

GOVERNANCE AND AUDIT COMMITTEE

Minutes of the meeting held in the Committee Room and on Zoom on 30 September, 2025

- PRESENT:** Mr Dilwyn Evans (Lay Member) (Chair)
Councillor Margaret M. Roberts (Deputy Chair for this meeting only)
- Councillors Geraint Bebb, Kenneth Hughes, Keith Roberts, Ieuan Williams.
- Lay Members: Dr Geraint Jones, William Maund, William Parry.
- IN ATTENDANCE:** Director of Function (Resources)/Section 151 Officer
Head of Internal Audit & Risk (MP)
Performance and Projects Team Manager (GP)
Chief Public Protection Officer (for item 5)
Chief Digital Officer (MH) (for item 14)
IT Infrastructure Manager (MD (for item 14)
Principal Corporate Health and Safety Advisor (for item 5)
Lead Security Engineer (CTC) (for item 14)
Principal Auditor (NW)
Committee Officer (ATH)
Webcasting Officer) (FT)
- APOLOGIES:** Councillor Euryyn Morris (Deputy Chair)
- ALSO PRESENT:** Councillor Robin Williams (Deputy Leader & Portfolio Member for Finance and Housing), Rachel Freitag (Financial Audit Manager – Audit Wales), Carwyn Rees (Performance Audit Manager – Audit Wales), Director of Education, Skills, and Young People (IoACC), Licensing and Corporate Safety Manager (SH)(IoACC), Senior Auditor (AL) (IoACC)

The Chair welcomed everyone to the meeting and extended a particular welcome to the two newly appointed Lay Members, Dr Geraint Jones and William Maund who were attending their first meeting of the Governance and Audit Committee. In the absence of the Deputy Chair, Councillor Euryyn Morris, Councillor Margaret M. Roberts was elected to serve as Deputy Chair for this meeting only.

1. APOLOGIES

The apology for absence was presented and was noted.

2. DECLARATION OF INTEREST

No declaration of interest was received.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meetings of the Governance and Audit Committee held on 16 July 2025 were presented and were confirmed as correct.

4. GOVERNANCE AND AUDIT COMMITTEE ACTION LOG

The report of the Head of Audit and Risk incorporating the committee action log was presented for consideration. The report updated the Committee on the status and progress of the actions and decisions it had agreed upon.

The Head of Audit and Risk reported on item 19 on the action log noting that the Public Services Ombudsman for Wales Letter 2024/25 will be reissued due to a data issue. As a result, the Letter will now be presented to this committee at its December 2025 meeting. Consequently, the Monitoring Officer's Annual Complaints Concerns and Whistleblowing report 2024/25 has also been deferred to the December meeting to coincide with the PSOW Letter's presentation. Regarding item 27 on the action log which relates to the analysis of staff attrition rates, specifically internal movements as opposed to external exits, the Performance and Projects Team Manager has consulted with HR on this matter and has been advised that the current HR system does not easily track staff movements between services. Officers are investigating this further and aim to provide an update at the next meeting.

A member of the committee referred to a previously presented Audit Wales report on the use of performance information - service user perspective and outcomes. He questioned how the report's recommendations are being followed up, noting that they are not listed in the action log. The Head of Audit and Risk said that while the Performance and Projects Team Manager monitors the Council's implementation of external audit recommendations she would ensure they are being monitored.

It was resolved to note the actions detailed in the action log table and to confirm that the Committee is content that the actions have been implemented to its satisfaction.

5. ANNUAL CORPORATE HEALTH AND SAFETY REPORT 2024/25

The report of the Head of Regulation and Economic Development incorporating the Council's Annual Health and Safety Report for 2024/25 was presented for the committee's consideration. The report provided an overview of health and safety activity at the Council during the period including an analysis of accidents and incidents together with the Council's response to those issues. It also listed key achievements and set out an action plan for the following year.

The report was presented by the Chief Public Protection Officer to provide the committee with assurance regarding the Council's Health and Safety performance.

In considering the report, the committee discussed the following matters –

- The committee questioned how many of the reported accidents and incidents were attributable to insufficient training or failure to follow health and safety protocols.

The Principal Corporate Health and Safety Advisor explained that while this specific statistic is not recorded, each accident and incident is investigated to determine its cause. He noted that the majority of staff have received the necessary health and safety training, and that a significant proportion of incidents in the data are not employee related involving pupils in schools or clients in care homes. For employee specific incidents the adequacy of training and the presence of appropriate risk assessments are reviewed. Although the exact figures are not available, in most cases training has been sufficient and protocols have been followed.

In a follow up question, the committee asked whether such information should be tracked and reported, as identifying cases of non-compliance or insufficient training could help

prevent future accidents. The Chief Public Protection Officer acknowledged the point and stated that based on the incident data received by the Corporate Health and Safety team, it may be possible to analyse and identify patterns such as training gaps. He confirmed that the committee's suggestion had been noted.

- The committee referred to the 2025/26 health and safety strategic action plan which was included in tabular form within the report. Members noted that the proposed actions were very broadly defined, making it difficult to monitor progress effectively. It was suggested that each action should be SMART i.e. specific, measurable, achievable, relevant and timebound.

In response, the Chief Public Protection Officer confirmed that the service is currently developing a more detailed three to four year strategic plan which will include defined targets and measurable outcomes. The plan is intended for presentation to the corporate management board.

The committee welcomed the information and proposed that the completed three year strategic plan incorporating SMART actions be brought to this committee for review in due course.

- The committee asked whether the reduction in RIDDOR reports during 2024/25 was the result of deliberate action by the Council to mitigate risk or whether it was a matter of good fortune.

The Principal Corporate Health and Safety Advisor responded that the decrease was due to a combination of both factors. He explained that since the pandemic, the Corporate Health and Safety team has taken a proactive approach in sharing information with staff and helping them re-familiarise themselves with health and safety systems. This has led to increased awareness among staff of the policies and procedures that must be followed, supported by ongoing engagement from the Health and Safety team. While this heightened awareness may have contributed to the reduction in reportable incidents, he emphasised that accidents can occur at any time. He noted that the importance of health and safety must continue to be reinforced consistently across the organisation.

- The committee asked whether in-year reporting is available to indicate how the current 2025/26 year is progressing.

The Principal Corporate Health and Safety Advisor advised that reports are provided to the individual services and to the corporate management team. Based on his recollection, incident figures are currently slightly lower than those of the previous year although historical patterns suggest that incidents tend to rise in the third quarter. He confirmed that figures could be provided if required.

- In relation to the Council's maturity in managing health and safety, the committee sought clarification on how the organisation classifies itself in this regard. The committee also enquired whether the underlying trend in employee related statistics is a cause for concern.

The Chief Public Protection Officer acknowledged that attitudes towards Council staff are a concern and is actively being addressed this year. Processes for capturing, monitoring and sharing data are being reviewed in collaboration with the Transformation and IT services to adopt a more digital approach and improve accessibility.

- The committee questioned whether incidents of challenging or violent behaviour where staff are absent due to mental rather than physical impact, are recorded.

The Principal Corporate Health and Safety Advisor confirmed that such incidents are recorded. He explained that where there is a known injury and the member of staff goes off work following an incident, it would be recorded and may trigger a RIDDOR report. While physical injuries are more commonly the cause of absence, mental health related absences lasting seven days or more are potentially RIDDOR reportable and would also be reported to the HSE.

- The committee noted that different locations such as schools require tailored responses and individual health and safety plans. It was asked whether activities undertaken during the year are measured against these plans.

The Principal Corporate Health and Safety Advisor advised that while the team is aiming to adopt a more strategic approach this year, service specific action plans have historically been prepared. He noted that schools differ significantly from services such as highways, waste and property with control measures tailored to each environment. Services are expected to maintain service relevant health and safety action plans to monitor progress throughout the year.

It was resolved, subject to the proviso in bullet point three below, that the committee –

- **Accepts that the Council's activities regarding Corporate Health and Safety adequately address the risk and priorities of the Council.**
- **Takes assurance that reasonable measures are in place to manage health and safety risks to an acceptable level.**
- **Notes and welcomes the service's intention to produce a three year strategic plan incorporating SMART actions and requests that the completed plan be presented to a future meeting of this committee.**

6. INTERNAL AUDIT UPDATE

The report of the Head of Audit and Risk providing an update as at 30 September, 2025 on the audits completed since the previous update as at 30 June 2025 was presented for the committee's consideration. The report also set out the current workload of Internal Audit and its priorities for the short to medium term going forward. Members of the committee were provided under separate cover with copies of the assurance reports finalised in the period in relation to Managing the Poverty Risk (YM11) (Reasonable Assurance), Continuous Monitoring – Payroll (Reasonable Assurance), and Continuous Monitoring – Creditors (Reasonable Assurance).

The report was presented by the Head of Audit and Risk who provided an overview of the three assurance report completed in the period along with the issues identified. Regarding the Continuous Monitoring – Creditors audit review, she highlighted that since the last review in September 2024, approximately £60,000 in previously identified duplicate payments has been recovered. The Payments Team continues to pursue the £65,000 still outstanding as resources allow. She further noted that this annual exercise is undertaken in collaboration with the Payments Team. This follows a leading software supplier, working with neighbouring councils, quoting approximately £53k for a three year contract to carry out a similar exercise.

During the ensuing discussion on the update report, the committee raised the following matters –

- The committee questioned the rationale behind assigning a “Reasonable assurance” rating to the Managing the Poverty Risk review. The committee suggested that the issues identified, classified as moderate, were in fact more substantial and the rating should therefore be revised accordingly.

In response the Head of Audit and Risk explained that the Council’s risk assessment matrix is used to evaluate risk, weighing likelihood against impact and that the auditor has deemed the risk to be moderate (Yellow). While appropriate processes and mechanisms are in place for managing the poverty risk, improvements are needed which include ensuring that actions are SMART and strengthening the socio-economic duty within the Tackling Poverty Strategy, particularly by giving greater attention to intersectionality. In response to further queries regarding the availability of action plans, the Head of Audit and Risk clarified that the Council’s Tackling Poverty Strategic Plan is supported by an operational plan which is separate from the action plan developed to address the six issues/risks identified in the audit review. The committee requested copies of both plans.

- The committee sought clarification of the observation in the Managing the Poverty Risk audit review that staff engagement remains limited. Members queried whether this indicated a deeper systemic risk that should be formally highlighted.

The Head of Audit and Risk explained that the issue stems from the Council’s service delivery plans. While the socio-economic duty is acknowledged within broader strategic plans, it is not sufficiently embedded within the Tackling Poverty Strategy and greater integration between the two is needed. The strategy also lacks adequate consideration of intersectionality where people affected by socio-economic disadvantage may also face challenges due to race, gender or sexuality. This dimension is not currently covered by the Tackling Poverty Strategy. The Head of Audit and Risk also clarified that although the strategy is formally owned by the Director of Social Services, it is applicable across all council services and each department has a role to play in addressing poverty.

- The committee raised concerns about whether the Managing the Poverty Risk review considers broader factors, specifically the percentage of children still living in poverty and the number of assaults against staff in the primary school sector, as previously discussed in the Health and Safety Annual Report. Members questioned whether there might be a link between these issues, suggesting that the poverty risk may be manifesting in such behaviours and that the review should draw these strands together.

The Head of Audit and Risk acknowledged the point, noting that it reinforces the need for collective ownership of the Tackling Poverty Strategy. She confirmed that she would pass the observation to the Director of Social Services who holds formal responsibility for the Strategy.

The Director of Function(Resources)/Section 151 Officer advised that the poverty risk is twofold: firstly, the Council’s role in supporting Anglesey citizens affected by poverty; and secondly, the impact on Council services. He emphasised that as the number of people experiencing poverty increases, so too does the demand for services, particularly in adult and children’s social care, housing and benefits hence the inclusion of the risk on the strategic risk register, as it has the potential to significantly affect Council resources.

It was resolved to note the outcome of Internal Audit’s engagements, the assurance provided and its priorities going forward.

Additional action: Head of Audit and Risk to circulate the Tackling Poverty Strategy Operational Plan and Managing the Poverty Risk audit review action plan to the committee's members.

7. OUTSTANDING INTERNAL AUDIT RISKS, ISSUES AND OPPORTUNITIES

The report of the Head of Audit and Risk which provided an update on the status of the outstanding issues, risk and opportunities that Internal Audit has raised was presented for the committee's consideration.

The Principal Auditor presented the report and provided an overview of its key points. As of 31 August 2025, seventy-three outstanding actions were being tracked, with ten assessed as "major" (amber) and sixty-three as "moderate" (yellow) risks. A detailed analysis of the current status of the outstanding major related issues, risks and opportunities was provided at Appendix 1 to the report.

The following matters were raised by the committee –

- The committee enquired whether a revised timescale had been set for the overdue moderate rated action raised by the audit of Direct Debit Processes.

The Director of Function(Resources)/Section 151 Officer explained that most individuals billed for business rates by the Council do not make any payments due to their eligibility under the Small Business Rates Reduction Scheme, resulting in a relatively small number of payees. While the Council offers direct debit payment, applicants must currently complete a form. To support transition to a paperless system, staff will collect payment details over the phone and forward the form for processing. However, bank authorisation and separate plans for each income stream need to be developed. Although the Council Tax direct debit scheme is paperless, the Business Rates scheme remains manual because of the low number of transactions which has not made it a priority. Additionally, the Payments team is also working on other projects to ensure compliance with the Payment Card Industry Data Security Standard (PCIDSS).

In response to a follow-up question about extending the timescale for overdue actions and whether a mechanism exists for escalation to prevent "action creep," the committee was informed that each action has a designated owner and a target completion date. A user dashboard within the 4action system provides a real time snapshot of progress, enabling effective tracking and reporting. Action completion dates may be extended but only if the service can demonstrate a legitimate reason, taking into account the associated level of risk. For major rated issues/risks that have not been resolved twelve months after the original completion date, action owners are asked to provide an update to the committee explaining the delay. Greater flexibility is afforded to moderate (Yellow rated) actions, with each case assessed on its own merits and risk evaluated. Amber rated issues/risks are subject to internal audit's own escalation process.

Responding to a question about the status of the two PCIDSS related actions listed in Appendix 1 of the report both of which had a target completion date of 30 September, the Director of Function(Resources)/Section 151 Officer explained that the Council has recently moved to an automated system for taking payment card details which is PCIDSS compliant with the exception of the Leisure Services and Oriel Ynys Môn. Solutions for telephone card payments taken by these services are being reviewed.

- A member of the committee referred to the three asset management related actions listed in Appendix 1 all of which had a target completion date of 1 October, 2025. He requested that the committee be notified by e-mail as to whether this deadline was met.

It was resolved to accept the Council's progress in addressing the outstanding internal audit issues/risk/opportunities as satisfactory.

Additional action: Head of Audit and Risk to notify the committee's members by e-mail whether the three asset management related actions with a due date of 1 October 2025 were completed by this deadline.

8. DRAFT SELF-ASSESSMENT REPORT 2024/25

The report of the Head of Profession (HR) and Transformation incorporating the draft self-assessment report for 2024/25 was presented for the committee's consideration. The Council is required by the Local Government and Elections (Wales) Act 2021 to publish an annual self-assessment report to show how it has performed, whether its resources are being used efficiently and effectively and how it is managing and mitigating the associated risks.

The report was presented by the Performance and Projects Team Manager who explained the self-evaluation process where each service assessed its performance across four key areas using updated scoring criteria - Needs Improvement, Meets Expectations, Exceeds Expectations and Outstanding. Their assessments were challenged in service review meetings with officers and elected members. Based on this process, the report provides an overall assessment of how well the Council has met its performance requirements, supported by evidence and sets out both actions taken and planned improvements.

In reviewing the self-assessment report, the following matters were raised by the committee

- The committee noted the improvement areas identified for 2025/26. It was suggested that to facilitate their progress and completion, each improvement matter needs to be project managed with a clear structure through the use of critical path analysis. This would help define key steps and timelines especially for complex high level projects such as developing a data strategic plan to support the Council's aim of becoming a data informed organisation. Members emphasised the value of becoming a data driven organisation and the importance of developing a council wide culture of performance management that applies consistently across all projects.

The Performance and Projects Team Manager clarified that project managers within the Transformation Service are qualified to PRINCE2 level and apply its methodologies when managing strategically important corporate projects. Standardised templates and processes are employed across the Council, including action plans, risk registers and detailed progress tracking. While the self-assessment report provides a high level overview of identified improvement areas and actions, the specific details are contained in individual service development plans which are reviewed and monitored on a quarterly basis.

In a follow up, a member of the committee requested a copy of the project initiation document for the Data Strategic Plan initiative when completed.

- The committee questioned why all identified improvement actions have a completion deadline of March 2026.

The Performance and Projects Team Manager explained that the improvement areas are broad in scope and the associated actions will be carried out throughout the year with the intention that all will be completed by March 2026. The committee will receive a mid-year progress update. In response to a question about whether the timescale is realistic, the

Officer noted that while some actions are well positioned to be completed, others require further discussion and input from other services. However, the actions are considered achievable within the proposed timeframe.

- The committee asked how the identified improvement areas reconcile with services that have self-assessed as exceeding expectations, and whether completing all the improvement actions would result in services being rated as outstanding in the following year. The committee also questioned whether the efforts involved might lead to diminishing returns.

The Performance and Projects Team Manager confirmed that discussions are ongoing regarding scoring and definitions particularly around service self-assessments which may be revised for next year. The improvement areas are derived from services' own evaluations and are subsequently prioritised by the Leadership Team in line with the Council's priorities. Next year's scoring will depend on the extent to which these improvement areas have been achieved.

- The committee sought clarification of the table within the report showing how the Council's wellbeing objectives align with the Welsh Government's national wellbeing objectives and the Council's strategic objectives. They specifically queried the meaning of the ticks across the seven columns and the meaning of the term "more equal."

The Performance and Projects Team Manager explained that the table was developed when the Council Plan was agreed. The three well-being objectives reflect the Council's adopted wellbeing commitments and the seven columns represent the seven wellbeing goals that public bodies are required to work towards under the Well-being of Future Generations (Wales) Act 2015. The ticks indicate how the Council's well-being objectives contribute to achieving each of those seven wellbeing goals.

- The committee highlighted a disconnect between services' self-evaluation and actual performance, citing the Children and Families Service as an example. The committee noted that the service had rated itself as outstanding in service planning and performance, despite an earlier report showing that 31% of children in Anglesey have been living in poverty for over ten years. The committee further commented that it would have expected the service output position statement (table on page 18) to reflect a more varied pattern, including more red rated areas. In its current form, the table suggests no improvements are required.

The Performance and Projects Team Manager acknowledged that the current scoring and definitions may need to be reviewed for the next self-assessment cycle. He clarified that the self-assessment reflects whether the Council believes it has met its stated commitments and targets for 2024/25 while the wider impacts on people and communities are addressed in the annual Performance and Wellbeing report.

- The committee asked whether the self-assessment process draws on broader factors such as health and safety, commercial aspects and community impacts when determining performance ratings.

Using the Children and Families Service as an example, the Performance and Projects Team Manager said that the assessment considered service planning, the challenges faced during the year and how these were addressed, as well as key performance indicators and targets, which are monitored quarterly. Based on this evidence the self-assessment panel concluded that the service's performance was outstanding.

- The committee raised concerns regarding the criteria used for service self-evaluation, specifically questioning the value and clarity of including both an “exceeds expectations” category and an “outstanding” category. Members noted that if the scoring framework and definitions are to be revised next year to become more rigorous, some services may receive lower ratings which could be challenging for those teams. It was suggested that services should be encouraged to recognise that “meeting expectations” is a positive and commendable outcome, particularly in light of Council’s responsibilities and the pressures it faces.

The Director of Function (Resources)/Section 151 Officer acknowledged that the current service output position as shown in the table may be misleading. While it appears to suggest that services are generally performing above expectations, it actually reflects performance against the Council’s targets for 2024/25, which may not be immediately clear to a wider audience .

Having reviewed the self-assessment report, it was resolved that the Governance and Audit Committee -

- **Notes and accept the draft self-assessment report for 2024/25 and requests that the Performance and Projects Team Manager considers the comments made during the discussion relating to the clarity of definitions, scoring methodology and evaluation criteria.**
- **Notes that the self-assessment process is to be reviewed and recommends that the revised process for 2025/26 is more objective and data driven, and that the “Exceeds Expectations” category is removed to improve clarity.**

9. ANNUAL COUNTER FRAUD, BRIBERY AND CORRUPTION REPORT 2024/25

The report of the Head of Audit and Risk incorporating the Annual Counter Fraud, Bribery and Corruption Report for 2024/25 was presented for the committee’s consideration. The report outlined the activity that Internal Audit carried out during 2024/25 to minimise the risk of fraud, bribery and corruption occurring within and against the Council and provided examples of attempted fraud against the Council in the period.

The Head of Audit and Risk presented the annual report outlining the Council’s counter fraud activities in 2024/25. The Council’s approach has been guided by CIPFA’s Code of Practice on Managing the Risk of Fraud which sets out best practice for counter fraud work in local government , based on five principles and by the Fighting Fraud and Corruption Locally: A Strategy for the 2020s which also focuses on five pillars of activity/strategic objectives. These were detailed in Appendix 2 of the report and have informed the Council’s counter fraud work and the development of a delivery plan for counter fraud activity. A progress update on the delivery plan was provided at Appendix 3. The results from the Council’s Fraud Reporting Tool which went live in November, 2024 were detailed in Appendix 4.

It was resolved to note the activity carried out during 2024/25 to minimise the risk of fraud, bribery and corruption occurring within and against the Council and the assurance provided on the effectiveness of the Council’s arrangements to minimise the risk of fraud.

10. NATIONAL FRAUD INITIATIVE OUTCOMES REPORT

The report of the Head of Audit and Risk setting out the Council’s recent progress and outcomes in respect of its participation in the National Fraud Initiative was presented for the Committee’s consideration.

The Head of Audit and Risk presented the report which detailed the NFI reports received by the Council between January and March 2025 (61 separate reports), the data matches they contained (3,034 individual matches) and the service areas to which they related (as outlined in Appendix 2 of the report – NF1 2024/15 Outcomes Summary). The financial outcomes from these reports, analysed by Internal Audit in conjunction with the services were detailed in the table at Appendix 2.

A member of the committee raised concerns about Council Tax premium avoidance. The Director of Function(Resources)/Section 151 Officer outlined the investigative process for such cases. He also confirmed that the Council prioritises NFI matches with higher reliability such as those containing national insurance numbers.

It was resolved to confirm that the committee takes assurance from the report that the Council, taking account of the need to priorities its resources, is seeking to actively embrace opportunities provided by the National Fraud Initiative to use data analytics to strengthen both the prevention and detection of fraud.

11. EXTERNAL AUDIT: AUDIT WALES PROGRAMME AND TIMETABLE UPDATE

The Audit Wales report, which updated the committee on the progress of its work programme both locally and nationally as of 30 June 2025 was presented for the Committee's information. The report also provided an overview of ongoing regulatory work by Estyn and CIW.

Mr Carwyn Rees, Audit Wales Performance Audit Manager reported that pandemic related restrictions had caused a backlog of work. However, good progress has since been made on the 2023/24 and 2024/5 performance audit programmes, with the former now completed and work underway on the 2025/26 programme. As a result, the performance audit programme is well positioned to return to timescale.

In response to a question from the Chair regarding the progress of the audit of the 2024/25 accounts, Rachel Freitag, Audit Wales Financial Audit Manager confirmed that the audit is on track to be completed by the end of October. The Director of Function (Resources)/ Section 151 Officer added that the date for the committee to meet in October to consider the audited accounts is yet to be confirmed.

It was resolved to note the report and the assurance provided.

12. REVIEW OF FORWARD WORK PROGRAMME

The report of the Head of Audit and Risk incorporating the committee's Forward Work Programme for 2025/26 was presented for the committee's consideration.

The Head of Audit and Risk advised the committee of two changes to the Forward Work Programme, namely the deferral of the annual review of the risk management framework and strategic risk register update to the December 2025 meeting along with the Annual Letter of the Public Services Ombudsman for Wales 2024/25 and the Annual Concerns, Complaints and Whistleblowing Report 2024/25.

It was resolved to confirm the Forward Work Programme for 2025/26 as meeting the committee's responsibilities in accordance with its terms of reference.

13. EXCLUSION OF THE PRESS AND PUBLIC

It was considered and resolved –

“Under Section 100 (A) (4) of the Local Government Act 1972, to exclude the press and public from the meeting during the discussion on the following item on the grounds that it involved the disclosure of exempt information as defined in Schedule 12A of the said Act and in the Public Interest Test presented.”

14. ANNUAL ICT CYBER SECURITY REPORT 2024/25

The report of the Head of Profession (HR) and Transformation incorporating the Annual ICT Cyber Security Report for 2024/25 was presented for the committee’s consideration.

The Lead Security Engineer presented the report outlining the cyber security threats faced by the Council over the past year. It detailed how these threats were addressed and managed through existing mitigating and operational controls designed to detect and prevent malicious activity. The Lead Engineer summarised the main points of the report highlighting the most significant cyber security challenges which the Council experienced in 2024/25.

The ensuing discussion included the following points –

- The status of current cyber security projects with the committee noting that a progress update would be helpful.
- The adequacy of existing cyber security measures
- Resource requirements and limitations
- The potential for outsourcing as a means of reducing long-term pressure on the Council
- Whether the reported statistics indicate any monthly or quarterly trends in cyber threats
- The extent to which investment in cyber security measures has led to a reduction in impact
- The frequency of cyber security awareness training provided to staff

Officers responded to the specific issues raised and provided general assurance, stating that projects and activities are prioritised in areas where risk can be most effectively reduced, following risk assessment. The request for a projects update was acknowledged and noted. They confirmed that investment in IT services has increased significantly over recent years from £1.6m in 2017/18 to £5.1m in 2024/25 which represents a significant investment for the public sector. They noted that substantial progress had been made during this period, and that a business case has been developed to secure additional resources. It was emphasised that cyber security is not a one off project but an ongoing endeavour requiring continuous attention and investment.

It was resolved that the Governance and Audit Committee –

- **Notes the challenges highlighted in the report.**
- **Accepts that the activities regarding cyber security adequately address the risks and priorities of the Council.**
- **Takes assurance that reasonable measures are in place to manage cyber threat to an acceptable level.**

**Mr Dilwyn Evans
(Chair)**