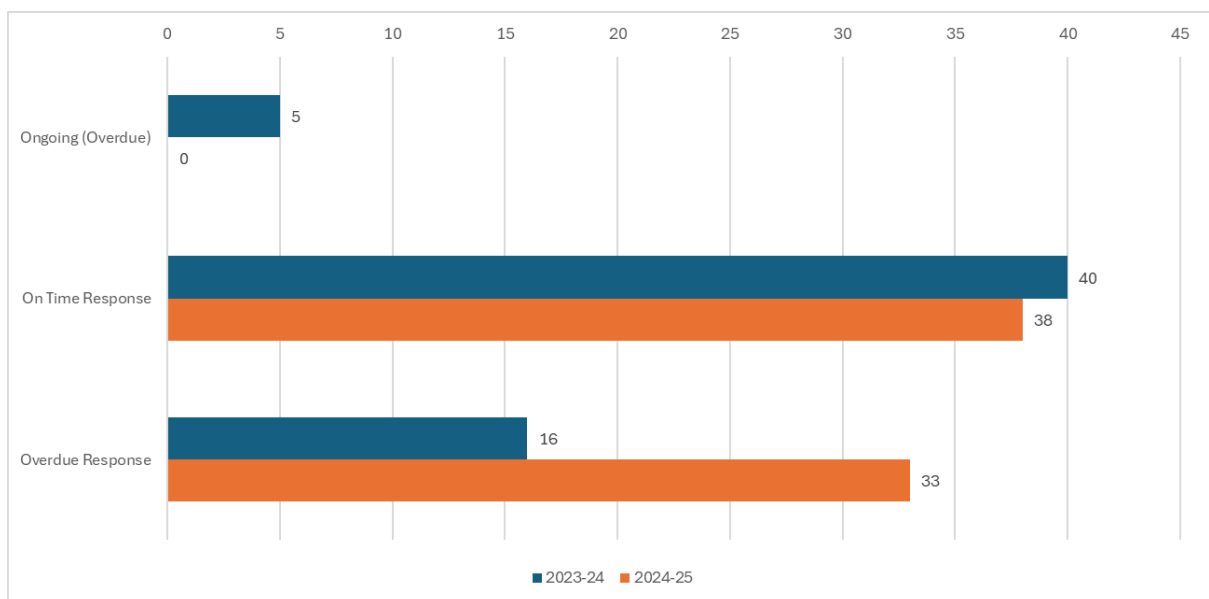


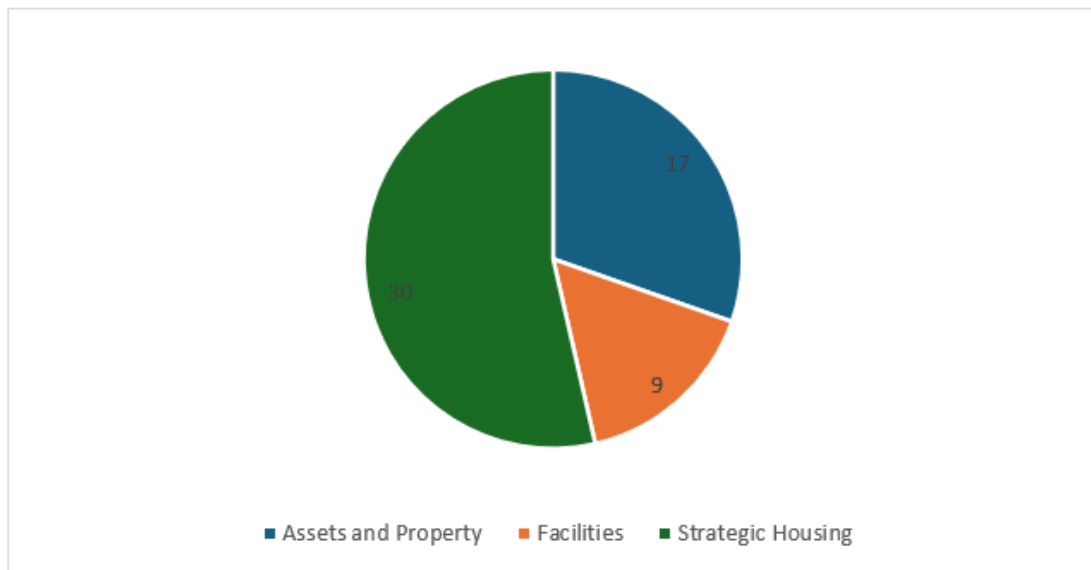
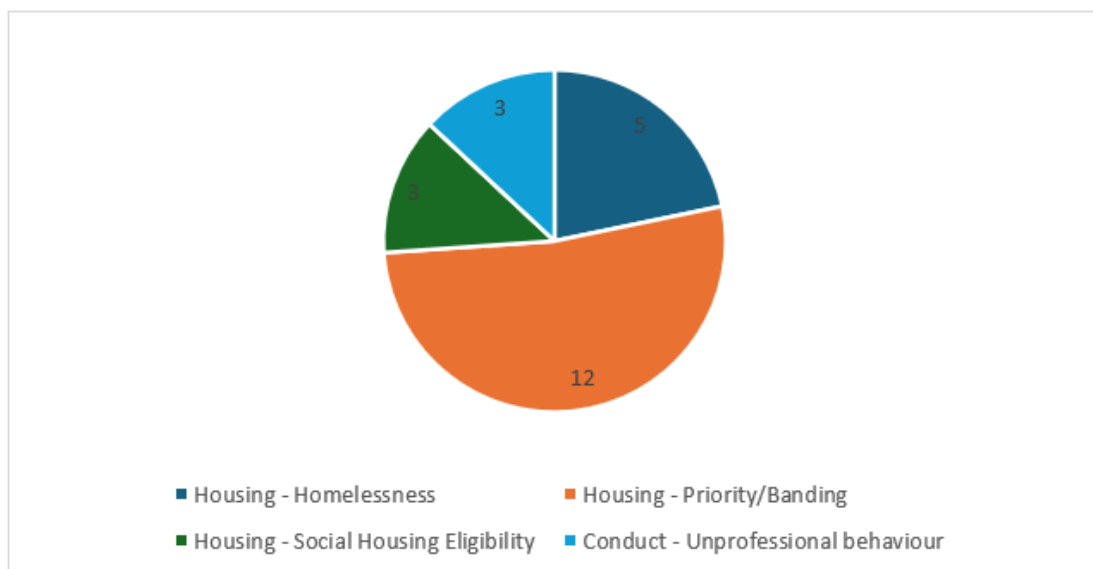
86 Table 45: Complaints Outcomes – Numbers**87 Table 46: Complaints Outcomes – Percentages**

88 **Table 47:** Complaint Timeframes in 2023/24 and 2024/25 – Static
(answered within 10 working days)



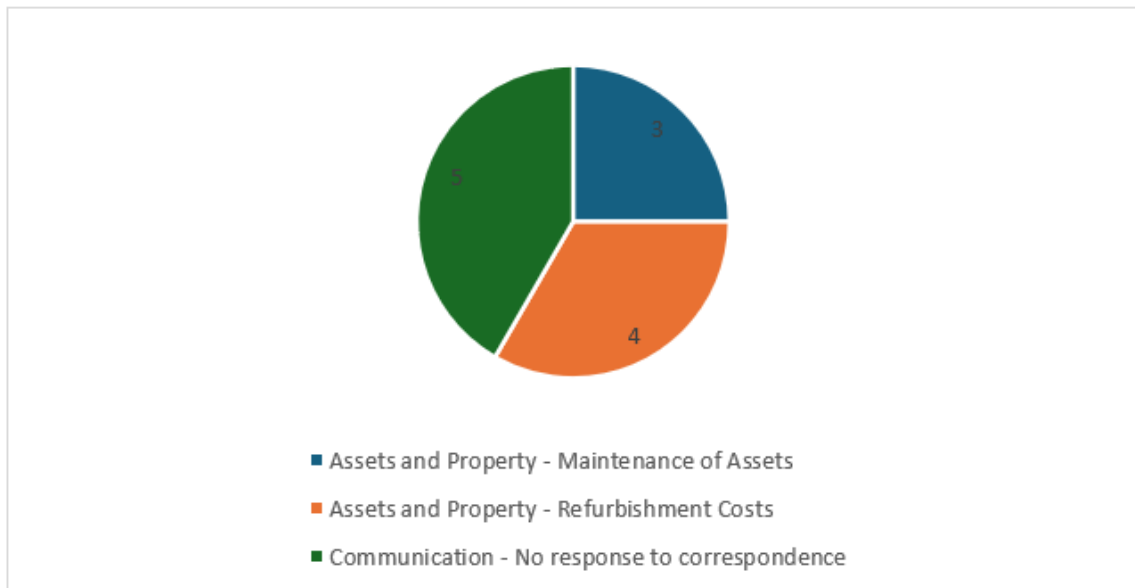
89 **Table 48:** Complaint Timeframes in 2023/24 an 2024/25 – Non-Static



90 **Table 49:** Themes Tracker – Top 3 Services (processed complaints)91 **Table 50:** Top 4 themes by Service – Strategic Housing (processed complaints)92 **Table 51:** Top 4 themes by Service outcomes – Strategic Housing (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Housing - Homelessness	0	1	4
Housing - Priority/Banding	0	0	12
Housing - Social Housing Eligibility	0	1	2
Conduct - Unprofessional behaviour	0	1	2

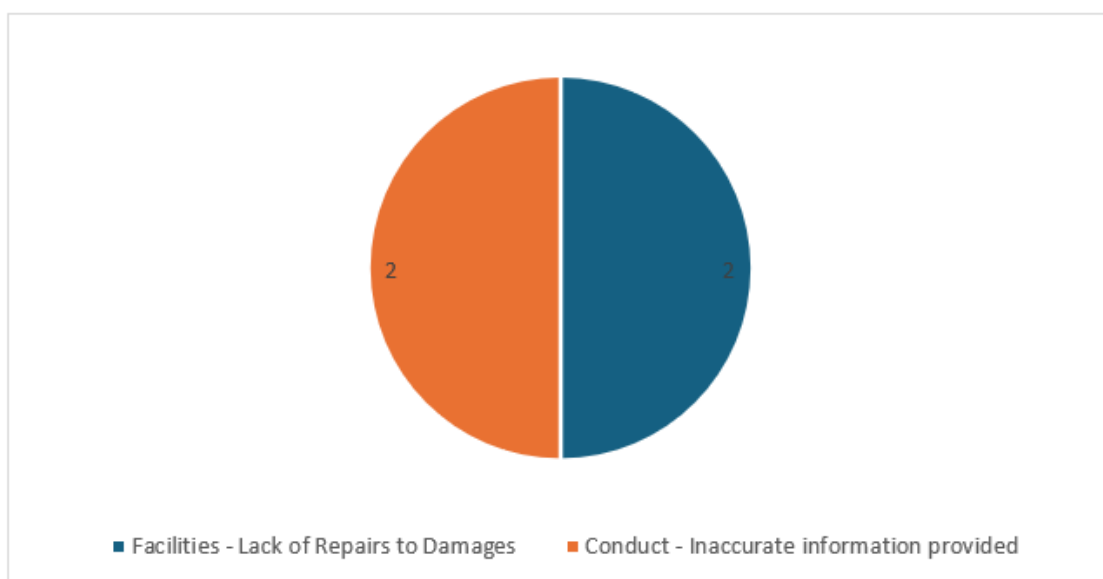
- 93 **Table 52:** Top 3 themes by Service - Assets and Property (processed complaints)



- 94 **Table 53:** Top 3 themes by Service outcomes - Assets and Property (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Assets and Property - Maintenance of Assets	1	0	2
Assets and Property - Refurbishment Costs	0	0	4
Communication - No response to correspondence	2	2	1

- 95 **Table 54:** Top 2 themes by Service – Facilities (processed complaints)



- 96 **Table 55:** Top 2 themes by Service outcomes – Facilities (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Facilities - Lack of Repairs to Damages	2	0	0
Conduct - Inaccurate information provided	0	1	1

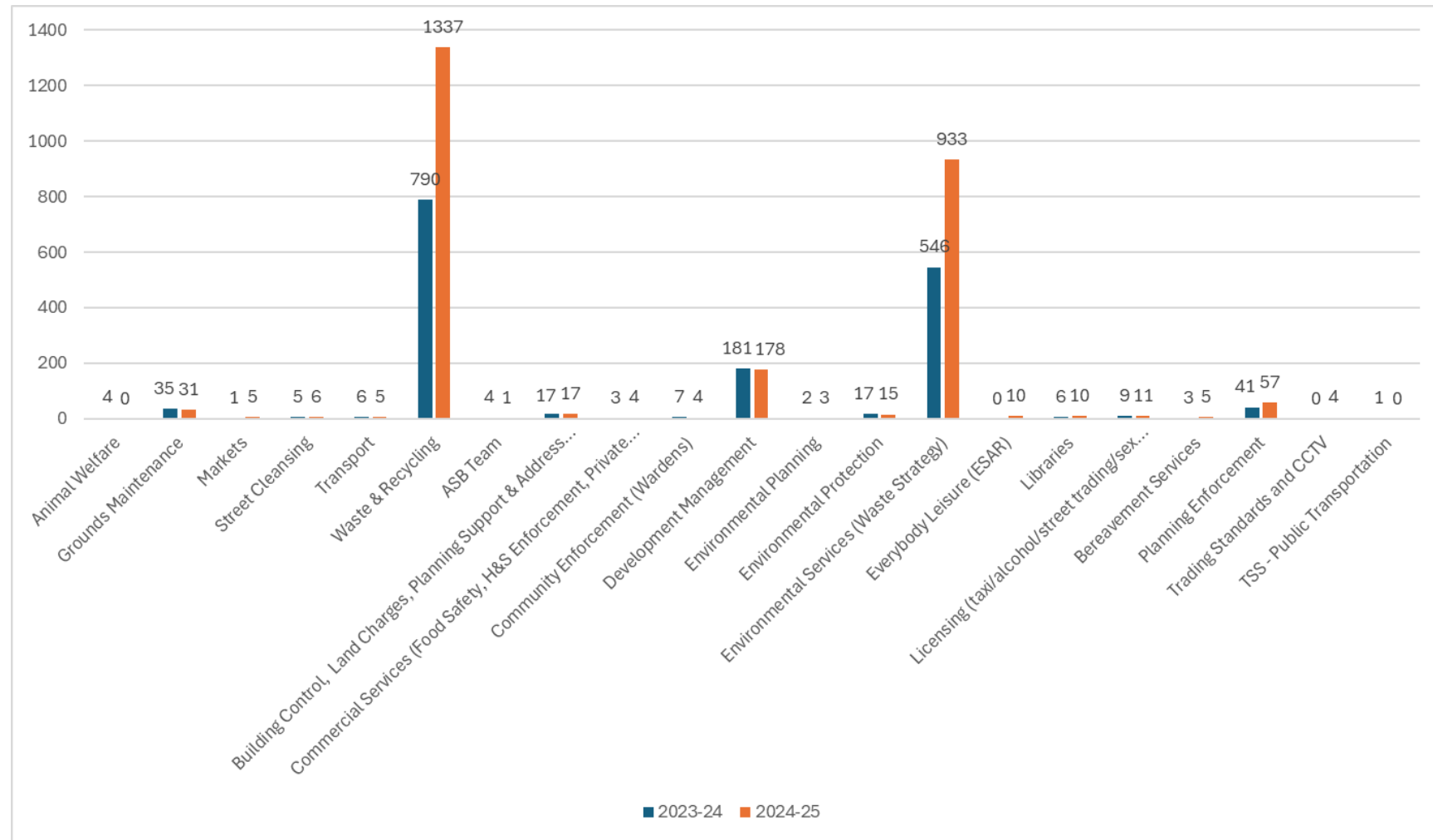
- 97 **Table 56:** There were 3 compliments recorded for Economy and Growth in 2024/25.

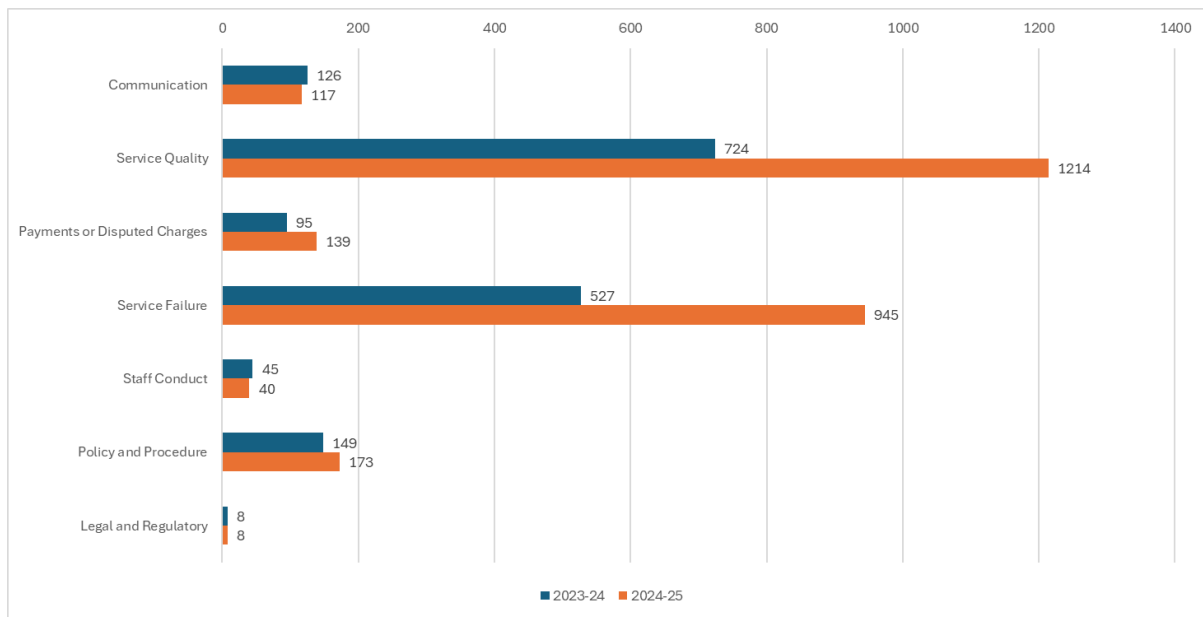
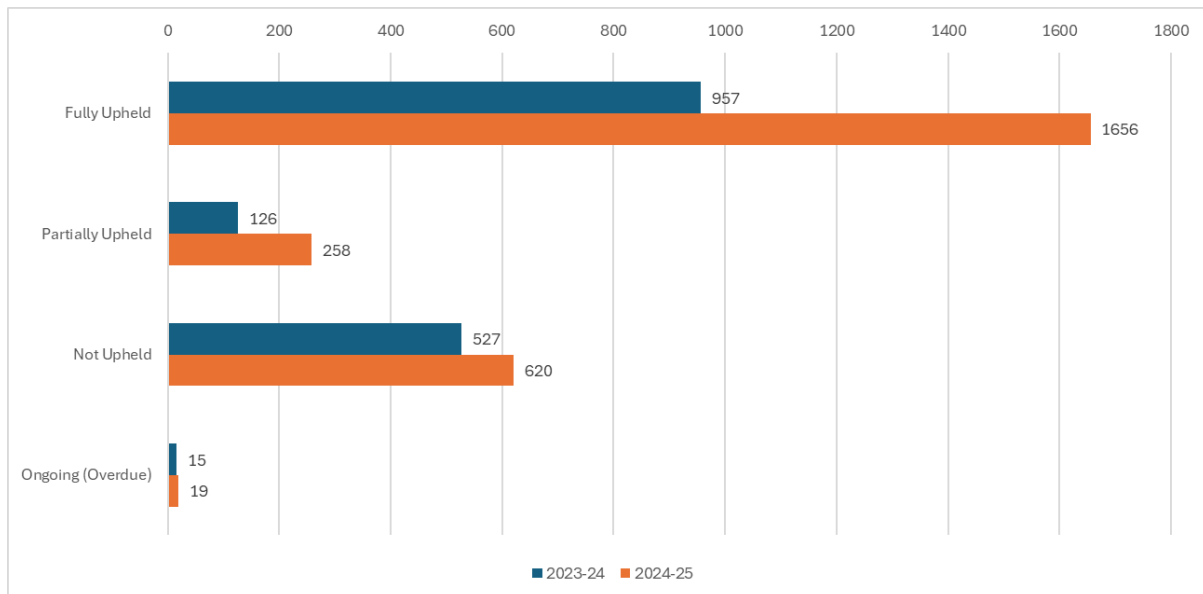
Team	2023-24	2024-25
Economic Development	1	0
Public Rights of Way	1	0
Strategic Housing	0	2
Tatton Park	0	1

Environment and Communities

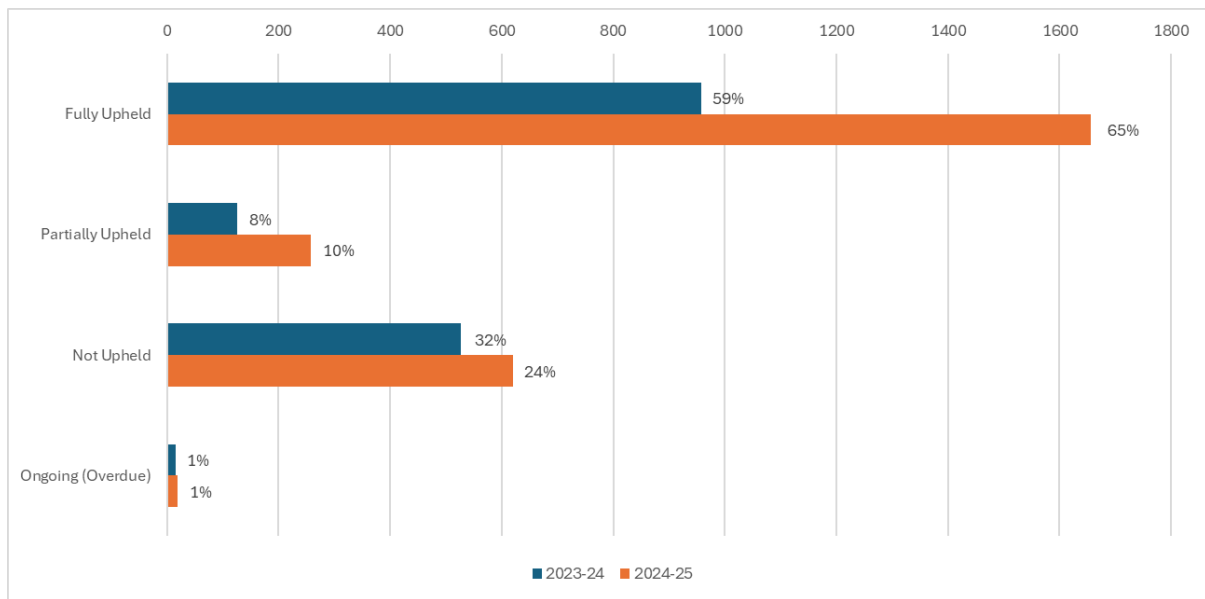
- 98 Environment and Communities received 2,636 complaints in 2024/25. 61% of the total received by the council. Of these, 83 complaints were rejected, withdrawn, or not pursued; the remaining 2,553 were processed as official complaints.
- 99 2024/25 saw a 57% increase in processed complaints compared with 2023/24 (1,625). There were 120 Stage 2 complaints in 2024/25.
- 100 Environment and Communities received 110 compliments in 2024/25.

101 **Table 57:** Complaints Volumes received by Service

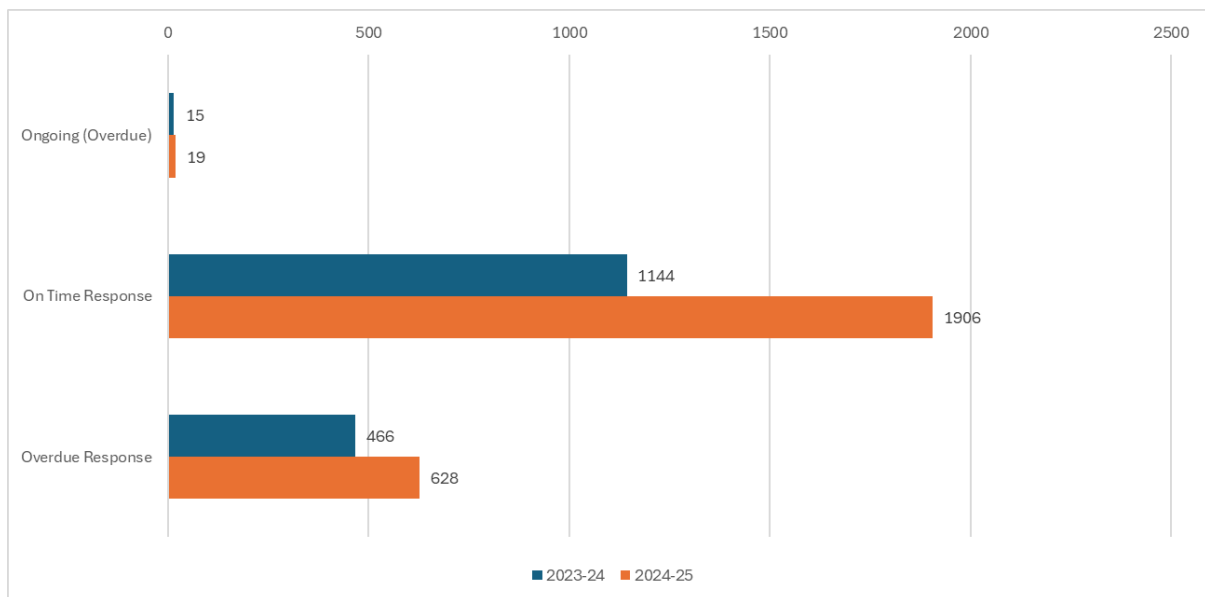


102 **Table 58:** Complaint Primary Causes in 2023/24 and 2024/25103 **Table 59:** Complaints Outcomes – Numbers

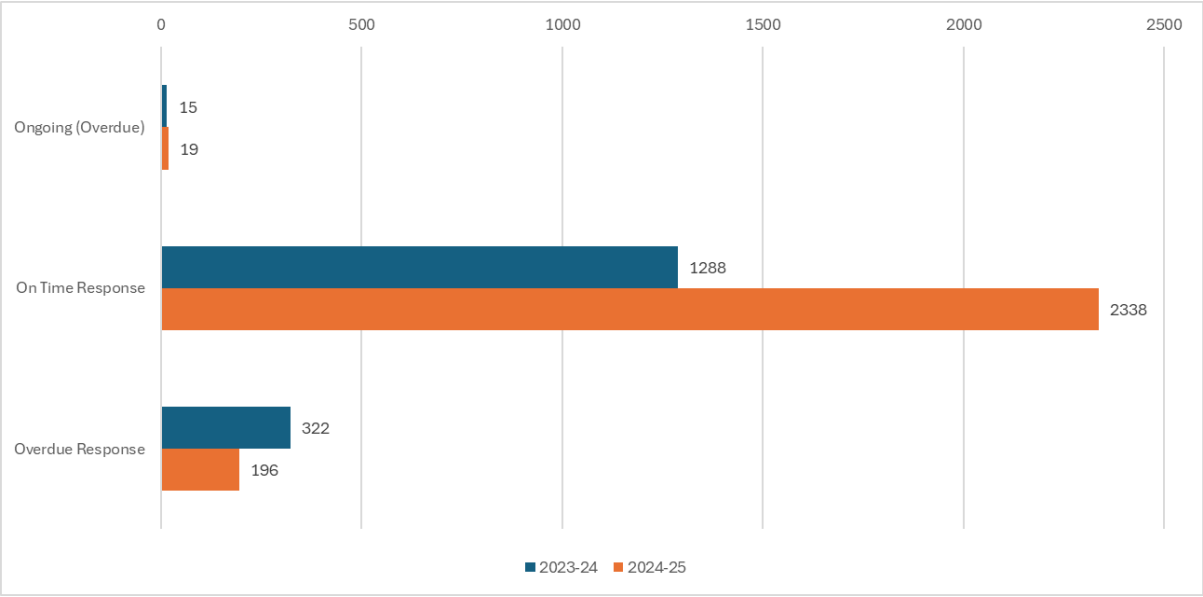
104 **Table 60:** Complaints Outcomes – Percentage



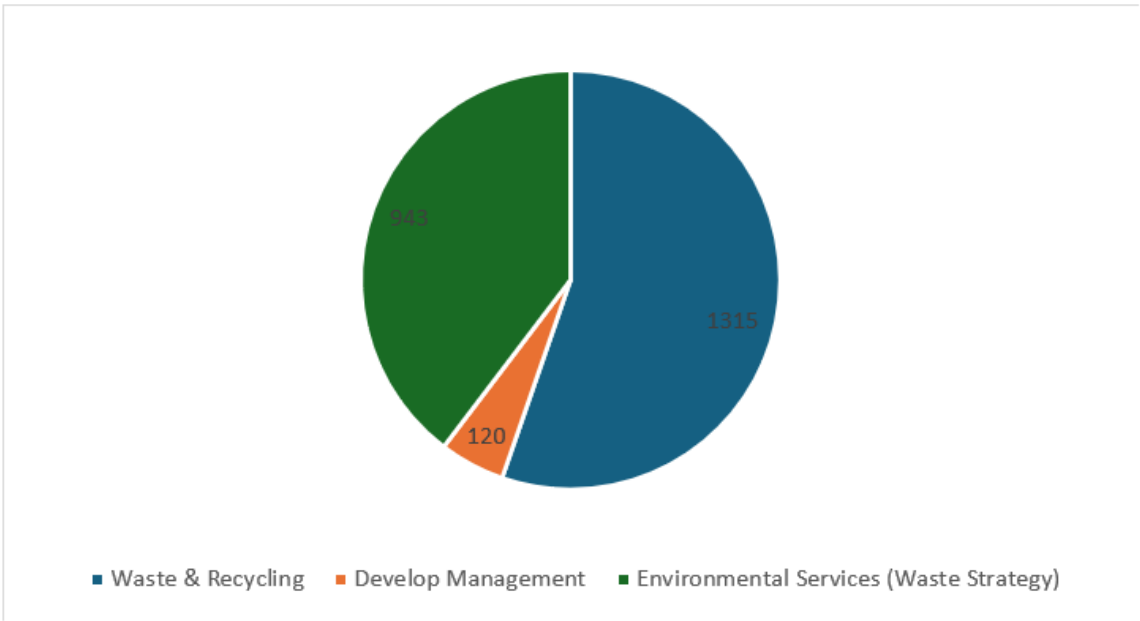
105 **Table 61:** Complaint Timeframes in 2023/24 and 2024/25 – Static (answered within 10 working days)



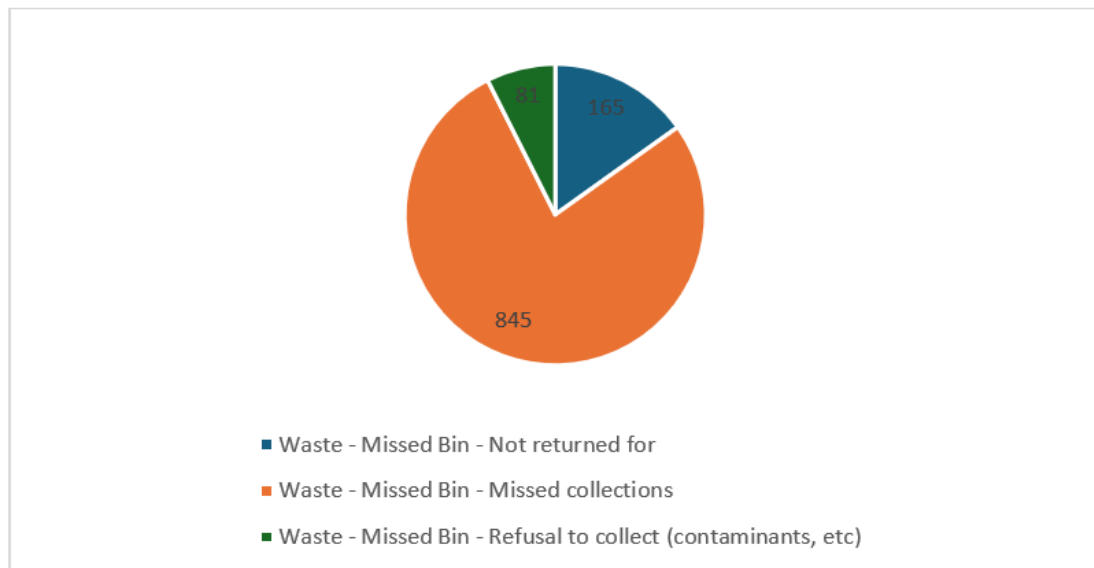
106 **Table 62:** Complaint Timeframes in 2023/24 and 2024/25 – Non-Static



107 **Table 63:** Themes Tracker – Top 3 Services (processed complaints)



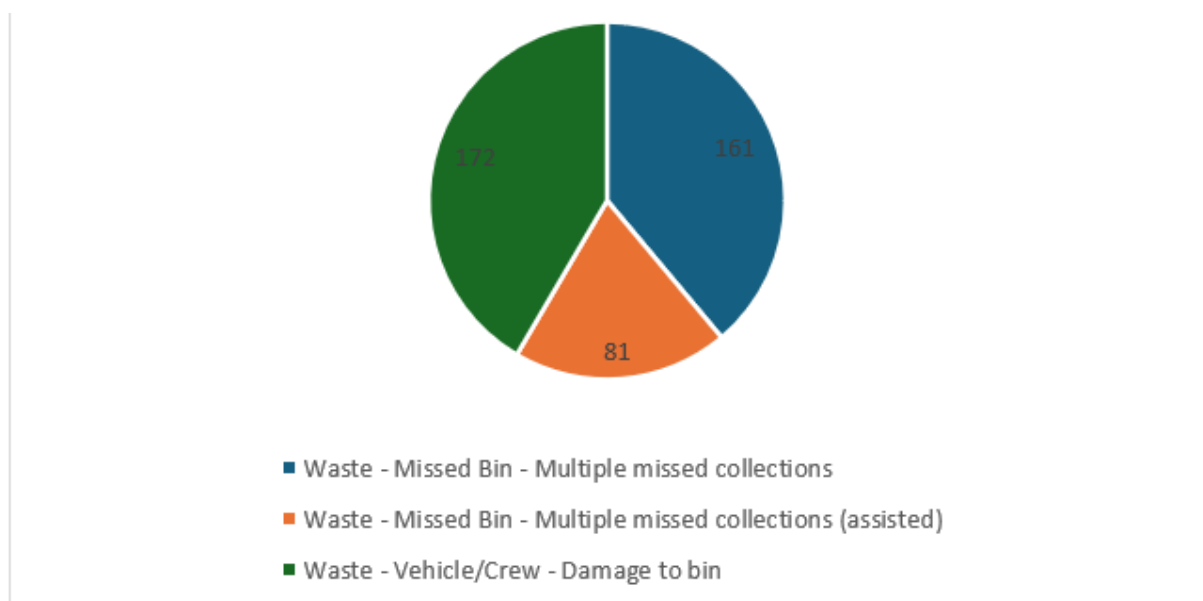
108 **Table 64:** Top 3 themes by Service – Waste & Recycling (processed complaints)



109 **Table 65:** Top 3 themes by Service outcomes – Waste & Recycling (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Waste - Missed Bin - Missed collections	741	47	57
Waste - Missed Bin - Not returned for	155	3	7
Waste - Missed Bin - Refusal to collect (contaminants, etc)	47	4	30

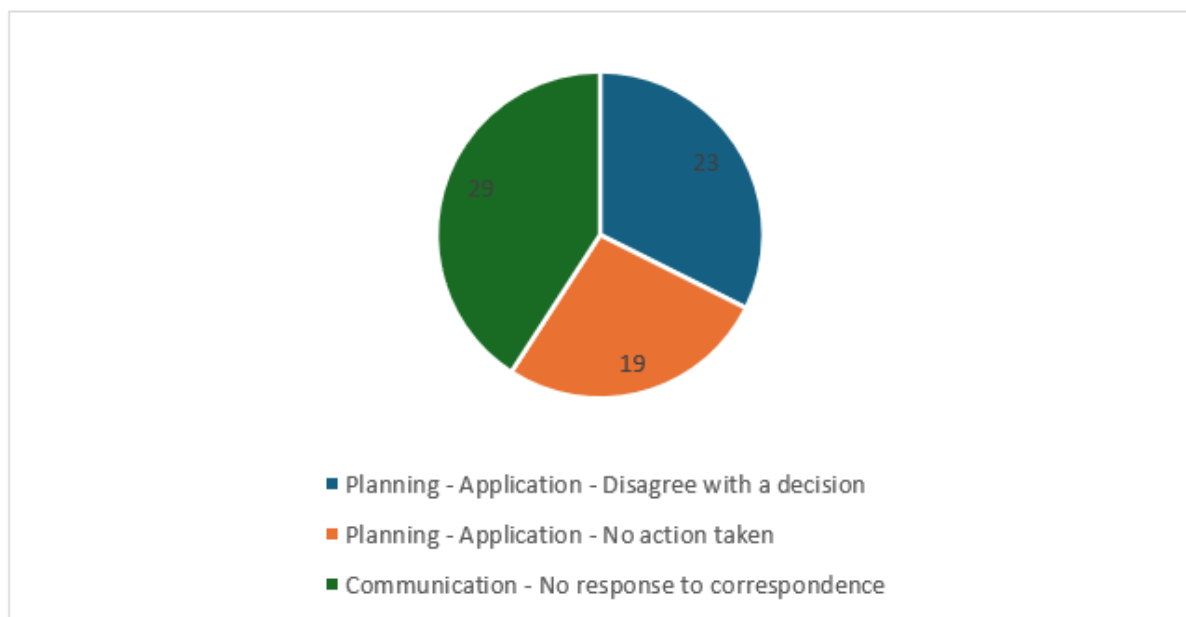
110 **Table 66:** Top 3 themes by Service - Environmental Services (Waste Strategy) (processed complaints)



111 **Table 67:** Top 3 themes by Service outcomes - Environmental Services (Waste Strategy) (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Waste - Missed Bin - Multiple missed collections	93	49	19
Waste - Missed Bin - Multiple missed collections (assisted)	73	6	2
Waste - Vehicle/Crew - Damage to bin	81	1	90

112 **Table 68:** Top 3 themes by Service - Development Management (processed complaints)



113 **Table 69:** Top 3 themes by Service outcomes - Development Management (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Communication - No response to correspondence	14	9	6
Planning - Application - Disagree with a decision	1	4	18
Planning - Application - No action taken	13	4	2

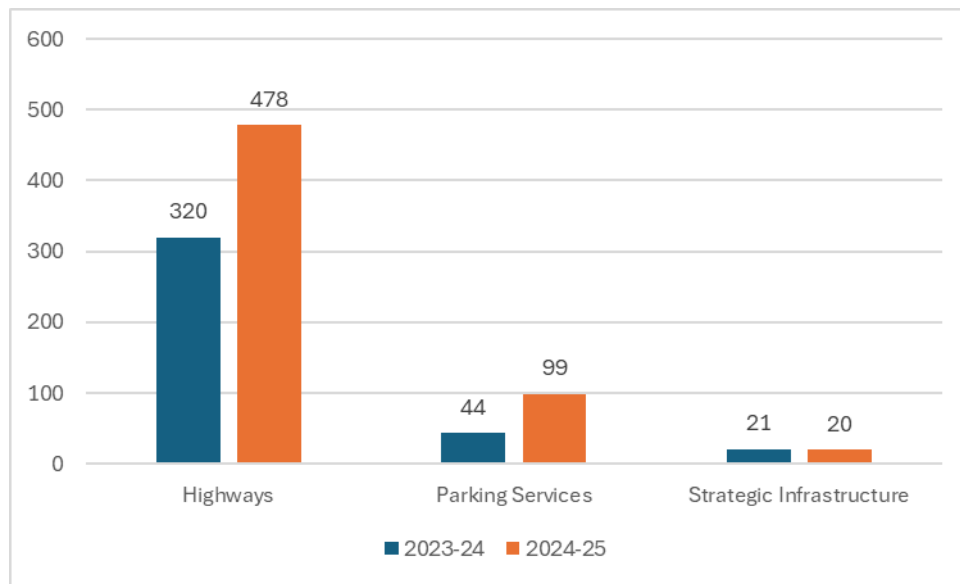
- 114 **Table 70:** Environment and Communities received 110 compliments in 2024/25 across 9 services.

Team	2023-24	2024-25
Grounds Maintenance	19	19
Street Cleansing	8	9
Transport	2	1
Waste & Recycling	44	48
Building Control, Land Charges, Planning Support & Address Management	2	0
Development Management	2	3
Environmental Protection	3	1
Environmental Services (Waste Strategy)	3	15
Everybody Leisure (ESAR)	0	1
Libraries	11	12
Planning Enforcement	1	0
Spatial Planning	1	0
Licensing	0	1

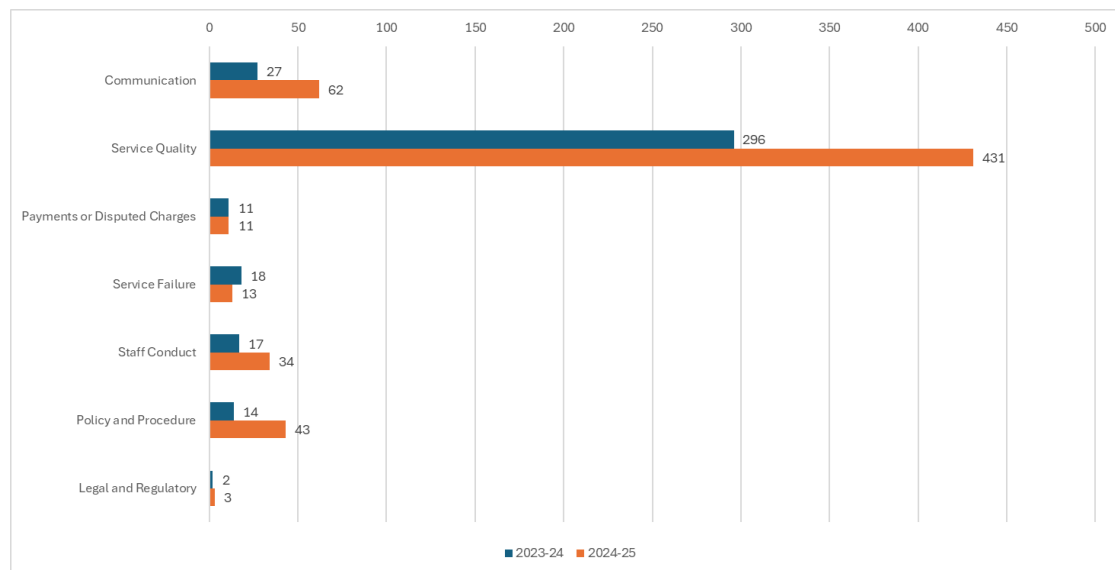
Highways and Transport

- 115 Highways and Transport received 597 complaints in 2024/25. 14% of the total received by the council. Of these, 31 complaints were rejected, withdrawn, or not pursued; the remaining 566 were processed as official complaints.
- 116 2024/25 saw a 47% increase in processed complaints compared with 2023/24 (385). There were 43 Stage 2 complaints in 2024/25
- 117 Highways and Transport received 26 compliments in 2024/25.

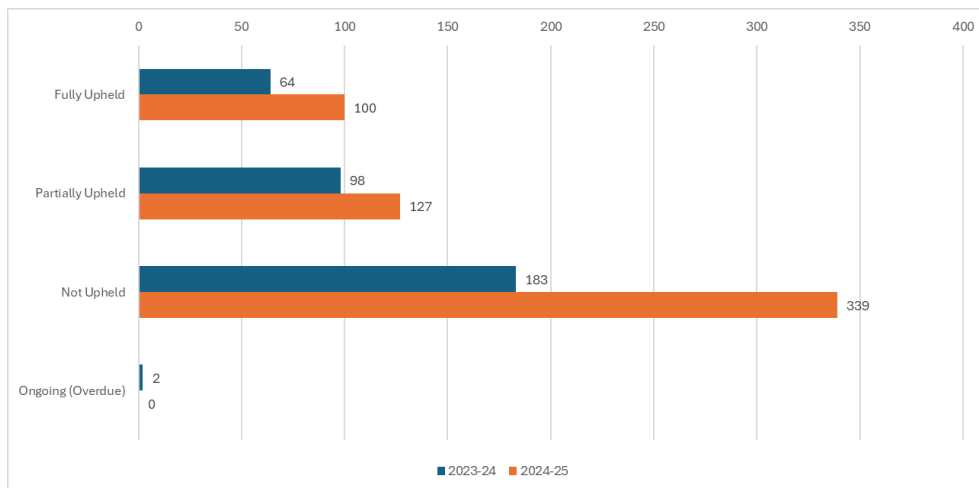
118 **Table 71:** Complaints Volumes received by Service



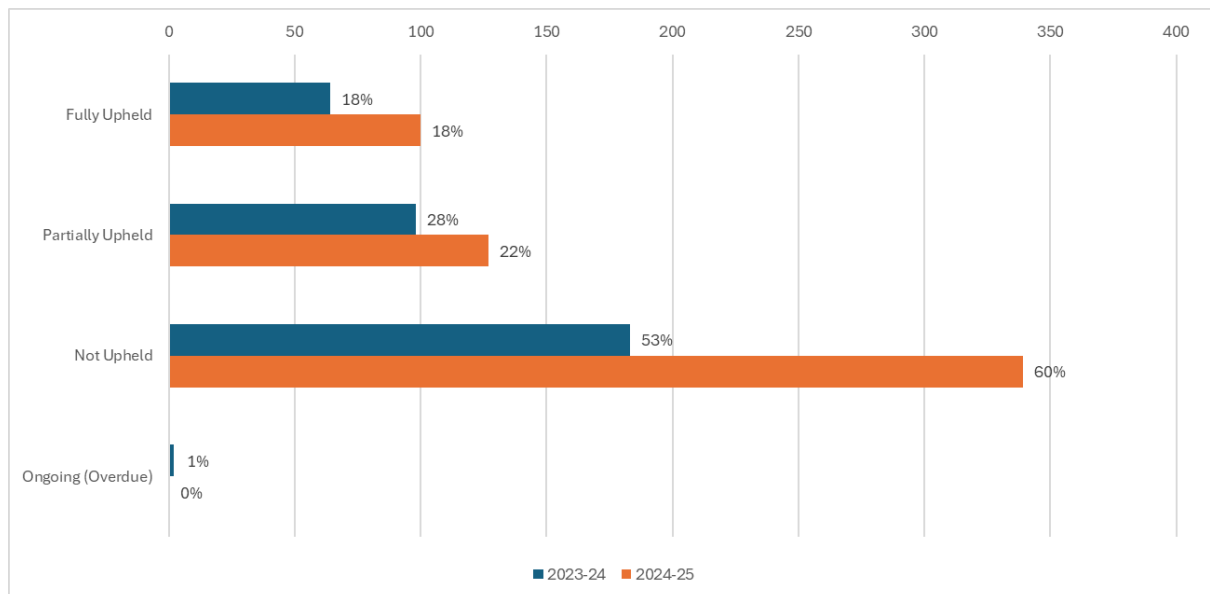
119 **Table 72:** Complaint Primary Causes in 2023/24 and 2024/25



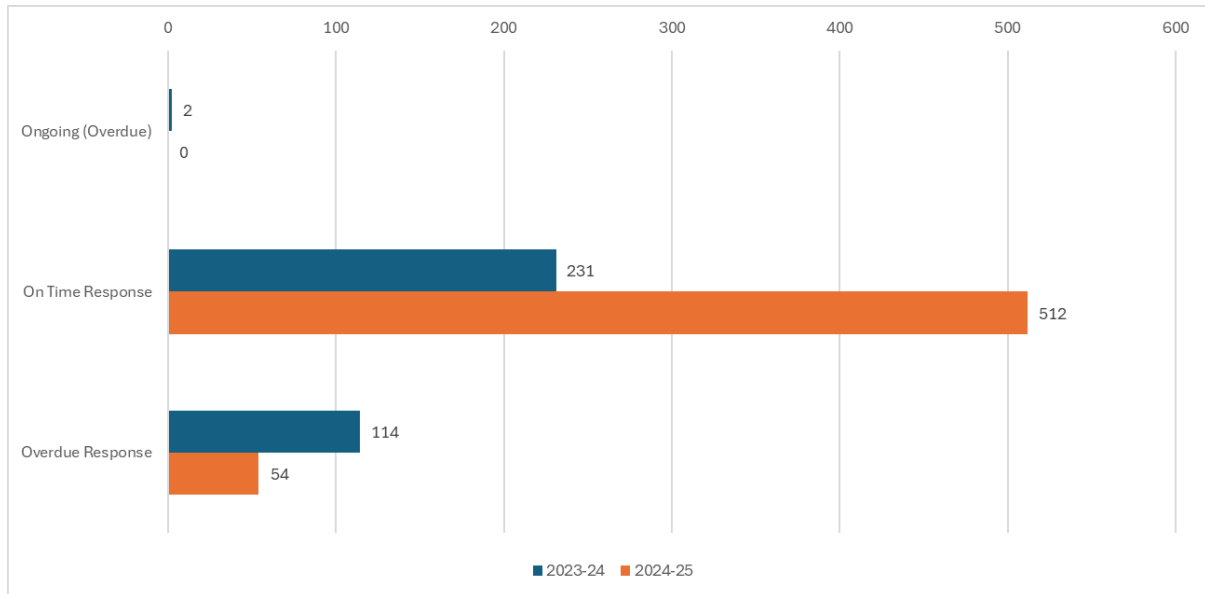
120 **Table 73: Complaints Outcomes – Numbers**



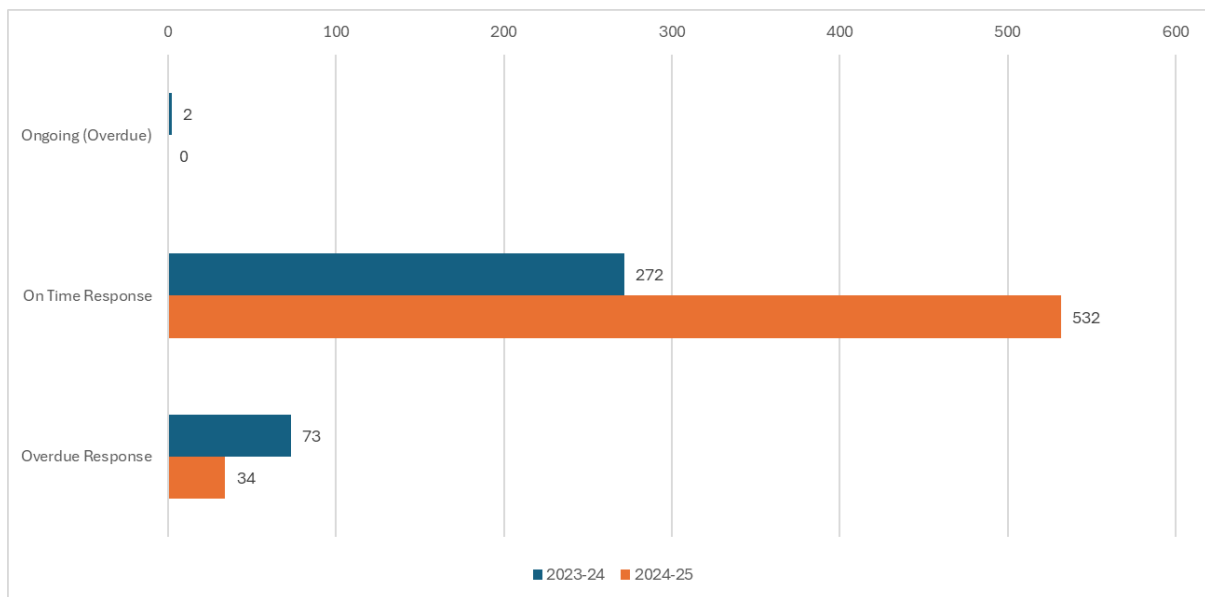
121 **Table 74: Complaints Outcomes – Percentages**



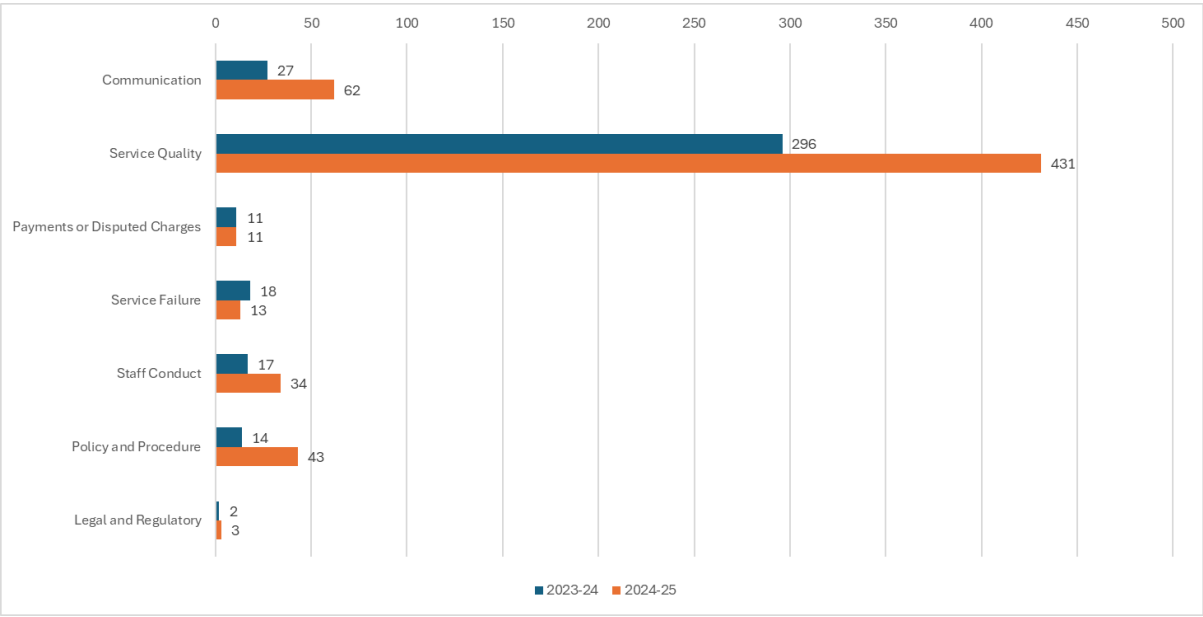
122 Table 75: Complaint Timeframes in 2023/24 and 2024/25 – Static
(answered within 10 working days)



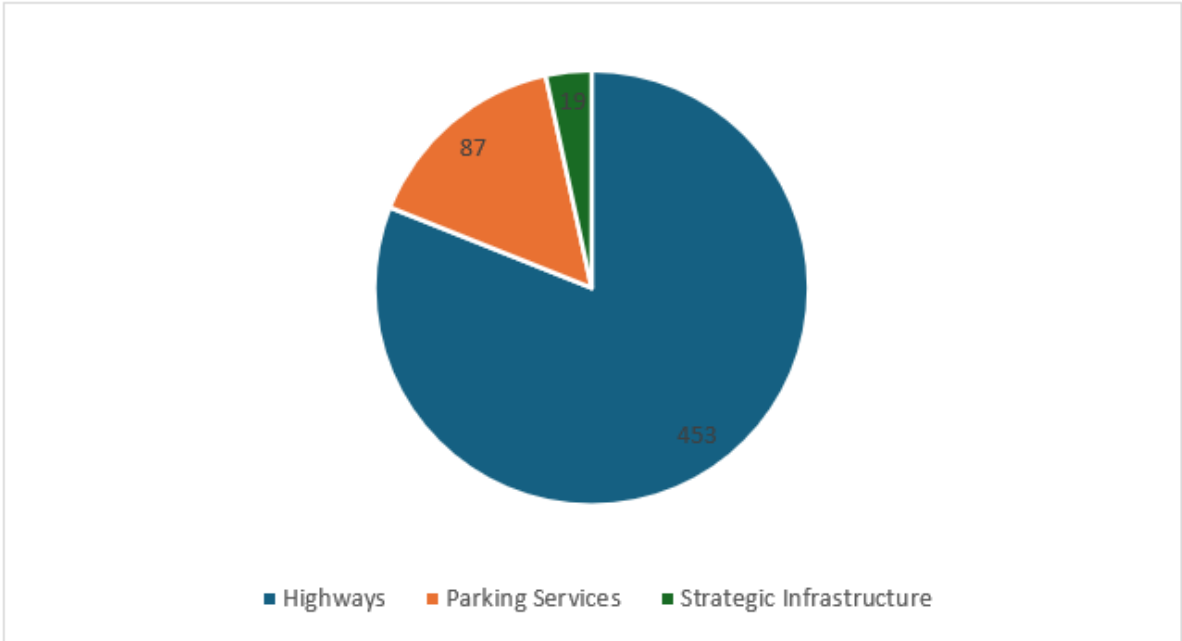
123 Table 76: Complaint Timeframes in 2023/24 and 2024/25 – Non-Static



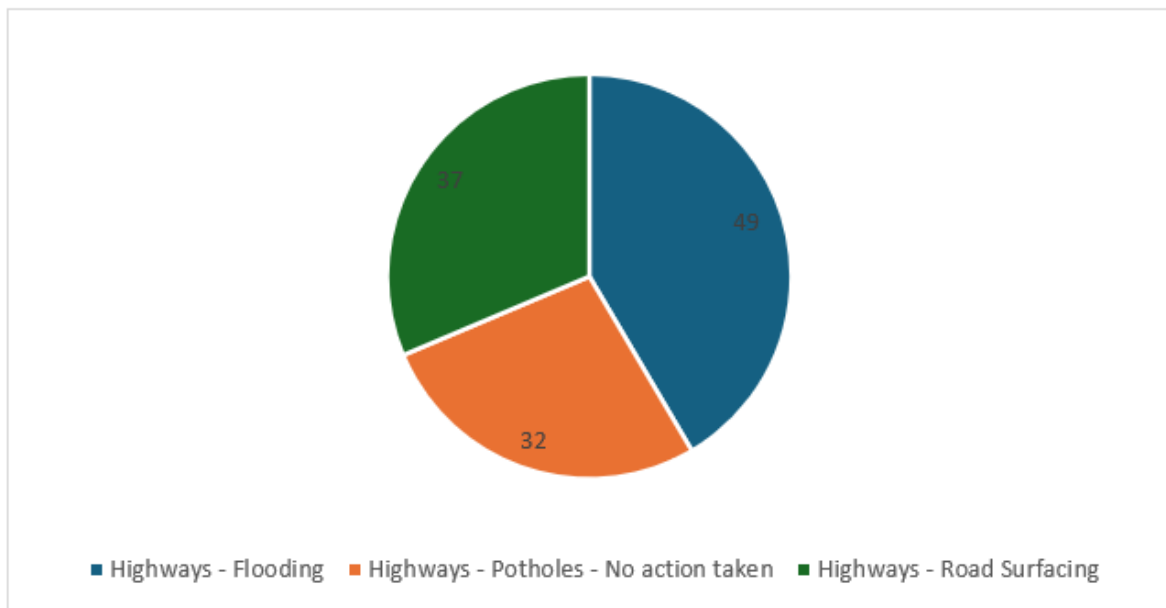
124 **Table 77:** Complaint Primary Causes in 2023/24 and 2024/25



125 **Table 78:** Themes Tracker – Top 3 Services (processed complaints)



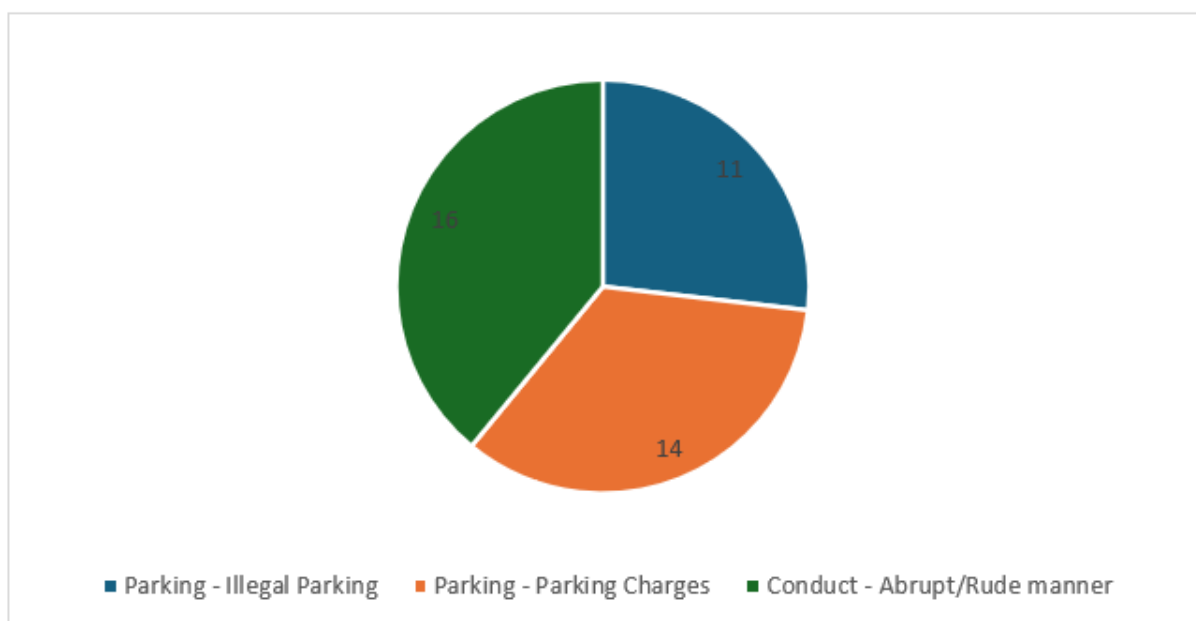
126 **Table 79:** Top 3 themes by Service – Highways (processed complaints)



127 **Table 80:** Top 3 themes by Service outcomes – Highways (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Highways - Flooding	14	20	15
Highways - Potholes - No action taken	3	7	22
Highways - Road Surfacing	3	6	28

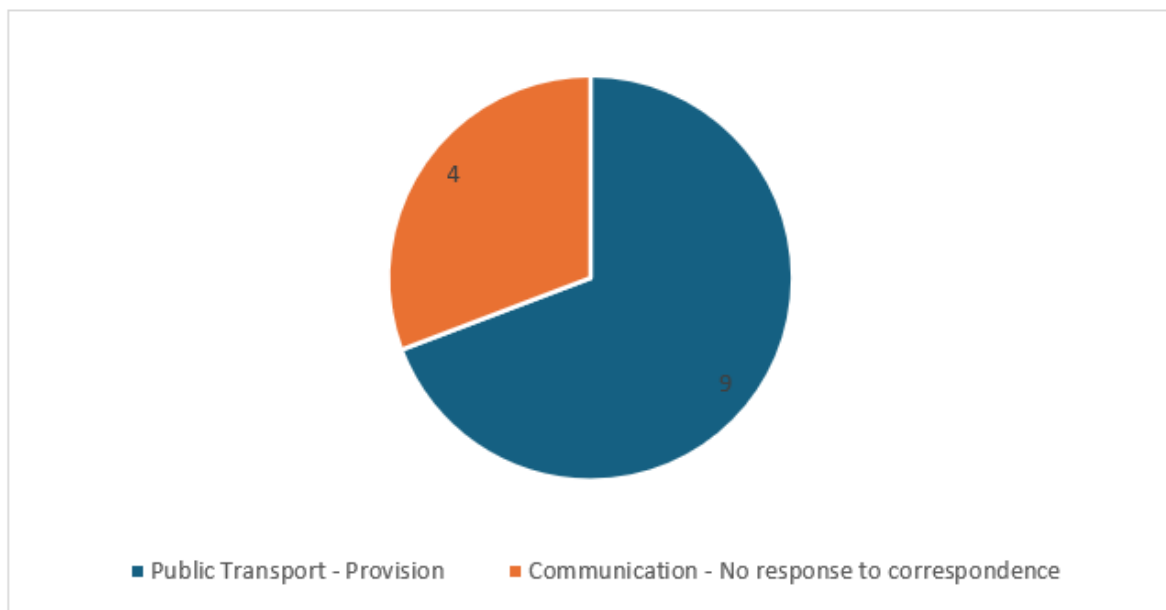
128 **Table 81:** Top 3 themes by Service – Parking Services (processed complaints)



- 129 **Table 82:** Top 3 themes by Service – Parking Services (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Parking - Illegal Parking	0	0	11
Conduct - Abrupt/Rude manner	0	2	14
Parking - Parking Charges	2	0	12

- 130 **Table 83:** Top 2 themes by Service - Strategic Infrastructure (processed complaints)



- 131 **Table 84:** Top 2 themes by Service outcomes - Strategic Infrastructure (processed complaints)

Theme	Upheld	Partly Upheld	Not Upheld
Public Transport - Provision	5	1	3
Parking - Parking Charges	2	1	1

- 132 **Table 85:** Highways and Transport received 26 compliments in 2024/25, spread across 3 services.

Team	2023-24	2024-25
Highways	23	25
Parking Services	2	1
Strategic Infrastructure	1	0

133 Examples of Compliments in 2024/25

- *I reported a loose kerb with East Cheshire Council, it was noted through "Fix My Street " giving a 20 day follow up repair. I noticed within less than a week, white markers on the kerb in question. Following that, a team arrived in less than 10 days and the kerb was promptly rectified to its correct location. Excellent service given where it is due, and an impressive follow up on my complaint from start to finish was achieved. Thanks to the team and Cheshire Council for the rapid response!*
- *Huge thanks to the parking officer (& team) at Macclesfield town council short stay cp behind the council offices. I had a fall & broke my shoulder & had to leave my car in the cp for several hours whilst I went to A&E on Wednesday 27th November. An officer kindly put a note on my car & informed his team, so I didn't attract any penalties. This meant I could go to hospital without stressing about the car & potential fines. I didn't get the officers name, but he put his reference number on the note, so thank you.*
- *I write to express our thanks for the considerable efforts made to resolve the drainage issues on Mill Lane. We have not experienced any significant rainfall since, but the initial signs look good.*

Implications and Comments

Monitoring Officer/Legal

- 134 Whilst there are no legal implications flowing directly from the content of this report, there are legal, reputational and resource implications in complaints that are taken through the corporate process and in addressing complaints which reach LGSCO and Public Report. Providing services with the data and trends is a means to influence and improve customer engagement.
- 135 It is recommended that this report goes to Audit and Governance Committee for the committee's oversight and assurance, as these matters lie within its remit.

Section 151 Officer/Finance

- 136 If Fault causing Injustice is found, the Council can be asked to pay compensation to a complainant, the level of which is determined on a case by-case basis. The cost of such compensation is paid for by the service at fault. In 18 cases where the Ombudsman found Fault with

Injustice in 2024/25, the Council was required to make compensation payments totalling £106,342. An increase of 521% on 2023/24 where payments totalled £17,125.

Human Resources

- 137 Whilst the primary purpose of this report is to inform Members of the outcome of complaints and to seek to secure improvements in performance, resource implications arise from the high numbers of complaints. These relate to the increased demand upon officers in researching the background to complaints and responding appropriately. Where complaints relate to specific staff members, for example because of behaviour or attitude, these are escalated to the appropriate manager.

Risk Management

- 138 If recommendations made by the Ombudsman are not followed, this could trigger a public report, as detailed in paragraphs 17 to 19.

Impact on other Committees

- 139 The report will also go to Corporate Policy Committee.

Policy

- 140 Analysis of complaints enables services to identify and deliver improvements in service aligned with the Council's Customer Experience Strategy. If a high volume of complaints were received about a specific policy, a review of the relevant policy could be triggered and referred to the relevant service committee.

Commitment 1: Unlocking prosperity for all	Commitment 2: Improving health and wellbeing	Commitment 3: An effective and enabling council 1.Listen, learn and respond to our residents, promoting opportunities for a two-way conversation
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Other Implications

- 141 There are no direct implications for rural communities.
- 142 There are no implications for Children and Young people, though the number of complaints received relating to lack of SEND provision and social care support is noted.
- 143 There are no direct implications for public health.
- 144 There are no direct implications for climate change

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy) :</i>			
Karen Grave	Director of People and Customer Experience	19/05/25	22/05/25
Janet Witkowski	Acting Monitoring Officer	02/06/25	02/06/25
<i>Legal and Finance</i>			
Sal Khan	Director of Finance (Deputy S151)	02/06/25	02/06/25

Access to Information	
Contact Officer:	Lee Washbrook, Head of Customer Experience Lee.Washbrook@cheshireeast.gov.uk
Appendices:	Appendix 1 - Outcome of complaints to the LGSCO by committee Appendix 2 - Summary of Recommended Actions from Ombudsman Decision Notices where Fault was found (as per Appendix 1) Appendix 3 – Complaints Customer Satisfaction Data
Background Papers:	N/A

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Appendix 1 - Outcome of complaints to the LGSCO by committee

Committee	Total number of final decisions	Outcomes of final decisions				Total Compensation Awarded
		Rejected	No Fault	Fault but no Injustice	Fault with Injustice	
Adults & Health	13	8	3	0	2	£68,792
Children & Families	43	23	3	2	15	£37,050
Resources	1	1	0	0	0	£0
Economy & Growth	3	2	0	0	1	£500
Environment & Communities	43	40	3	0	0	£0
Highways & Transport	13	13	0	0	0	£0
Totals	116	87	9	2	18	£106,342

Appendix 2 - Summary of Recommended Actions from Ombudsman Decision Notices where Fault was found (as per Appendix 1)

Adults and Health Committee

Service	Summary and Ombudsman's Final Decision	Agreed Action	Action Taken
Adult Social Care	<p>The Ombudsman's final decision</p> <p>11 September 2024</p> <p>Summary: Mrs K complained the Council and the Integrated Care Board (ICB) stopped paying for Miss D's housing costs when the property changed to supported housing. She said this resulted in Miss D depleting her savings because she had to pay rent and incurring legal charges as she had to seek specialist legal advice. We found fault in the way the Council and the ICB decided to stop paying for Miss D's housing costs as her accommodation should have been provided without charge in line with the terms of the Mental Health Act 1983. The legal fees she owes could have been avoided were it not for the faults. The Council and the ICB have agreed to our recommendations and will repay Miss D over £59,000 she paid for rent plus interest and pay her avoidable legal</p>	<p>The Council and the ICB have agreed to our recommendations and within two months of our final decision they will take the following action to remedy the injustice caused by the faults:</p> <ul style="list-style-type: none"> • Agree a lead agency and arrange for £59,149.86 to be repaid to Miss D via her Deputy Mrs K which totals the amount she paid for rent between February 2019 to April 2024. They should also apologise in writing for the impact the faults had on Miss D's finances and the time Mrs K spent pursuing this complaint. • Calculate the interest owed to Miss D based on the sum of £59,149.86 in line with the average retail price index starting from February 2019 when Miss D started paying rent to the date when the Council and the ICB repay the sum owed to Miss D following our final decision. 	£59,149.86 Paid November 2024.

Service	Summary and Ombudsman's Final Decision	Agreed Action	Action Taken
	<p>fees. They will also improve their processes and determine if others have been affected in a similar way.</p>	<ul style="list-style-type: none"> • Liaise with Mrs K and arrange to pay the avoidable expenses Miss D incurred which totals £9,143. • Review Miss D's care and support arrangements fully involving Miss D and an independent advocate if necessary and ensure the costs for her accommodation such as rent and service charges are included as part of her section 117 aftercare services rather than funded via housing benefit. This should continue until the Council and the ICB are satisfied she is well enough and can be discharged from section 117 aftercare. Any discharge meeting should be carried out in line with the MHA 1983 and the code of practice. • Write to Mrs K to confirm the outcome of their review so she can manage Miss D's financial affairs in line with her Deputy responsibilities. <p>Within six months of our final decision the Council and the ICB will:</p> <ul style="list-style-type: none"> • complete a review and determine whether any other residents of the 21 identified remained entitled to section 	<p>£9,143 Paid November 2024.</p> <p>Review completed December 2024.</p> <p>Completed December 2024.</p> <p>Ongoing – now due to be completed by 1 August 2025 as agreed with the LGSCO.</p>

Service	Summary and Ombudsman's Final Decision	Agreed Action	Action Taken
		<p>117 aftercare accommodation but were told to claim housing benefit. They will decide whether these residents have been caused injustice and are out of pocket due to having to pay rent, council tax and service charges. They will refund them accordingly providing a written explanation and apology as necessary with information of how to complain if they want to. They should ensure these residents are funded under the terms of section 117 of the MHA 1983 until the authorities are satisfied the person is well enough and can be discharged from section 117 aftercare. Any discharge meeting should be carried out in line with the MHA 1983 and the MHA code of practice.</p> <ul style="list-style-type: none"> confirm the outcome of their review of other residents to the Ombudsmen once they have determined if others were affected in a similar way. They will confirm any action taken or planned to put things right. ensure all staff whose responsibilities may include administering, commissioning, assessing for or 	<p>Ongoing – as above.</p> <p>Ongoing – as above.</p>

Service	Summary and Ombudsman's Final Decision	Agreed Action	Action Taken
		<p>providing section 117 aftercare have knowledge of the relevant law, guidance and policy, as appropriate to their roles. They will provide training as necessary.</p> <ul style="list-style-type: none"> remind all their staff involved in this case that the duty to pay for accommodation which is part of section 117 aftercare services is imposed on the Council and the ICB until such time they are satisfied a person can be discharged from section 117 and not simply because the status of a property may change to supported living accommodation. They will remind their staff that those entitled to section 117 aftercare accommodation should not be told to claim housing benefit as set out in their joint policy. 	Ongoing – as above.
Adult Social Care	<p>The Ombudsman's final decision 10 March 2025</p> <p>Summary: Mrs Y complained the Council failed to properly assess her mother, Mrs X's, care needs and finances in August 2022, and failed to then commission adequate care. She</p>	<p>Within one month of the final decision, the Council has agreed to:</p> <p>a) Apologise to Mrs Y for the uncertainty caused by the Council's failure to assess Mrs X at home, and whether a top up applied to Mrs X's care charges.</p>	Letter of apology issued 23 April 2025.

Service	Summary and Ombudsman's Final Decision	Agreed Action	Action Taken
	<p>says the Council also over charged Mrs X for residential care. The Council failed to follow up on Mrs X's domiciliary care assessment and follow the proper process to charge a top up on Mrs X's residential care costs. The Council has offered a suitable payment for Mrs X's domiciliary care. It should apologise and make a payment to Mrs Y for the uncertainty caused.</p>	<p>We publish guidance on remedies which sets out our expectations for how organisations should apologise effectively to remedy injustice. The Council should consider this guidance in making the apology.</p> <p>b) Pay Mrs Y £500 for the uncertainty caused by the Council's failure to assess Mrs X at home, and whether a top up applied to Mrs X's care charges.</p>	<p>Payment of £500 made.</p>

Children and Families Committee

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
SEND	<p>The Ombudsman's final decision</p> <p>30 May 2024</p> <p>Summary: The Council delayed finalising Ms X's child, Z's, Education, Health and Care (EHC) Plan in 2023, failed to make sufficient efforts to find Z a placement in a specialist school and relied on a mainstream school which said it could not meet Z's needs to provide their education. As a result, Z has not received all the education in their EHC Plan for four terms and this continues to date. To recognise the period of missed education and the uncertainty caused, the Council has agreed to apologise, pay Ms X £7,200, and pay her £2,000 for each additional term this academic year that Z continues not to receive the education in their Plan. To prevent reoccurrence of fault the Council has also agreed to carry out service improvements.</p>	<p>Within one month of the date of the final decision, the Council has agreed to:</p> <p>a) Apologise to Ms X for the injustice caused by the faults in this case;</p> <p>b) Carry out an annual review of Z's EHC Plan which can consider their current provision and needs (this EHC Plan should then be finalised within twelve weeks of the annual review meeting, informing Ms X of her appeal rights if she disagrees with the content of the Plan);</p> <p>c) Pay Ms X £3,000 to reflect the two terms Z did not receive all the education and SEN provision in their EHC Plan, or have any alternative provision put in place, between January and July 2023. This figure reflects that some education was received during this time, albeit at a school which could not properly meet Z's needs;</p> <p>d) Pay Ms X £4,000 to reflect the two terms Z did not receive any of the specialist school education set out in their EHC Plan between September 2023 and approximately mid-April 2024. This amount per term is increased to reflect the fact no education was received at all, only equine therapy, and the cumulative impact of a second academic year of missed education;</p>	<p>Letter of apology dated 14 June 2024 issued.</p> <p>Evidence submitted to Ombudsman to show that an annual review was completed on 19 March 2024.</p> <p>Payment of £7200 made 19 June 2024.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
		<p>e) Pay Ms X £2,000 for each further term in the 2023/24 academic year where Z does not receive the education in their EHC Plan; and</p> <p>f) Pay Ms X £200 to recognise the frustration and uncertainty she was caused due to the Council's delay in finalising Z's EHC Plan.</p> <p>Within three months of the date of the final decision, the Council has agreed to:</p> <p>a) Set out to the Ombudsman what steps the Council is taking as part of its SEND sufficiency planning to increase its number of specialist school placements, including expected timeframes for this;</p> <p>b) Outline what steps the Council is currently taking as part of its SEND improvement strategy to improve its timeliness in carrying out annual reviews and finalising EHC Plans and when it expects it will begin to see improvements in this area;</p> <p>c) Remind SEND staff that EHC Plans must be finalized within twelve weeks of annual review meetings; and</p> <p>d) Remind SEND staff that where a school has told the Council it can no longer meet a child or young person's needs, it cannot rely on that school to continue providing the education in a person's EHC</p>	<p>Payment of £2000 in respect of the Summer Term 2024 made 29 July 2024.</p> <p>Sent to LGSCO on 22 August 2024.</p> <p>Sent to LGSCO on 22 August 2024.</p> <p>Reminder email sent to all SEND staff on 22 July 2024.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
		Plan. Instead a suitable alternative education placement must be found for them.	
SEND	<p>The Ombudsman's final decision</p> <p>28 June 2024</p> <p>Summary: Mrs X complained the Council did not review her child's education, health and care plan within the statutory timescales, failed to provide the provision in the plan and failed to provide alternative education when her child was out of school. We found fault by the Council causing Mrs X and her child an injustice. The Council agreed to apologise and make a payment in recognition of the injustice caused. We could not investigate all parts of Mrs X's complaint. This is because they are outside of the Ombudsman's jurisdiction.</p>	<p>Within one month of my final decision the Council will:</p> <ul style="list-style-type: none"> • Apologise to Mrs X and Y for the distress and lack of education caused by the fault I have found; and • Pay Mrs X £8000, made up of: <ul style="list-style-type: none"> a) £7500 for the benefit of Y's education. This payment is in recognition of the education Y missed out on between September 2021 and April 2023. The payment has been worked out £1500 per term during this period. b) £300 to recognise the frustration, distress and uncertainty caused by the delays in issuing Y's EHC plan. c) £200 to recognise the frustration caused to Mrs X in having to pursue this matter. <p>In arriving at the recommended payment, I have had regard to:</p> <ul style="list-style-type: none"> • Our guidance on remedies which suggests a financial remedy of between £900 to £2400 per term to acknowledge the impact of that loss; • that Y received four hours of 1:1 tuition per week between 18 October 2021-24 November 2021 and that Y attended School 2 intermittently between January 2022 and December 2022. 	<p>Letter of apology issued 16 July 2024.</p> <p>Payment of £8000 made on 25 July 2024.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
		<ul style="list-style-type: none"> • the impact on Y of missing education and provision in her EHC plan; and • the remedy must cover both her missed education and the provision in her EHC plan. 	
Children with Disabilities	<p>The Ombudsman's final decision</p> <p>2 July 2024</p> <p>Summary: Mrs X complained about the way in which the Council completed the children's statutory complaints procedure in response to her complaint it failed to provide her family with appropriate support. We have found fault with the way in which some parts of the procedure were completed, causing injustice. The faults are: the recommended payment to recognise the impact of the Council's failings on the family did not properly reflect the extent of this injustice in line with our published remedies guidance; and the Council did not properly implement some of the other recommendations. To remedy the injustice the Council has agreed to: apologise to Mrs X; make a payment to properly reflect the impact of the failings; make a payment to recognise the distress caused by the failure to properly implement some of the recommendations; carry out a new</p>	<p>To remedy the injustice caused by the above faults and, within four weeks from the date of our final decision, the Council has agreed to:</p> <p>a) apologise to Mrs X for its failure to properly implement the recommendations to address Z's support needs and hold a meeting with her and carry out an updated carer's assessment. This apology should be in line with our guidance on Making an effective apology;</p> <p>b) pay Mrs X £2,750, to be used for her and Y and Z's benefit, in recognition of the impact on the family of the failings found by the statutory complaints procedure;</p> <p>c) carry out an updated statutory carer's assessment for Mrs Y;</p> <p>d) pay Mrs X £550 to reflect the additional upset and uncertainty caused by the Council's failure to properly implement all the IO and panel's recommendations This is a symbolic amount based on our guidance on remedies;</p>	<p>Apology Letter dated 24 July 2024 issued.</p> <p>Carer's Assessment completed and finalised 11 September 2024 and a copy sent to LGSCO.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
	statutory carer's assessment; hold a meeting with Mrs X to discuss the family's support needs and develop an action plan for options for assessing and providing support for the family; and complete the outstanding service improvement recommendation.	<p>e) arrange a meeting with Mrs X, attended by senior managers in the Children's Social Care, SEN and Adult Social Care (ASC) teams to discuss her concerns and the family's support needs;</p> <p>f) develop a clear action plan, involving Children's Social Care, SEN and ASC, for assessing and providing support for Y, Z, and Mrs X stating who is responsible for taking the actions and by when. The action plan should be sent to Mrs X;</p> <p>g) report back to us on the outcome of the meeting and with a copy of the action plan; and</p> <p>h) report back on the action it has taken to implement recommendation at 29 (d) and ensure minutes of CSS meetings are sent to all participants in a timely way and in accordance with local protocols.</p>	<p>Payment of £3300 made on 5 August 2024.</p> <p>Meeting held on 20 August 2024.</p> <p>Copy of minutes with agreed actions from meeting held on 20 August 2024 sent to LGSCO.</p> <p>Email sent to LGSCO 10 September 2024: "Business Support colleagues in Children's Services have a policy to send out Strategy Meeting minutes within 10 working days. In relation to Child in Need meeting minutes they work to send</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
			them out within 48 hours of them receiving them."
SEND	<p>The Ombudsman's final decision</p> <p>5 July 2024</p> <p>Summary: Ms P complained the Council unfairly made changes to a short breaks plan which had been working well for her son. We found the Council at fault for a delay in carrying out its short breaks plan review, and in failing to follow the statutory complaints process. The Council has agreed to make a symbolic payment to Ms P in acknowledgement of the injustice caused.</p>	<p>The Council has agreed to, within one month:</p> <p>Apologise to Ms P in accordance with our guidance on apologies;</p> <p>Pay £250 to Ms P in acknowledgement of the injustice caused by the faults identified.</p>	<p>Apology Letter dated 5 August 2024 issued.</p> <p>Payment made on 1 August 2024.</p>
SEND	<p>The Ombudsman's final decision</p> <p>1 August 2024</p> <p>Summary: Miss X complained the Council failed to provide all the support it should have done for her son, Y's, special educational needs. There was fault in how the Council took too long to arrange the speech and language therapy in Y's Education Health and Care plan.</p>	<p>Within one month of my final decision the Council will:</p> <ul style="list-style-type: none"> • apologise to Miss X for the uncertainty and frustration caused by delays in arranging the speech and language therapy in Y's November 2023 EHC plan; and • pay Miss X £300 to recognise that distress. 	<p>Letter of apology dated 13 August 2024 issued.</p> <p>Payment of £300 made on 12 September 2024.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
	This caused Miss X avoidable uncertainty and frustration for which the Council should apologise and pay a financial remedy.		
SEND	<p>The Ombudsman's final decision</p> <p>9 August 2024</p> <p>Summary: Ms X complained the Council failed to provide the specialist educational provision in her children, Y and Z's, Education, Health and Care (EHC) Plans when they moved into the Council's area. The Council failed to provide the specialist provision in Y and Z's Plans between September and October 2023 and did not have due regard to the Armed Forces Covenant. The Council will pay Ms X £2,500 to recognise the injustice caused to her, Y and Z and will review how it manages the transfer of Service children with EHC Plans.</p>	<p>Within one month of this decision the Council will:</p> <ul style="list-style-type: none"> • Write to Ms X and apologise for the distress, frustration and uncertainty caused to her by the Council's faults and pay her £500 to recognise the same. We publish guidance on remedies which sets out our expectations for how organisations should apologise effectively to remedy injustice. The Council will consider this guidance in making the apology I have recommended. • Pay Ms X £2,000, £1,000 each for Y and for Z for the specialist educational provision they did not receive between September and October 2023. <p>Within three months of this decision the Council will:</p> <ul style="list-style-type: none"> • complete the review of its transfer processes to ensure they are in line with the SEND code of practice in relation to Service children, and have due regard to the Armed Forces Covenant. The Council will produce a timebound action plan to implement any improvements it identifies as necessary as a result of that review; and • remind relevant staff members dealing with transfers of children with EHC Plans that it should accept the EHC Plan as it is, provide a placement and/or the 	<p>Payment of £2500 made on 30 August 2024.</p> <p>Email sent to LGO 12.11.2024 with a folder of attachments outlining the new process for transferring EHC plans following the process review that was carried out.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
		provision in the Plan and then complete the annual review process set out in the SEND code of practice.	Email dated 6 November 2024 sent to all SEND staff
SEND	<p>The Ombudsman's final decision</p> <p>5 September 2024</p> <p>Summary: Mrs X complained the Council did not provide information she requested about applying for a personal budget to secure the specialist educational provision set out in the Education, Health and Care Plans of her two children. The Council failed to provide Mrs X the information she requested which caused her avoidable frustration. The Council will apologise and now provide her with the personal budget information she requested.</p>	<p>Within one month of the final decision the Council will:</p> <p>a) write to Mrs X and apologise for the avoidable frustration she has been caused by the Council's faults; and</p> <p>b) contact Mrs X and provide the information she has requested about personal budgets; and</p> <p>c) remind Council officers responding to complaints to ensure it provides a full complaint response when it becomes aware it has omitted to respond to a point of complaint initially.</p>	<p>Letter of apology dated 3 October 2024 issued.</p> <p>Email sent to Mrs X with information about personal budgets dated 3 October 2024.</p> <p>Email reminder issued to key staff and teams involved in responding to complaints on 8 October 2024.</p>
School Admissions	<p>The Ombudsman's final decision</p> <p>30 September 2024</p> <p>Summary: Ms X complained the Council failed to provide suitable fulltime alternative provision for her son Y when he was unable to attend school from September 2023 until July 2024. The</p>	<p>Within one month of this decision the Council will:</p> <p>a) write to Ms X and apologise for the frustration caused to her by its initial delay in responding to her concerns about Y's attendance.</p> <p>b) remind relevant staff to respond to parent's concerns within three to five working days;</p>	<p>Actions Due 30 October 2024</p> <p>Letter of apology issued dated 29 October 2024.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
	Council delayed in responding to Ms X's concerns which caused her frustration. The Council was not at fault in its actions around Y's attendance and education. The Council should apologise to Ms X for the avoidable frustration she was caused.	c) remind relevant staff to avoid drift and delay in considering whether a child should receive a section 19 education.	
SEND	<p>The Ombudsman's final decision</p> <p>17 October 2024</p> <p>Summary: Miss X complained about how the Council provided and reviewed her son, Y's, special education. There was fault in how the Council failed to ensure Y received all the education set out in his Education Health and Care plan and delayed completing both a review of Y's plan and deciding on Miss X's request for direct payments. This caused Y to miss out on education and caused both Miss X and Y avoidable distress. The Council agree to make its decisions about the Y's plan and direct payments, review Y's current tuition, apologise to Miss X and Y, and pay them a financial remedy. It also agreed to issue reminders to its staff.</p>	<p>Within one month of my final decision the Council will:</p> <ul style="list-style-type: none"> • issue the final amended EHC plan, including a personal budget, and make its decision about whether to pay this through direct payments; • review Y's ongoing tuition to ensure the full hours are in place for the current school year; • apologise to Miss X and Y for the education Y missed in 2023-24 and for the avoidable distress and upset caused by this and the delays to the annual review; • pay Miss X £3000 to recognise the education Y missed in the 2023-24 school year. This is intended for Y's future educational benefit; • pay Miss X £400 to recognise the avoidable distress, frustration and uncertainty caused by the failure to provide all the education in Y's EHC plan and the delays to the 2023 annual review; and • pay Y £250 to recognise the avoidable distress and uncertainty caused by the delays to the annual review. <p>We publish guidance on remedies which sets out our expectations for how organisations should apologise effectively to remedy injustice. The organisation</p>	<p>Final EHCP issued 7 Nov 2024.</p> <p>Moderation Panel held 1 Nov 2024. Personal Budget agreed via Direct Payments.</p> <p>Letter of Apology issued dated 6 November 2024.</p> <p>Payments of £3400 to Miss X and £250 to Y made on 4 and 7 Nov 2024 respectively.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
		<p>should consider this guidance in making the apology I have recommended.</p> <p>Within three months of my final decision the Council will clarify to staff responding to SEND complaints the correct interpretation of the Council's complaints procedure to ensure it does not refuse to investigate complaints at stage two which are about issues further consideration by the Council might resolve.</p> <p>I would normally also have made recommendations about how the Council ensures provision in EHC plans is being made and timeliness following annual reviews. However, we recently made similar service improvement recommendations and these were after the events I have investigated. Therefore, I have not repeated those recommendations.</p>	Email issued to Complaints Officers on 27 Jan 2025 in response to this action.
SEND	<p>The Ombudsman's final decision</p> <p>7 November 2024</p> <p>Summary: There was fault in the process to amend an Education, Health and Care Plan after an annual review and in failing to provide alternative provision when a child was not admitted to their named school. The Council will apologise, make a financial payment and make service improvements. The complaint is upheld.</p>	<p>Within four weeks of my final decision: The Council will apologise to Ms X for the faults identified in this decision statement.</p> <p>The Council will pay Ms X £1000 for the distress and uncertainty caused including the missed opportunity to seek alternative provision for 1.5 terms in 2024.</p> <p>Within two months of my final decision: The Council will ensure it has robust processes in place to ensure cases where a</p>	<p>Apology letter dated 6 December 2024.</p> <p>Payment of £1000 made 26 November 2024.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
		<p>need for alternative provision is identified remain under regular review until a solution is found.</p> <p>The Council will ensure that at annual review it considers whether the EHC Plan is up to date, reflects any additional diagnoses, and the level of support a child or young person currently receives, particularly where there is a phase transfer and future settings will need to rely on the Plan for an accurate picture of current need.</p>	<p>Response sent to LGSCO 13.1.2025</p> <p>Response sent to LGSCO 13.1.2025</p>
SEND	<p>The Ombudsman's final decision</p> <p>13 November 2024</p> <p>Summary: Mrs X complained the Council delayed putting Occupational Therapy provision in place as outlined in her daughter's (Y) Education, Health and Care (EHC) Plan following a SEND tribunal order. The Council is at fault for delaying providing some of the Occupational Therapy provision Y requires. This caused Mrs X distress, frustration and uncertainty and impacted Y's development. The Council should make a payment to recognise this.</p>	<p>Within one month of the final decision the Council has agreed to take the following action:</p> <p>a) Apologise to Mrs X to recognise the distress, frustration and uncertainty caused by the delays implementing part of Y's OT provision. We publish guidance on remedies which sets out our expectations for how organisations should apologise effectively to remedy injustice. The Council should consider this guidance in making the apology I have recommended.</p> <p>b) Pay Mrs X £150 to recognise the distress, frustration and uncertainty caused by the delays implementing part of Y's OT provision.</p> <p>c) Once Y has been assessed by the mainstream OT team, consider whether she requires more OT sessions in relation to handwriting. This is to ensure Y</p>	<p>Letter of apology issued dated 9 December 2024.</p> <p>£150 payment made on 3 December 2024.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
		<p>is in a similar position to what she would have been in, had she received the provision since April.</p> <p>31. Within two months of the final decision the Council has agreed to take the following action: a) Provide us with an action plan specifically around how the Council intends to reduce mainstream OT wait times and a further update on its progress with the backlog three months after providing the plan.</p>	<p>Response sent to LGO 20.12.2024.</p> <p>Copy of agreed OT Action Plan sent to LGO.</p>
SEND	<p>The Ombudsman's final decision</p> <p>14 November 2024</p> <p>Summary: We have upheld this complaint because the Council delayed issuing an Education Health and Care Plan. The Council has agreed to resolve the complaint by offering to make a suitable payment to the complainant to remedy the injustice this cause. We will not investigate other matters because they are either made late or have been subject to an appeal to a tribunal.</p>	<p>I have recommended that the Council writes to Mrs X within one month to offer her a payment of £200 to remedy the distress this has caused her. To its credit, the Council agreed to my recommendation.</p>	<p>Payment of £200 made on 29 November 2024.</p>
School Admissions	<p>The Ombudsman's final decision</p> <p>29 November 2024</p>	<p>Within one month of this decision the Council will:</p>	

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
	<p>Summary: Ms X complained the Council failed to provide suitable fulltime alternative provision for her son G when he was unable to attend school from July 2023 until May 2024. The Council was at fault for failing to consider if it should provide, and then failing to provide, alternative provision from February to April 2024. The Council was also at fault for failing to consider if the alternative provision it offered met G's needs. The Council will apologise and pay Ms X £1,100 to recognise the alternative provision G missed and the uncertainty and frustration caused to Ms X by the Council's actions. The Council will also review its policy for commissioning alternative provision.</p>	<p>a) Write to Ms X and apologise for the injustice caused to her and G by the Council's faults. We publish guidance on remedies which sets out our expectations for how organisations should apologise effectively to remedy injustice. The Council will consider this guidance in making the apology I have recommended;</p> <p>b) Pay Ms X £600 for the alternative provision G did not receive between February and April 2024. Ms X should use this for G's benefit as she sees fit;</p> <p>c) Pay Ms X a symbolic amount of £500 to recognise the distress, frustration and uncertainty caused to her by the Council's faults;</p> <p>d) Remind relevant Council officers of the importance of keeping clear, complete and contemporaneous records of its decision making when deciding if it has a duty to provide alternative provision to meet its duties under section 19 of the Education Act 1996; and</p> <p>e) Review its policy to only commission online provision for children who require alternative provision due to illness or otherwise and ensure the policy does not fetter its discretion to consider the individual needs of each child, in line with the legislation.</p>	<p>Letter of apology dated 17 January 2025.</p> <p>Payment of £1100 was made on 10 February 2025.</p> <p>Staff training took place on 26 & 27 February 2025.</p> <p>Alternative Provision (AP) policy has been updated.</p>
SEND	<p>The Ombudsman's final decision</p> <p>23 December 2024</p> <p>Summary: Mrs X complained that the Council failed to provide alternative education from the end of June 2023 to February 2024</p>	<p>Within one month of the final statement, the Council will:</p> <p>a) apologise to Mrs X and make a payment of £350 for her avoidable distress and frustration;</p> <p>b) make a payment of £2,400 for Y's loss of education for the period of September to December 2023, and</p>	<p>Apology Letter dated 17 January 2025 issued via email.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
	when her child was unable to attend school on health grounds. We have found fault causing an injustice. The Council has agreed to apologise, make a symbolic payment for the lost education and service improvements.	£800 for the January 2024 term. Mrs X should use this for Y's educational benefit; c) the revised DfE statutory guidance may assist the Council in managing school absences because of proven ill health. But the Council needs to ensure that schools, the early help team and its attendance and out of school officers are aware of the referral process to the medical tuition team, and they do not delay in making such referrals where there is proof of ill health. The Council has agreed to provide training to these departments within three months of the final statement.	Total payment of £3550 made on 27 January 2025. Response sent to LGO with evidence of training on 24.3.2025.
SEND	<p>The Ombudsman's final decision</p> <p>22 January 2025</p> <p>Summary: Ms X complained the Council failed to provide her child with suitable education and Section F provision from her child's Education, Health and Care Plan since May 2023. We found fault with the Council delaying review of Ms X's child Education, Health and Care Plan by 18 weeks outside the statutory timescales. We also found fault with the Council failing to provide suitable education for Ms X's child and EHC Plan provision from 20 June 2023 to the end</p>	<p>Within one month of the Ombudsman's final decision the Council should:</p> <ul style="list-style-type: none"> • Provide Ms X with an apology and a payment of £250 for the uncertainty and frustration caused through its 18 weeks of delay in amending her child's EHC Plan outside the statutory timescales. • Provide a payment of £3,300 to Ms X for Y's missed education, and EHC Plan provision, from 20 June 2023 to the end of the academic year 2023/2024. 	<p>Apology letter issued dated 19 Feb 2025.</p> <p>Payment of £3550 made on 6 Feb 2025.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
	of the academic year 2023/2024. The Council agreed to apologise to Ms X, pay her £250 for the frustration and uncertainty caused and £3,300 for her child's missed education.		
Children with Disabilities	<p>The Ombudsman's final decision</p> <p>6 March 2025</p> <p>Summary: Mrs X complained the Council failed to provide a personal assistant to support her disabled child between February-November 2024. She also complained the Council refused her request for residential respite care. The Council was at fault for failing to provide a personal assistant for a period of 9 months. However, the Council assessed Mrs X's request for residential care in line with the relevant law and guidance without fault. The Council has agreed to apologise and make a payment to Mrs X to recognise the distress, frustration and uncertainty caused by the lack of support that was in place for her child between February-November 2024.</p>	<p>Within one month of the final decision, the Council has agreed to take the following action:</p> <p>a) Apologise to Mrs X for the distress, frustration and uncertainty caused by the Council failing to provide a personal assistant for nine months. We publish guidance on remedies which sets out our expectations for how organisations should apologise effectively to remedy injustice. The Council should consider this guidance in making the apology I have recommended.</p> <p>b) Pay Mrs X £300 for the distress, frustration and uncertainty caused by Council failing to provide a personal assistant for nine months.</p> <p>c) Upon receipt of the invoices, refund Mrs X the £7 per hour she has been contributing to the wage from November 2024 to now.</p> <p>d) Find a personal assistant for Mrs X within the budget of £15.31 or increase her direct payments to cover the cost of current personal assistant.</p>	<p>Letter of apology issued 14 April 2025.</p> <p>Payment of £300 made on 1 May 2025.</p> <p>Mrs X had not in fact been contributing to the wage herself; Invoices issued since November 2024 have been sent direct to the Council and paid.</p> <p>Hourly rate for Mrs X's current PA has been increased.</p>

<u>Service</u>	<u>Summary and Ombudsman's Final Decision</u>	<u>Agreed Action</u>	<u>Action Taken</u>
		<p>Within three months of the final decision, the Council has agreed to take the following action:</p> <p>a) Create an action plan explaining how the Council is intending to increase its pool of personal assistants.</p>	Due 6 June 2025.
SEND	<p>The Ombudsman's final decision</p> <p>17 March 2025</p> <p>Summary: Ms X complains the Council was at fault in the way it responded to her requests for alternative educational provision for her daughter when she was out of school causing distress and loss of educational opportunity. We found no evidence of fault in the way the Council responded to Ms X's request for alternative provision. We found fault in the way the Council dealt with the annual review as it did not meet the statutory timescales. We have recommended a suitable remedy for the injustice caused in this case so have completed our investigation.</p>	<p>Within one month of the date of my final decision the Council will apologise in writing to Ms X for the delay and any frustration caused by the annual review process and delaying her right of appeal.</p> <p>We publish guidance on remedies which sets out our expectations for how organisations should apologise effectively to remedy injustice. The organisation should consider this guidance in making the apology I have recommended in my findings.</p>	Letter of apology issued 15 April 2025.

Economy and Growth Committee

Service	Summary and Ombudsman's Final Decision	Agreed Action	Action Taken
Housing	<p>The Ombudsman's final decision</p> <p>26 April 2024</p> <p>Summary: Mr and Mrs X complained the Council signed off installation works of a specialist electrical bath for their child without getting an electrical safety certificate from the contractors. Mr and Mrs X also complained the Council installed the incorrect bath. We found fault with the Council failing to get the correct electrical safety certificate and for delays in making this safe. The Council agreed to apologise to Mr and Mrs X and pay them £500 for the avoidable distress and inconvenience caused. We did not find fault with the Council's installation of the bath or later changing this to a wet-room.</p>	<p>Agreed action</p> <p>Within one month of the Ombudsman's final decision the Council should:</p> <ul style="list-style-type: none"> • Apologise to Mr and Mrs X and pay them £500 for the delays in acting on concerns about the safety of the electrical installation. 	<p>Letter of apology issued 24 May 2024 and payment of £500 made on 14 May 2024.</p>

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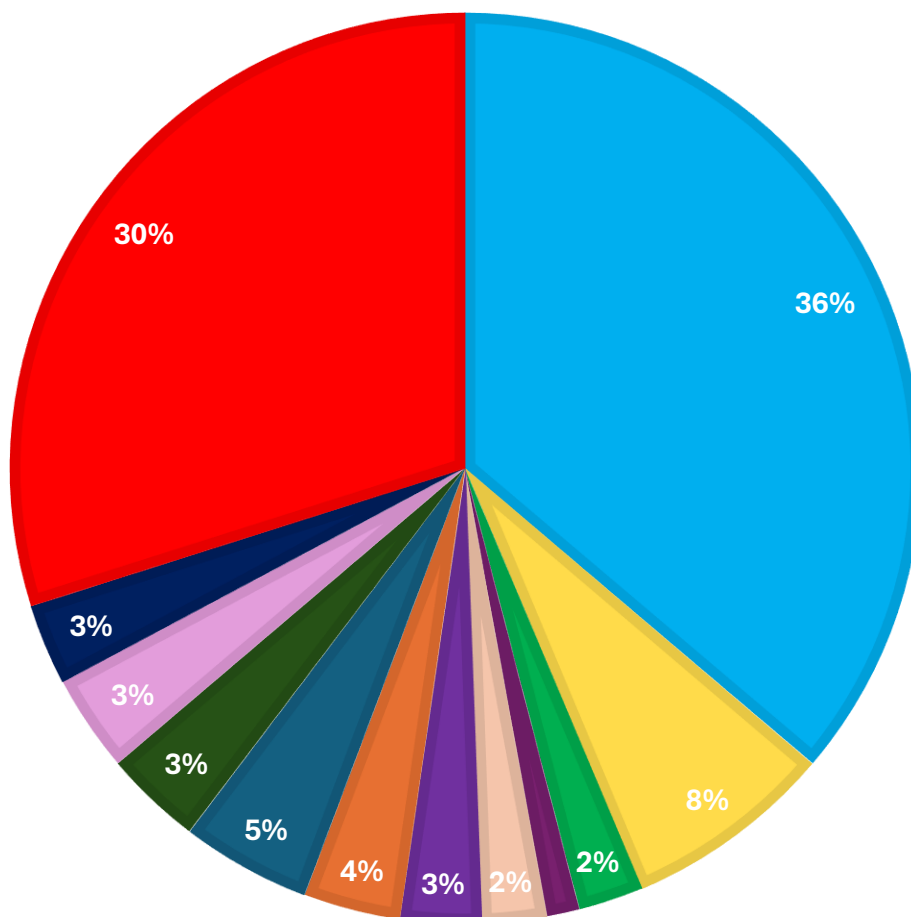
Appendix 3

Complaints Satisfaction Survey Summary 24/25

Question 1

“What was your most recent complaint to Cheshire East Council about?”

- Missed bin collection
- Maintenance of roads (e.g. potholes, resurfacing, damaged or missed signs)
- Flooding issue/concern
- Time taken to process a planning application
- Lack of planning enforcement
- Children's Social Care
- Special Education Needs, Disabilities & SEND
- Adult Social Care
- An issue with Council Tax
- Parking dispute
- An issue with the service provided by Customer Services
- **Other

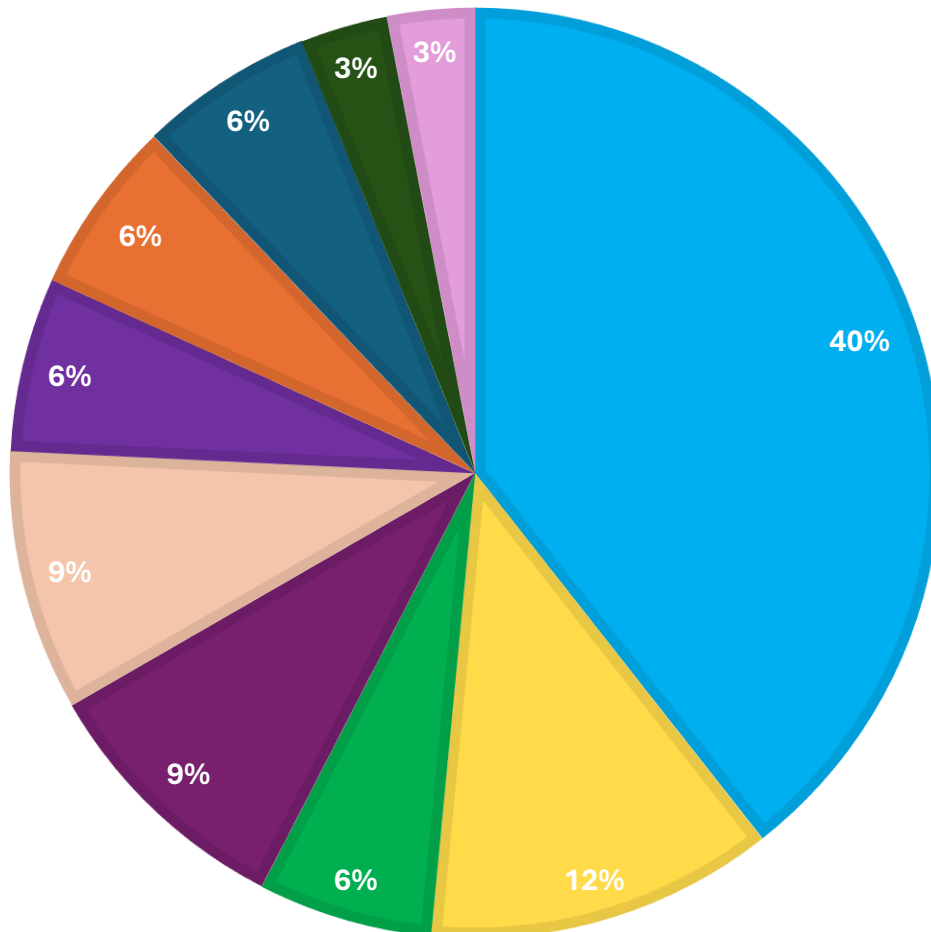


Complaints Satisfaction Survey Summary 24/25

Question 1

****Of the 'other' category, below are the top 10 themes provided by the customer:**

- Damaged bins
- Bin collection and assistance
- Planning
- Closure of tip
- Issues with replacement bin
- Garden bin subscription service
- Ongoing waste collections
- General complaint
- School bus pass
- Increase in parking charges

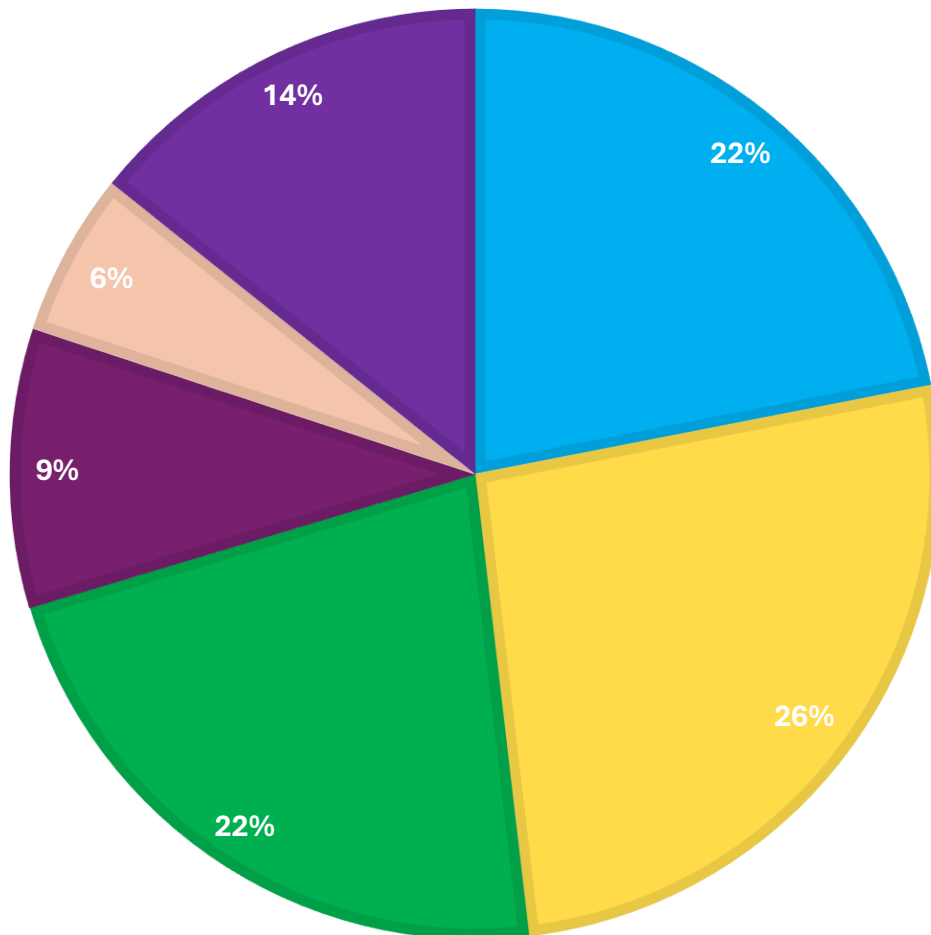


Complaints Satisfaction Survey Summary 24/25

Question 2

When you complained to the council, which of the following were you hoping for:

- To make Cheshire East Council think more about its responsibilities
- For confirmation that action has been taken to make sure it doesn't happen again
- To get a better explanation of what happened / what went wrong
- For an apology
- For personal compensation
- **Other (please specify):

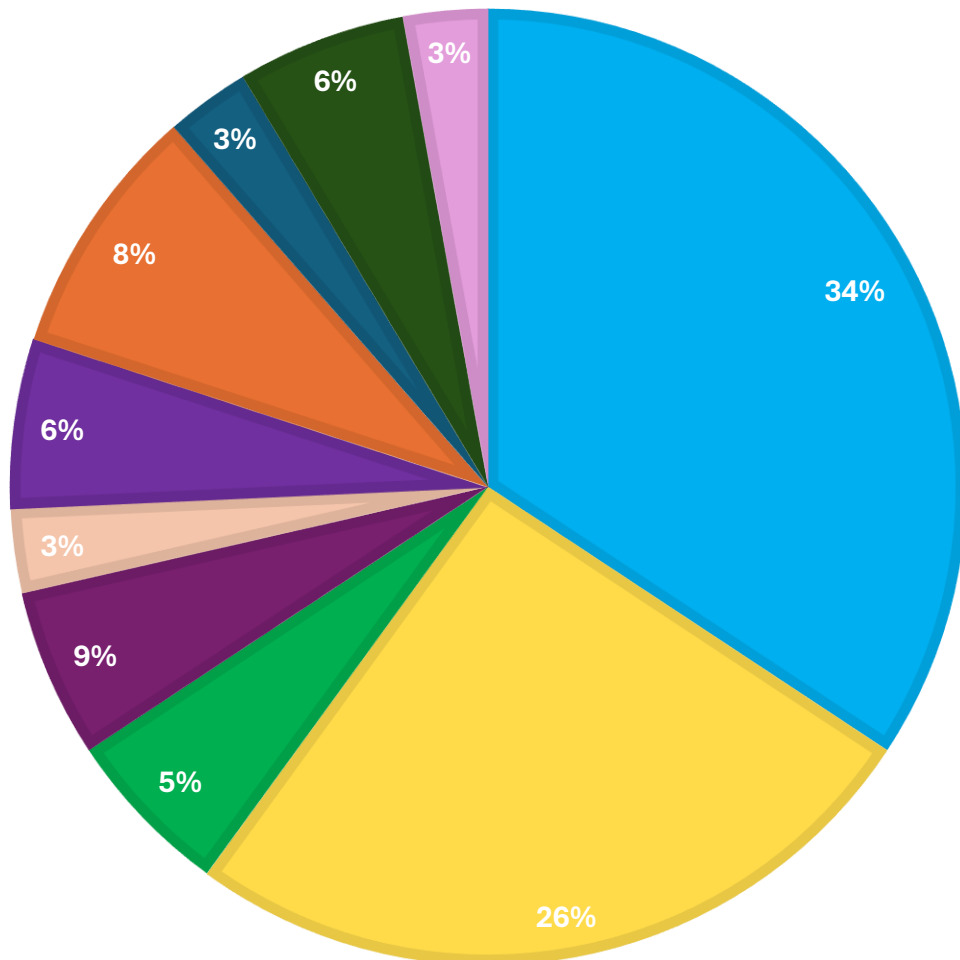


Complaints Satisfaction Survey Summary 24/25

Question 2

****Of the 'other' category, below are the top 10 themes provided by the customer:**

- To get a replacement bin
- Accountability and a thorough investigation.
- Answers to specific questions
- To waiver the charge for swapping size of bin
- To get them to carry out there legal obligations
- To get bins emptied
- Investigation and mediation, accountability & transparency
- For you to do what you implied in your letter
- To fix an obvious problem
- To object to the council plans.



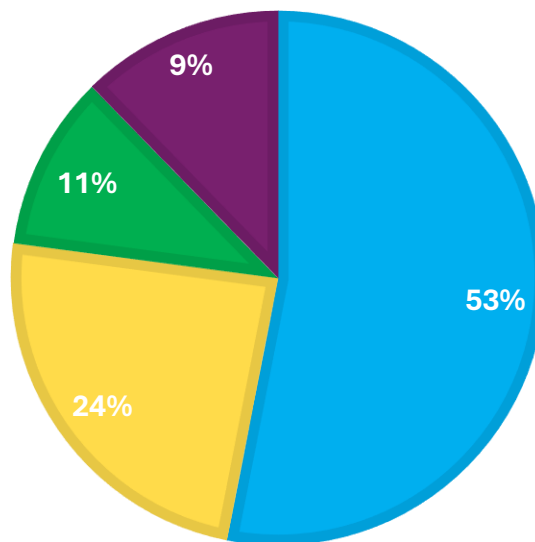
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Complaints Satisfaction Survey Summary 24/25

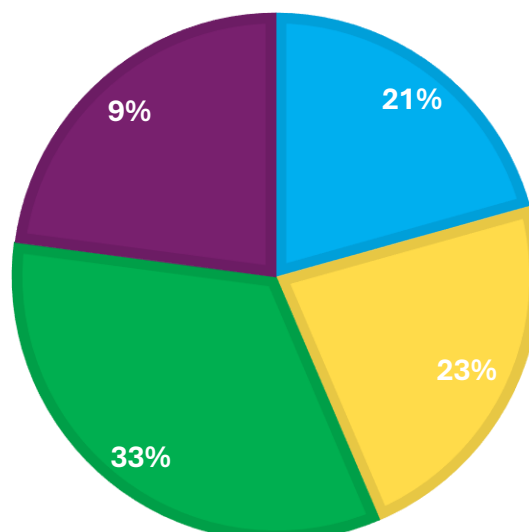
Question 3

How quickly did you expect Cheshire East Council to...

... acknowledge your complaint and let you know they were dealing with it?



...deal with your complaint and come back to you with an answer?

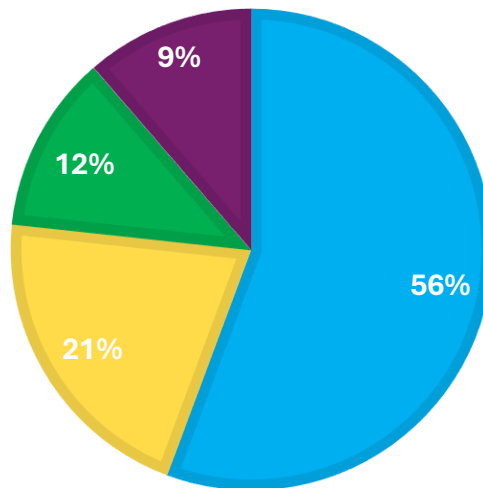


Complaints Satisfaction Survey Summary 24/25

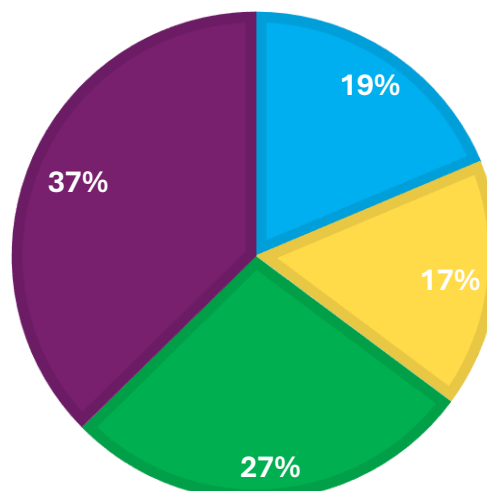
Question 4

How soon after you lodged your complaint with Cheshire East Council
did you receive...

*...an acknowledgement that they had
received your complaint?*



*...a reply from them with an answer to your
complaint?*



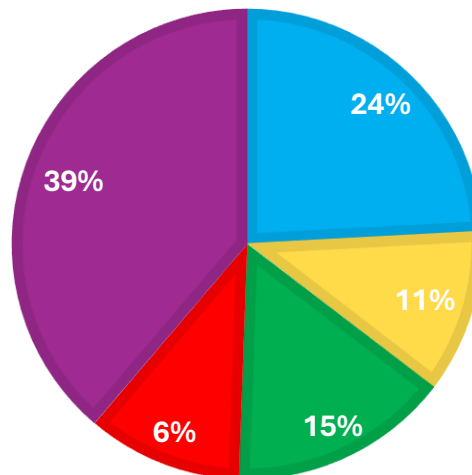
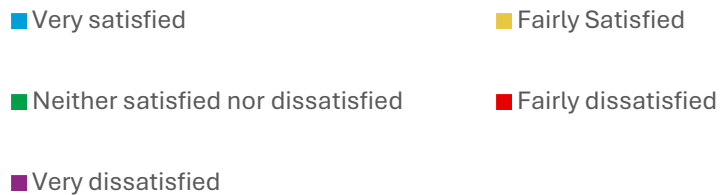
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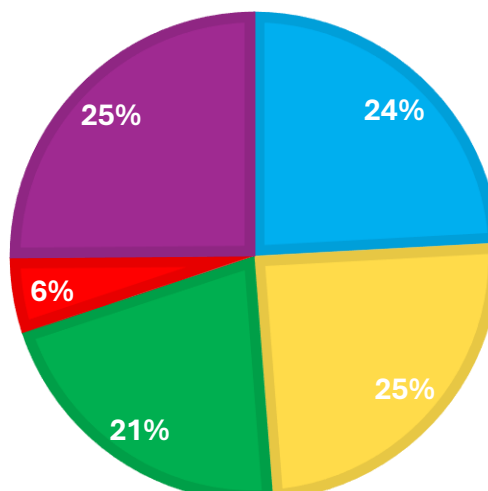
Question 5

How satisfied or dissatisfied were you with...

...the speed with which Cheshire East Council has dealt with your complaint?



...the speed at which Cheshire East Council acknowledged your complaint?



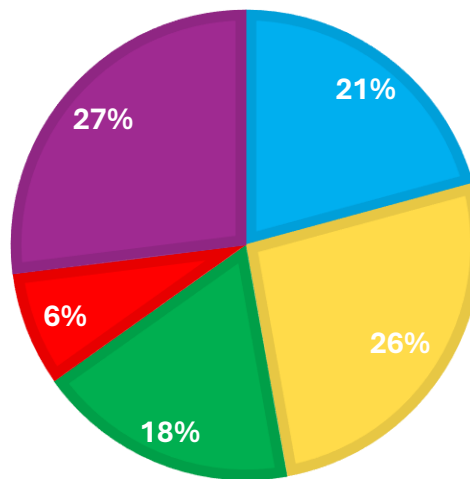
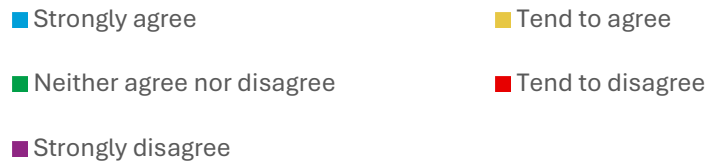
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Complaints Satisfaction Survey Summary 24/25

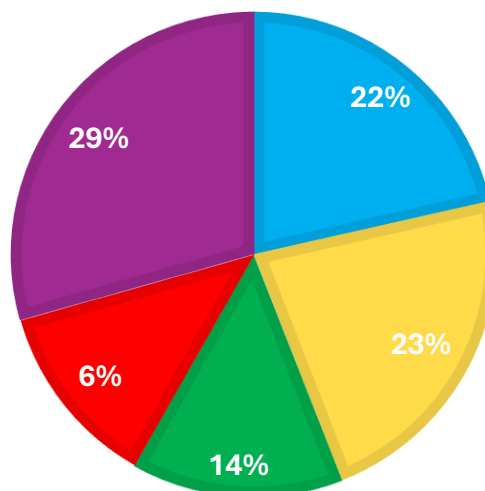
Question 6

How strongly do you agree or disagree with the following?

The reply you received was clear and easy to understand?



The reply was tailored to your particular complaint.



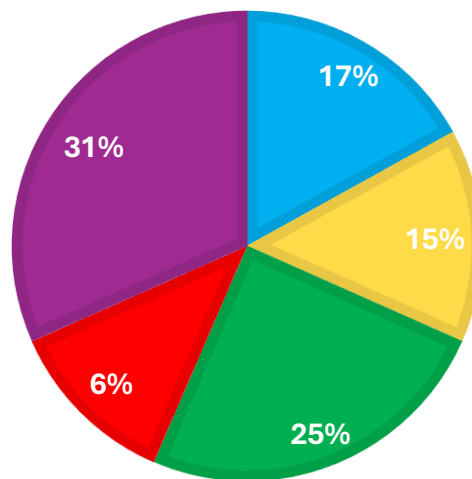
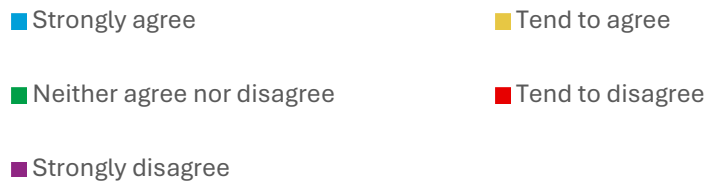
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Complaints Satisfaction Survey Summary 24/25

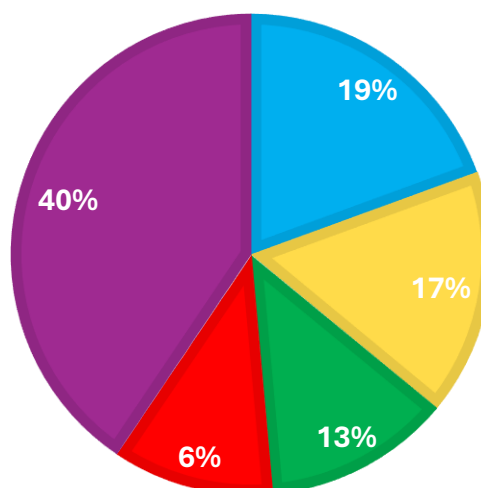
Question 6

How strongly do you agree or disagree with the following?

*The staff who dealt with your complaint
were knowledgeable and competent.*



*The staff who dealt with your complaint
fully understood the points you were
making.*



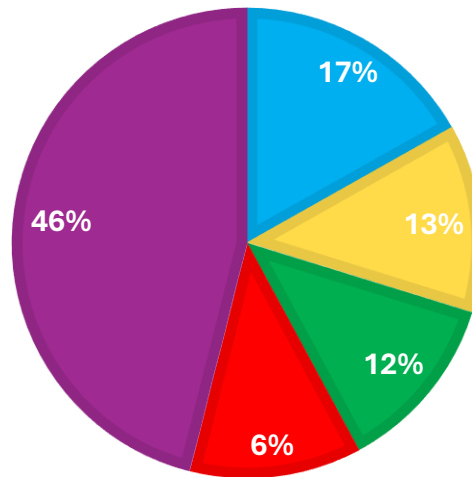
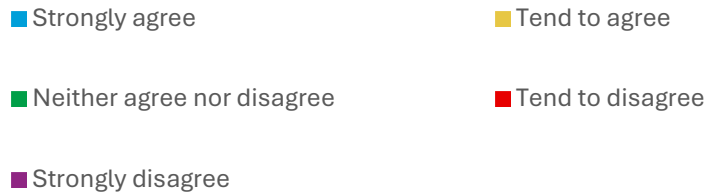
Appendix 3

Complaints Satisfaction Survey Summary 24/25

Question 6

How strongly do you agree or disagree with the following?

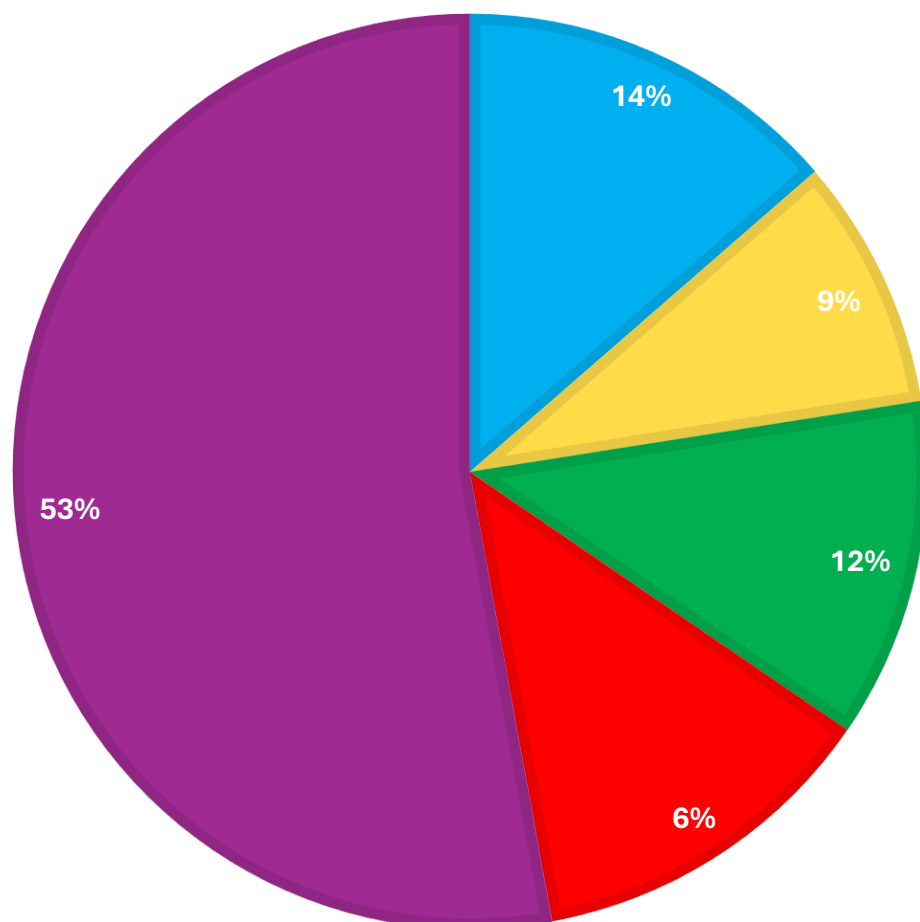
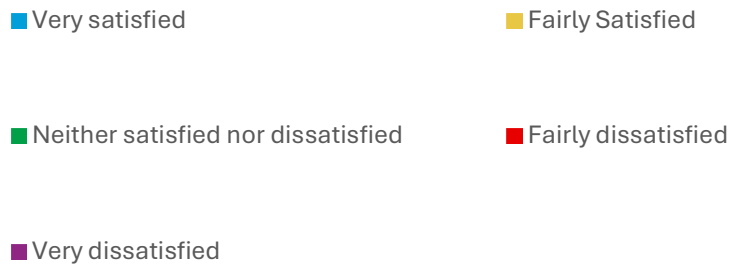
*The staff who dealt with your complaint
addressed the main issue.*



Complaints Satisfaction Survey Summary 24/25

Question 7

How satisfied were you overall with the way your complaint was handled by Cheshire East Council?

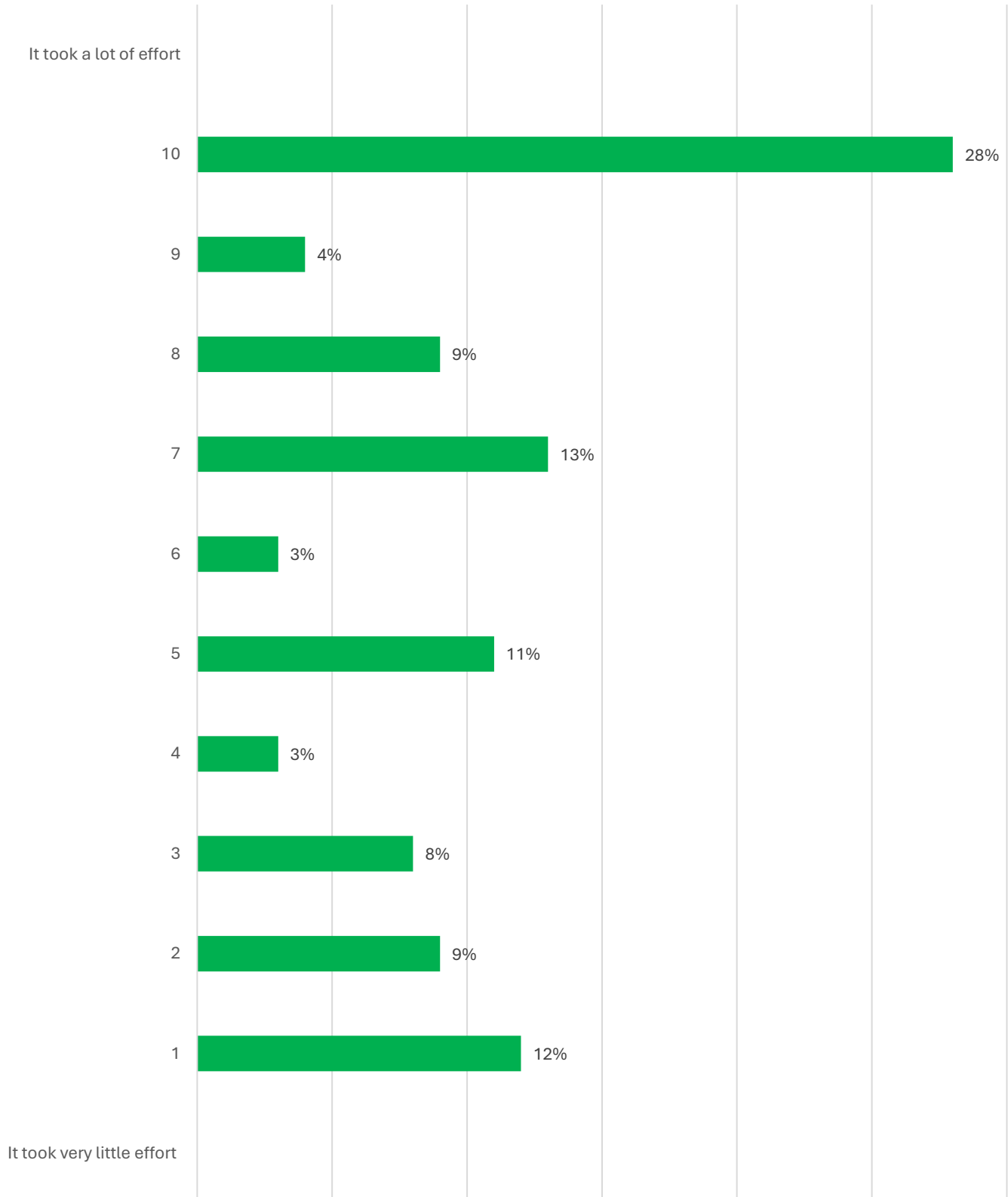


Appendix 3

Complaints Satisfaction Survey Summary 24/25

Question 8

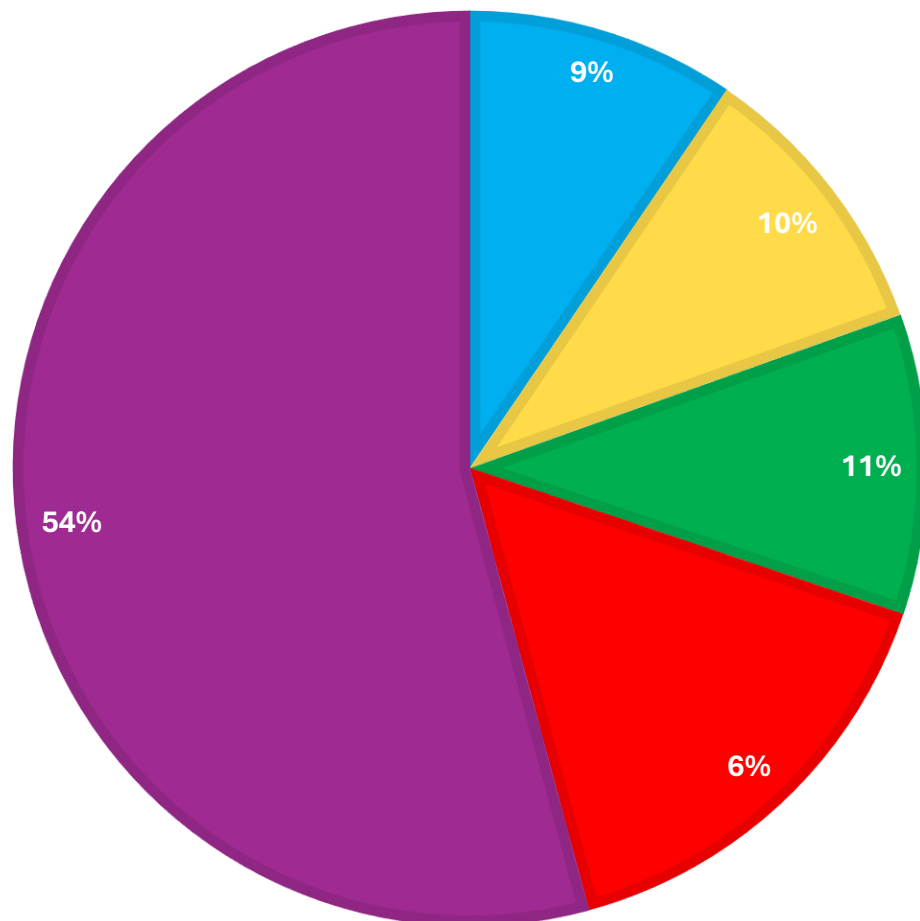
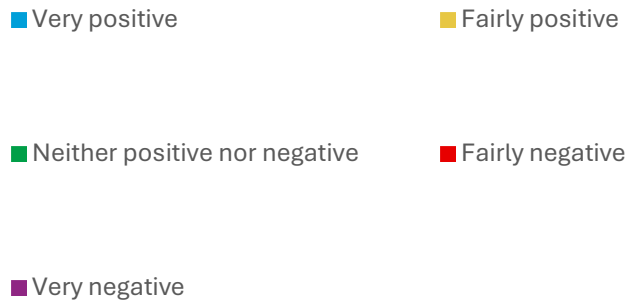
On a scale of 1 to 10, where 1 is “It took very little effort”, how much effort did you have to make to register your complaint? 1 (I took very little effort) – 10 it took a lot of effort Please select one option only



Complaints Satisfaction Survey Summary 24/25

Question 9

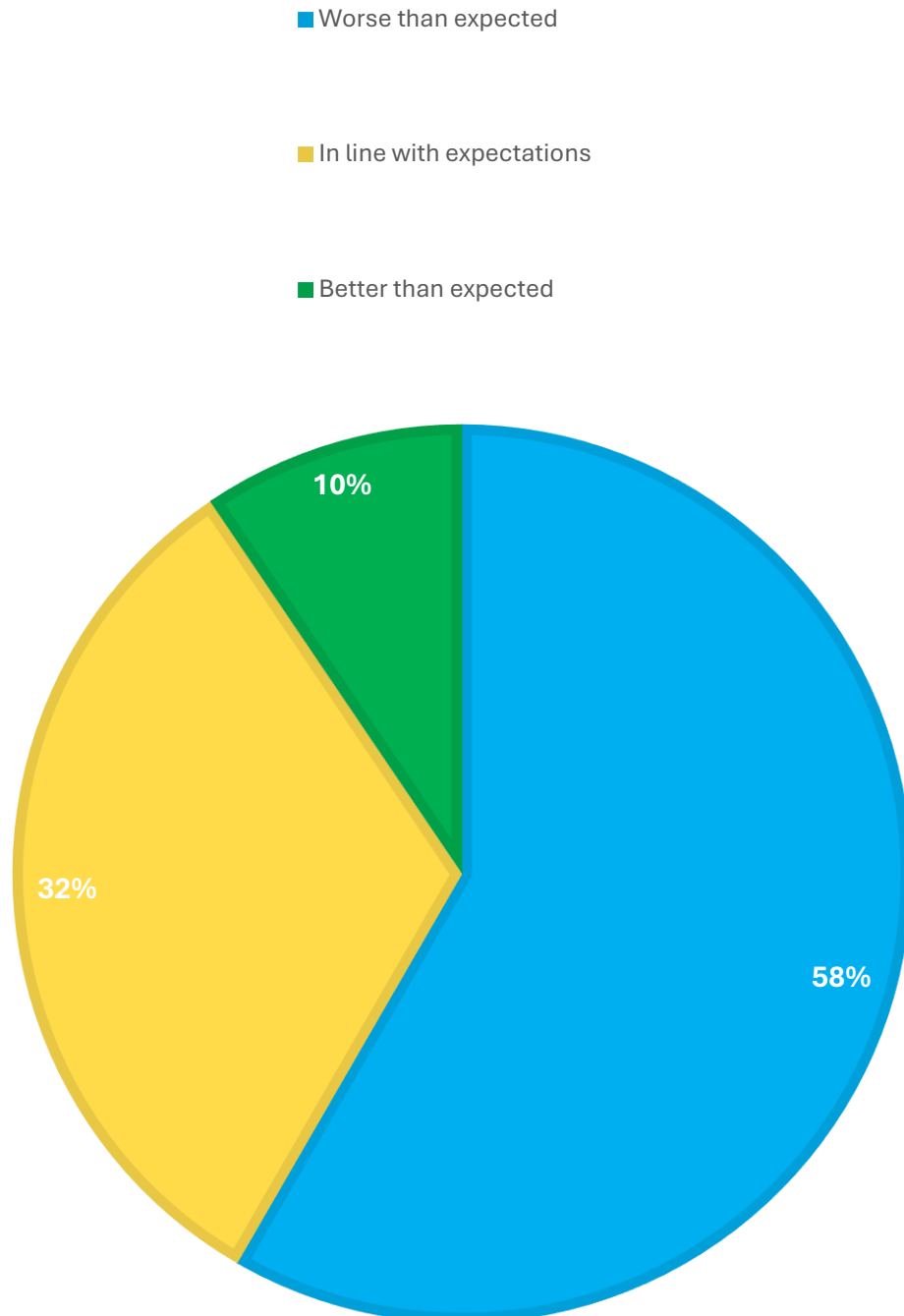
Thinking of how they dealt with your complaint, what sort of impression did this give you of Cheshire East Council?



Complaints Satisfaction Survey Summary 24/25

Question 10

Thinking back to what you were expecting at the outset when you first contacted Cheshire East Council to make your complaint, has the experience of dealing with them been better than, in line with or worse than you expected?



OPEN

Audit and Governance Committee

Date: 28 July 2025

Regulation of Investigatory Powers Act (RIPA) – Outcome of IPCO Inspection

Report of: Janet Witkowski, Acting Governance, Compliance and Monitoring Officer

Report Reference No: AG/22/25-26

Ward(s) Affected: All

For Scrutiny

Purpose of Report

- 1 The purpose of this report is to provide Audit & Governance Committee with the details of the outcome of a remote inspection by the Investigatory Powers Commissioner's Office (IPCO) in relation to the Council's use of its powers under Part II of the Regulation of Investigatory Powers Act 2000 (RIPA).
- 2 The Audit & Governance Committee's remit includes the receipt of reports, both internal and external on the effectiveness of internal controls, which inform the committee's understanding of the sufficiency of these arrangements and whether further improvements and actions are required.

Executive Summary

- 3 The Investigatory Powers Commissioner's Office inspects local authority use of RIPA powers every three years. Cheshire East Council was previously inspected in November 2022 and has recently undergone a smaller scale inspection in June 2025.
- 4 The Council submitted a written compliance update, and the Commissioner confirmed satisfaction with the Council's assurance that compliance will be maintained. It was noted that the two authorisations since the last inspection were well formed with statutory considerations appropriately addressed. The inspector did not find any areas for

improvement or non-compliance. No further inspection is required until 2028.

RECOMMENDATIONS

The Audit & Governance Committee is recommended to:

1. Note the outcome of the IPCO inspection and the assurance that the Council is compliant with RIPA legislation.

Background

- 5 The Council is inspected by the Investigatory Powers Commissioner's Office (IPCO) every three years. Committee received a report in March 2023 on the outcome of the inspection held in November 2022; therefore, a further inspection was anticipated in 2025.
- 6 Following a review of how IPCO conducts its oversight of local authorities, they no longer undertake routine inspections as has previously been the case. Instead, IPCO has agreed that each local authority should provide a written update, in the first instance, on its compliance with the legislation. This will enable them to assess whether a remote, or in some cases, in-person inspection is required. This approach takes cognisance of the general decline in the use of covert powers by many local authorities, and seems the right approach for now, based upon their assessment of risk and where limited resources are best directed for the coming year.
- 7 The Council received notification and an opening request for data in May 2025, which was required to be provided by 30 June 2025. All requested information with supporting evidence was provided to the inspector on 23 June 2025. An outcome letter was received on 26 June 2025 confirming that the Commissioner was satisfied with the Council's assurance that ongoing compliance with RIPA will be maintained. It was noted that both authorisations since the last inspection were well formed with statutory considerations appropriately addressed.
- 8 The Council is required to ensure that key compliance issues continue to receive the necessary internal governance and oversight, and no further inspection is required until 2028.

Consultation and Engagement

- 9 It has not been necessary to consult on the contents of this report.

Reasons for Recommendations

- 10 The Audit & Governance Committee has a key role in overseeing the Council's risk management, control and corporate governance arrangements. This report seeks to ensure that the Committee is informed of the IPCO's inspection and to provide assurance that the Council is compliant with the requirements of the RIPA legislation.

Other Options Considered

- 11 This report is for noting and no other options are considered necessary.

Implications and Comments

Monitoring Officer/Legal/Governance

- 12 The Council's use of its powers under Part II of RIPA in respect of directed surveillance is subject to annual reporting by the Monitoring Officer to provide assurance to Audit & Governance Committee. Inspection by IPCO is carried out every three years to ensure the lawful use of the Council's powers and that effective policies and procedures are in place.

Section 151 Officer/Finance

- 13 There are no financial implications arising directly from this report.

Human Resources

- 14 There are no direct implications for human resources arising from this report.

Risk Management

- 15 The Governance, Compliance & Monitoring Officer provides assurance that the Council has arrangements in place to ensure lawful use of RIPA powers and manages the risks of non-compliance. The Governance, Compliance & Monitoring Officer in their role as Senior Responsible Officer for RIPA, has regular oversight of RIPA applications and signs off the central register of authorisations on a quarterly basis.

Impact on other Committees

- 16 There are no direct implications for other Committees arising from this report.

Policy

- 17 The inspector did not make any suggestions for improvement to the RIPA Policy and Procedure or the Online Investigations Policy; however, regular review of the policies has identified areas for improvement and updated policies will be submitted to a future Committee. This supports Commitment 3 in the Corporate Plan – an effective and enabling council.

Equality, Diversity and Inclusion

- 18 There are no equality issues arising directly from the content of this report.

Other Implications

- 19 There are no other implications arising directly from the content of this report.

Consultation

Name of Consultee	Post held	Date sent	Date returned
<i>Statutory Officer (or deputy) :</i>			
Ashley Hughes	S151 Officer	15/07/25	16/07/25
Janet Witkowski	Acting Monitoring Officer	10/07/25	15/07/25
<i>Legal and Finance</i>			
Janet Witkowski	Acting Monitoring Officer	10/07/25	15/07/25

Access to Information	
Contact Officer:	Julie Gibbs, Information Rights Manager (DPO) Julie.gibbs@cheshireeast.gov.uk
Appendices:	None
Background Papers:	None

Audit and Governance Committee Work Programme 2025-26

Report Reference	Audit & Governance Committee	Title	Purpose of Report	Lead Officer	Consultation	Equality Impact Assessment	Part of Budget and Policy Framework	Exempt Item	Committee Terms of Reference
July 2025									
AG/04/25-26	28/07/25	Annual Complaints and Compliments Report 2024-25	To receive an update on complaints, compliments and customer contact for 2024-25.	Executive Director of Resources and S151 Officer	No	No	No	No	To receive reports and assurances from across the organisation.
AG/07/25-26	28/07/25	Final Outturn and Draft Statement of Accounts 2024/25 (Audit & Governance Committee)	The purpose of this report is to present the pre-audited overview of the Council's Outturn and the draft Statement of Accounts for 2024/25. Members are being asked to note the financial performance of the Council. The report also provides confirmation that the accounts will be published on the Council's website. The report provides committee members with an early summary of the accounts, which will help them in advance of any formal responsibility to approve the accounts	Executive Director of Resources and S151 Officer	No	No	Yes	No	To consider reports on the effectiveness of financial management arrangements.
AG/04/25-26	28/07/25	Risk Management Report 2024-25	This report provides the committee with an update on risk management activity during 2024-25.	Head of Audit, Risk and Assurance	No	No	No	Yes, in part	To consider the effectiveness of the system of risk management arrangements.
AG/10/25-26	28/07/25	Draft Annual Governance Statement 2024-25	This report will provide the committee with the draft Annual Governance Statement for 2024-25.	Head of Audit, Risk and Assurance	No	No	No	No	To review and approve the AGS and consider whether it properly reflects the risk environment and supporting assurances
AG/11/25-26	28/07/25	Internal Audit Opinion 2024-25	This report provides the Annual Internal Audit Opinion for 2024-25.	Head of Audit, Risk and Assurance	No	No	No	No	To consider reports, both internal and external, on the effectiveness of internal controls and monitor

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									implementation of agreed actions.
FSC/09/25-26 AG/16/25-26	28/07/25	Companies Draft Financial Statements 2024/25	The purpose of this report is to present the draft financial statements of Ansa Environmental Services Ltd and Orbitas Bereavement Services Ltd for the year 2024/25	Executive Director of Resources and S151 Officer	No	No	Yes	No	Ensuring assurance over both the quality of the draft financial statements and the Council's wider arrangements to support a timely and effective audit.
AG/36/24-25	28/07/25	Member Training and Development Plan	To present the refreshed Member Training Strategy and Programme to the Audit and Governance Committee.	Governance, Compliance and Monitoring Officer	No	No	TBC	No	To ensure that the Committee remains focussed on its assurance role, all members of the Committee, and any designated substitute, must be appropriately trained.
September 2025									
AG/01/25-26	29/09/25	Annual Review on Information Governance	This report provides assurance to the Audit and Governance Committee on the Council's arrangements for information governance and information security over the course of the previous financial year.	Director of Digital	No	No	No	No	The Committee receives reports and assurances from across the organisation.
AG/02/2025-26	29/09/25	Monitoring Officer Annual Report 2024-25	This report seeks to provide information and assurance to the Audit and Governance Committee on key aspects of the Monitoring Officer's responsibilities over the previous financial year.	Governance, Compliance and Monitoring Officer	No	No	No	No	The Committee receives reports and assurances from across the organisation.
AG/08/25-26	29/09/25	Audit and Governance Committee Self-Assessment	Outcome of the Committee's self-assessment against the CIPFA standards for Audit Committees - this may lead to other reports for information or decision, for example, examining the Terms of Reference of the Committee.	Head of Audit, Risk and Assurance	No	No	No	No	To ensure compliance with best practice.
AG/15/25-26	29/09/25	ECW (Enterprise Cheshire & Warrington) Accounts 2024/25	The purpose of this report is to present the audited financial statements of Enterprise Cheshire and Warrington for the year 2024/25	Executive Director of Resources and S151 Officer	No	No	Yes	No	Ensuring assurance over both the quality of the draft financial statements and the Council's wider arrangements to

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									support a timely and effective audit.
December 2025									
AG/05/25-26	04/12/25	Final Statement of Accounts 2024/25 (Audit & Governance Committee)	The purpose of this report is to present to the committee the final version of the Statement of Accounts for 2024/25, the statements will incorporate the agreed changes reported in the Audit Findings report 2023/24. there will be a recommendation to committee to approve the Statement of Accounts for 2023/24	Executive Director of Resources and S151 Officer	No	No	Yes	No	To review and approve the annual statement of accounts.
AG/06/25-26	04/12/25	Audit of Accounts 2024/25, including Value for Money Statement.	The purpose of the report is to present to Council, the Audit findings report for 2024/25 accompanied by a response recommended by the Audit & Governance Committee to any significant issues raised in the Audit Findings Report	Executive Director of Resources and S151 Officer	No	No	Yes	No	Ensuring assurance over both the quality of the draft financial statements and the Council's wider arrangements to support a timely and effective audit.
AG/14/25-26	04/12/25	Companies Audited Financial Statements 2024/25	The purpose of this report is to present the audited financial statements of Ansa Environmental Services Ltd and Orbitas Bereavement Services Ltd for the year 2024/25	Executive Director of Resources and S151 Officer	No	No	Yes	No	Ensuring assurance over both the quality of the draft financial statements and the Council's wider arrangements to support a timely and effective audit.
March 2026									
AG/12/25-26	05/03/26	Internal Audit Plan 2025-26 Progress Update	This report provides the Committee with an update on the progress of the Audit Plan delivery, findings and outcomes.	Head of Audit, Risk and Assurance	No	No	No	No	To consider the internal audit's performance during the year, including updates on the delivery of the audit plan.
AG/13/25-26	05/03/26	Internal Audit Plan 2026-27 Approval	This report provides the proposed Internal Audit Plan 2026/27 to the Committee for review and approval.	Head of Audit, Risk and Assurance	No	No	No	No	To approve the risk-based internal audit plan.

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