

Governance, Risk and Audit Committee



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27 February 2023

A meeting of the **Governance, Risk and Audit Committee** of North Norfolk District Council will be held in the **Council Chamber - Council Offices** on **Tuesday, 7 March 2023** at **2.00 pm**.

At the discretion of the Chairman, a short break will be taken after the meeting has been running for approximately one and a half hours

Members of the public who wish to ask a question or speak on an agenda item are requested to notify the committee clerk 24 hours in advance of the meeting and arrive at least 15 minutes before the start of the meeting. This is to allow time for the Committee Chair to rearrange the order of items on the agenda for the convenience of members of the public. Further information on the procedure for public speaking can be obtained from Democratic Services, Tel: 01263 516047, Email: matthew.stembrowicz@north-norfolk.gov.uk.

Anyone attending this meeting may take photographs, film or audio-record the proceedings and report on the meeting. Anyone wishing to do so must inform the Chairman. If you are a member of the public and you wish to speak on an item on the agenda, please be aware that you may be filmed or photographed.

Please note that Committee members will be given priority to speak during the debate of agenda items

Emma Denny
Democratic Services Manager

To: Mr J Rest, Mr S Penfold, Mr C Cushing, Mr H Blathwayt, Dr P Bütikofer and Mr P Fisher

All other Members of the Council for information.

Members of the Management Team, appropriate Officers, Press and Public



If you have any special requirements in order to attend this meeting, please let us know in advance

If you would like any document in large print, audio, Braille, alternative format or in a different language please contact us

Chief Executive: Steve Blatch

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A G E N D A

1. TO RECEIVE APOLOGIES FOR ABSENCE

2. SUBSTITUTES

3. PUBLIC QUESTIONS

To receive public questions, if any.

4. DECLARATIONS OF INTEREST

1 - 6

Members are asked at this stage to declare any interests that they may have in any of the following items on the agenda. The code of conduct for Members requires that declarations include the nature of the interest and whether it is a disclosable pecuniary interest.

5. ITEMS OF URGENT BUSINESS

To determine any items of business which the Chairman decides should be considered as a matter of urgency pursuant to section 100B(4)(b) of the Local Government Act 1972.

6. MINUTES

7 - 16

To approve as a correct record, the minutes of the meeting of the Governance, Risk & Audit Committee held on 6th December 2023.

7. STRATEGIC ANNUAL INTERNAL AUDIT PLAN 2023-24

17 -

42

Summary:

This report provides an overview of the stages followed prior to the formulation of the Strategic Internal Audit Plan for 2023/24 to 2026/27 and the Annual Internal Audit Plan for 2023/24. The Annual Internal Audit Plan will then serve as the work programme for the Council's Internal Audit Services Contractor; TIAA Ltd. It will also provide the basis for the Annual Audit Opinion on the overall adequacy and effectiveness of North Norfolk District Council's framework of governance, risk management and control.

Conclusions:

The attached report provides the Council with Internal Audit Plans that will ensure key business risks will be addressed by Internal Audit, thus ensuring that appropriate controls are in place to mitigate such risks and also ensure that the appropriate and proportionate level of action is taken.

Recommendations:

It is recommended that the Committee considers and approves:

- a) the Internal Audit Charter;
- b) the Internal Audit Strategy;
- c) the Strategic Internal Audit Plans 2023/24 to 2026/27;

and

d) the Annual Internal Audit Plan 2023/24.

Cabinet member(s):	Ward(s) affected:
All	All
Contact Officer, telephone number, and e-mail:	Faye Haywood, Head of Internal Audit for North Norfolk DC 01508 533873 faye.haywood@southnorfolkandbroadland.gov.uk

8. GRAC ANNUAL SELF-ASSESSMENT

43

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52

Summary: The Chartered Institute for Public Finance and Accountancy (CIPFA) document on “audit committees - practical guidance for local authorities and police” sets out the guidance on the function and operation of audit committees. It represents CIPFA’s view of best practice and incorporates the position statement previously issued.

It is good practice for audit committees to complete a regular self-assessment exercise, to be satisfied that the Committee is performing effectively.

Conclusion: During the 2022 self-assessment the Committee considered the Governance Risk and Audit Committee to be mostly in conformance with the CIPFA guidance. Undertaking a regular review of its performance against best practice ensures that the Committee has properly assessed the way in which it discharges its duties.

Recommendation: That the Committee discuss the attached checklist at Appendix 1 to this report from 2022 and consider whether any of the scoring requires amending or whether improvement actions need to be developed in any areas.

Cabinet member(s):	Ward(s) affected:
All	All

Contact Officer, telephone number, and e-mail:	Faye Haywood, Internal Audit Manager for North Norfolk DC, 01508 533873, faye.haywood@southnorfolkandbroadland.gov.uk ;
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9. DRAFT STATEMENT OF ACCOUNTS 2021-22

53 - 56

Summary: This report provides an update on the progress on the completion of a draft Statement of Accounts for 2021/22.

Options considered: The only option considered is that the Statement of Accounts for 2021/22 is brought back to the next Governance, Risk and Audit Committee so that the Committee can review them.

Conclusions: It is recommended that the Committee note the contents of the report and approve that the Statement of Accounts for 2021/22 are brought back to the next Governance, Risk and Audit Committee.

Recommendations: It is recommended that the Committee notes the contents of the report and approve that the Statement of Accounts for 2021/22 are brought back to the next Governance, Risk and Audit Committee.

Reasons for Recommendations: To present a completed draft Statement of Accounts for 2021/22 and arrangements for the completion of the audit process as soon as possible.

LIST OF BACKGROUND PAPERS AS REQUIRED BY LAW

(Papers relied on to write the report, which do not contain exempt information, and which are not published elsewhere)

None

Cabinet Member(s) Councillor Eric Seward	Ward(s) affected All
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Contact Officer, telephone number and email: Tina Stankley, 01263 516439, tina.stankley@north-norfolk.gov.uk

10. REVIEW OF NORTH WALSHAM HERITAGE ACTION ZONE PROJECT GOVERNANCE 57 - 72

The following recommendation was made by the Overview & Scrutiny Committee at the meeting held on 15th February 2023:

- 1. To recommend that GRAC considers the project’s risk register as part of its review of NWHHAZ project governance.**

The report, as presented to the Overview & Scrutiny Committee, is attached.

11. REVIEW OF REEF PROJECT RECOMMENDATIONS

73 - 82

Summary: The aim of this report is to identify key findings from the review carried out following the completion of The Reef.

Conclusions: The main conclusion of this report is the following:

- The project was completed in a timely fashion despite supply chain issues caused by the pandemic.
- Circa £100k slippage on £12.7 million - reported to Overview and Scrutiny committee in July 2021 – ([Home | Agenda for Overview & Scrutiny Committee on Wednesday, 14th July, 2021, 9.30 am \(north-norfolk.gov.uk\)](#))
- Delivered a facility fit for purpose
- Membership has exceeded expectations; it has tripled since the closure of splash.

Recommendations: It is recommended that GRAC review the recommendations identified within the lessons learnt log (Attached at appendix A) and consider any necessary actions or further recommendations.

Reasons for Recommendations: Prepared at the request of the committee.

Cabinet Member(s): Cllr V Gay	Ward(s) affected: Sheringham South
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Contact Officer, telephone number and email: Erika Temple, 01263 516252 erika.temple@north-norfolk.gov.uk

12. CORPORATE RISK REGISTER

Please note - this item will follow shortly.

13. REVIEW OF COUNCIL'S ASSET REGISTER

83 - 86

Summary: This report has been presented to this committee in response to the request to include a review of the Council's Assets Register in the Work Programme of this Committee.

Options considered: As this is the presentation of factual content there were no other options considered.

Conclusions: It is recommended that the Committee note the

contents of the report.

Recommendations: **It is recommended that the Committee note the contents of the report and Appendix A (Exempt).**

Reasons for Recommendations: To enable the Committee to review the Council's Assets Register as requested and discuss any matters arising from the content.

LIST OF BACKGROUND PAPERS AS REQUIRED BY LAW

(Papers relied on to write the report, which do not contain exempt information and which are not published elsewhere)

None

Cabinet Member(s) Councillor Eric Seward	Ward(s) affected All
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Contact Officer, telephone number and email: Tina Stankley, 01263 516439, tina.stankley@north-norfolk.gov.uk

14. PROCUREMENT EXEMPTIONS REGISTER 23 NOVEMBER 22 - 8 FEBRUARY 23 87 - 88

To review and note the Procurement Exemptions Register.

15. GOVERNANCE, RISK AND AUDIT COMMITTEE UPDATE AND ACTION LIST 89 - 90

To monitor progress on items requiring action from the previous meeting, including progress on implementation of audit recommendations.

16. GOVERNANCE, RISK AND AUDIT COMMITTEE WORK PROGRAMME 91 - 94

To review the Governance, Risk & Audit Committee Work Programme.

17. EXCLUSION OF THE PRESS AND PUBLIC 95 - 106

To pass the following resolution:

- a. That under Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following item of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 3 & 5 of Part I of Schedule 12A (as amended) to the Act."
- b. That the public interest in maintaining the exemption outweighs the public interest in disclosure for the following reasons:

Agenda Item Numbers	Paragraphs of Part 1 Schedule 12A
13 - Appendix	3

Information relating to the financial or business affairs of any particular person (including the authority holding that information). The appended report contains commercially confidential information.

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Registering interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.
5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
 - a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative, close associate; or
 - c. a body included in those you need to disclose under Other Registrable Interests as set out in **Table 2**

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter **affects** your financial interest or well-being:
 - a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

10. Where you have a personal interest in any business of your authority and you have made an executive decision in relation to that business, you must make sure that any written statement of that decision records the existence and nature of your interest.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the

	<p>councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council —</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land and Property	<p>Any beneficial interest in land which is within the area of the council.</p> <p>'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (alone or jointly with another) a right to occupy or to receive income.</p>
Licenses	<p>Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer</p>
Corporate tenancies	<p>Any tenancy where (to the councillor's knowledge)—</p> <p>(a) the landlord is the council; and</p> <p>(b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.</p>
Securities	<p>Any beneficial interest in securities* of a body where—</p> <p>(a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were</p>

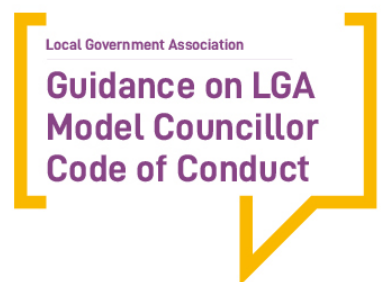
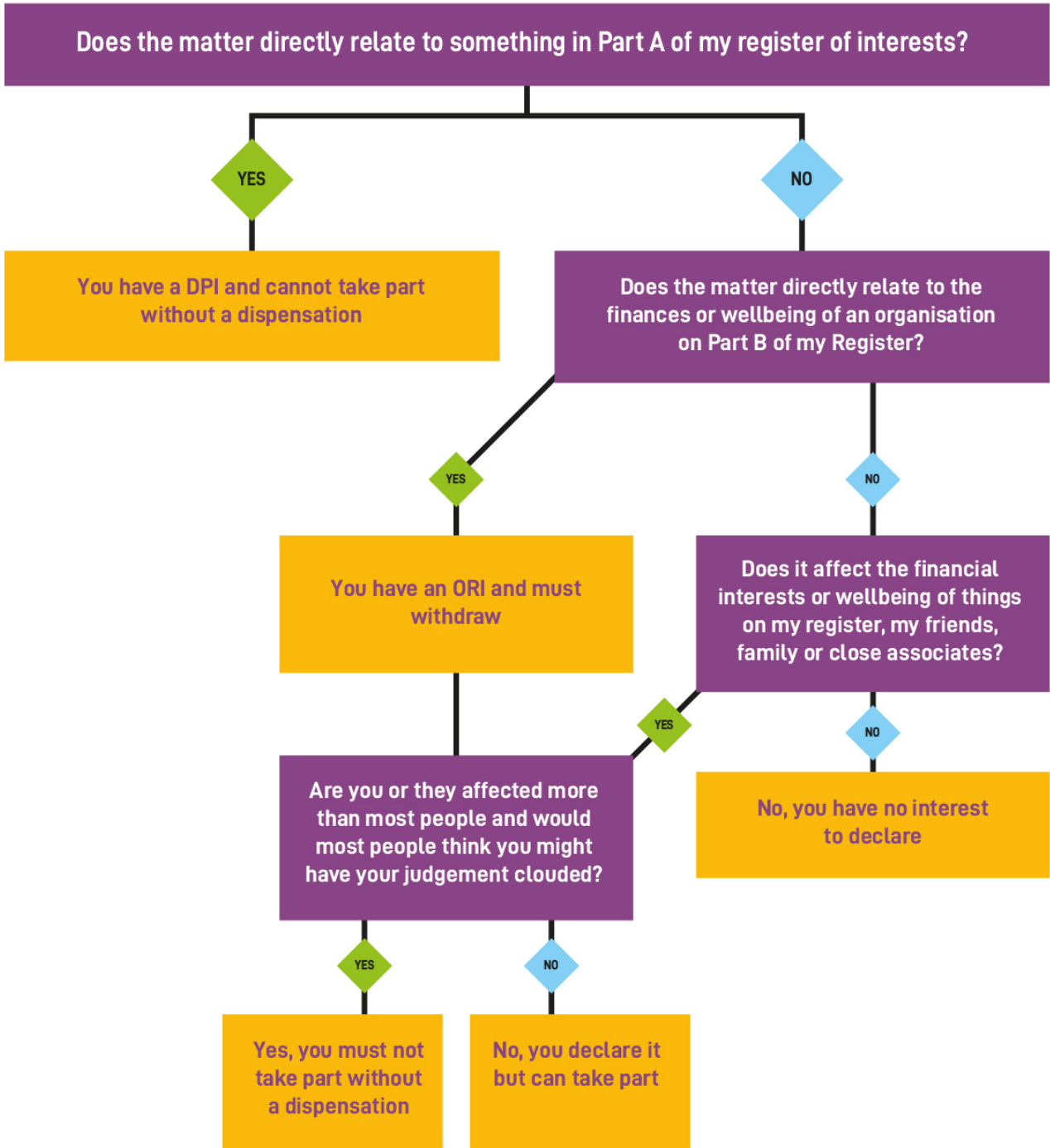
	spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.
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* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

<p>You have a personal interest in any business of your authority where it relates to or is likely to affect:</p> <ul style="list-style-type: none"> a) any body of which you are in general control or management and to which you are nominated or appointed by your authority b) any body <ul style="list-style-type: none"> (i) exercising functions of a public nature (ii) any body directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)
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GOVERNANCE, RISK AND AUDIT COMMITTEE

Minutes of the meeting of the Governance, Risk and Audit Committee held on Tuesday, 6 December 2022 at the Council Chamber - Council Offices at 2.00 pm

Committee

Members Present:

Mr J Rest (Chairman)
Mr C Cushing
Mr P Fisher

Mr S Penfold (Vice-Chairman)
Mr H Blathwayt

Other Members

Present:

Mr N Lloyd (Observer)
Mr A Brown (Observer)

Mr E Seward (Observer)

Officers in

Attendance:

Democratic Services and Governance Officer - Scrutiny (DSGOS), Head of Internal Audit (HIA), Assistant Director for Environment & Leisure (ADEL), Democratic Services Manager (DSM), Assistant Director for Finance, Assets, Legal & Monitoring Officer (MO), Assistant Director for Planning (ADP), Resilience Manager (RM) and Director for Resources / S151 Officer (DFR), External Auditor (EA).

54 TO RECEIVE APOLOGIES FOR ABSENCE

Apologies were received from Cllr P Butikofer.

55 SUBSTITUTES

None.

56 PUBLIC QUESTIONS

None received.

57 ITEMS OF URGENT BUSINESS

None received.

58 DECLARATIONS OF INTEREST

None declared.

59 MINUTES

Minutes of the meeting held on 27th September 2022 were approved as a correct record and signed by the Chairman.

60 APPROVAL AND SIGNING OF THE ANNUAL ACCOUNTS FOR 2020/21

The DFR introduced the report and informed Members that it provided an update on progress with the audit reported to be ongoing but nearing completion. She added that it was hoped that the accounts could be signed-off by the end of the calendar

year, so long as no further issues were raised. It was noted that the report sought delegated authority for the Chairman and S151 Officer to sign-off the accounts, though the Committee could still request to review them, if necessary.

Questions and Discussion

The recommendation was proposed by Cllr H Blathwayt and seconded by Cllr C Cushing.

RESOLVED

It is recommended that the Committee note the contents of the report and approve that the Chair of the Committee is given the delegated authority to sign the Accounts in consultation with the Section 151 Officer.

61 EXTERNAL AUDIT RESULTS REPORT 2020/21

The EA introduced the report and informed Members that whilst a results report was the intention, it was in some respects a progress report as the accounts were yet to be agreed. He added that whilst the audit had been planned to conclude in time for the agenda, fifteen outstanding questions remained across the areas outlined on p24, relating to several key risk areas. It was noted that completed audits included infrastructure assets and pension liability, and it was hoped that remaining audits could be completed in advance of the Christmas break. The EA reported that the delays had required additional audit resource and as a result, this would have an impact on the delivery of other audits if not completed prior to the year end. He added that despite this there were no uncorrected audit differences, following the correction of three identified, which included the misclassification of land around the Sheringham Splash site, a reduction in pension fund liability, and increases in bad debt provision. On value for money, it was noted that no significant weaknesses had been found, though the position would continue to be reviewed until the audit opinion was delivered.

Questions and Discussion

- i. Cllr S Penfold asked whether there would be any issues if the 2020/21 audit could not be completed within the calendar year. The EA replied that EY's order book was full until August, so either a future audit would have to be deferred to clear the backlog, or the conclusion of the audit would have to wait until after August. Cllr S Penfold asked whether the EA was confident that the audit could be completed within the short timeframe remaining, to which the EA replied that this would be a question for the DFR, given that fifteen questions remained outstanding. The DFR confirmed that she would have the audit completed by the end of the calendar year, unless there were any further significant findings.
- ii. Cllr C Cushing noted that most of the audit delay appeared to be on the NNDC side, and asked whether the Council would incur costs as a result of the delay, then asked the DFR what assurances could be given that the same delays would not reoccur. The EA replied that one hundred percent of the allocated audit time had now been used, though it was only eighty percent complete, meaning that there would be at least a twenty percent overrun to achieve completion. He added that he would not be able to give an accurate figure for completion, but it was expected to be approximately twenty percent of the final fee stated in the report. Cllr E Seward stated that

the Council was not in an ideal position to incur further costs, but it was important that the audit be completed. The DFR stated that the Finance Team were down on the number of permanent staff which had impacted audit work, but interviews had been held for an interim position to increase the available resource. She added that she took responsibility for completing the audit in advance of the year end and would endeavour to complete as many outstanding actions herself as possible, or otherwise delegate to the necessary officers.

- iii. It was confirmed following a request from the Chairman that the outstanding audit work had been clearly identified within the report.

REOLVED

To review and note the EY External Audit Results Report for 2020/21.

62 ANNUAL AUDIT LETTER

The EA introduced the item and informed Members that it related to the 2019/20 audit, and contained no new audit messages beyond the final audit fee, which took into account additional works requested by the Council, or those required to resolve audit differences. He added that the audit fees were subject to determination by the Public Sector Audit Appointments via their normal process.

RESOLVED

To review and note the report.

63 PROGRESS AND FOLLOW UP REPORT ON INTERNAL AUDIT ACTIVITY: 17 SEPTEMBER TO 25 NOVEMBER 2022

The HIA introduced the item and informed Members that the report contained an exempt appendix with controls related to two audits that were considered to have a commercial nature. She added that there had also been some significant changes to the agreed audit plan, such as NN2304 on risk management that had been deferred into the next financial year to allow the new DFR time to familiarise themselves with the organisation. It was noted that finance system was also new to officers, which meant that it was not an ideal time to undertake financial audits. The HIA reported that 67 days of programmed work had been completed, and the Team were on-track to provide an audit opinion as expected. She added that the Pier Pavilion audit had been given a limited assurance grading, with four urgent and three important recommendations. It was noted that the recommendations related mostly to finalising the contract and adding necessary appendices. The HIA reported that the Building Control audit had been given a reasonable assurance grading, with one important recommendation to ensure that certificates were signed-off under delegation in accordance with the constitution. She added that the Legal Services audit had been given a substantial assurance grading with no recommendations. It was noted that overdue audit recommendations were highlighted in the second half of the report, with the number of revisions listed. The HIA noted that updates had been provided by responsible officers, and the ADP was in attendance to provide an update on implementation of S106 recommendations.

Questions and Discussion

- i. Cllr S Penfold referred to outstanding audit recommendations and asked

whether it was possible to provide further clarification on the progress of implementation. The HIA replied that the original due dates and revisions were listed, but evidence was required to formally sign-off recommendations as complete, therefore it was difficult to estimate progress. She added that this information should be sought from the officers responsible for implementing recommendations.

- ii. The ADP reported that the S106 software had gone live, which was an important milestone related to two audit reviews which dated back as far as nine years. He added that officers would now look to deliver a Member Briefing to demonstrate the software and how it would be used, and though an officer was not yet in place to support the system, interviews were scheduled for 19th December. It was noted that the second recommendation related to spending deadlines for S106 agreements, and this would be addressed by the S106 Monitoring Officer, once in post. The ADP stated that recommendation four related to the notification of Parish and Town Councils of available funds, and whilst the software did allow them to search for existing S106 agreements, full support could not be offered until the Monitoring Officer post was filled. He added that meetings would be held with Parish and Town Councils in the new year to introduce them to the service and offer support. It was noted that the final recommendation sought to ensure that S106 expenditure was agreed in a clear and transparent manner, with the new software allowing transparent decision-making, monitoring and recording of decisions.
- iii. It was confirmed following a question from Cllr A Brown that the S106 Monitoring Officer post would be permanent.
- iv. It was confirmed following a question from Cllr C Cushing that the number of active S106 agreements by ward could be provided to Members for consideration. Cllr C Cushing asked whether it was possible to provide an approximate number of S106 agreements in place and the level of funding available. The ADP replied that this information would be readily available via the software package, and the funding available was a significant sum, of which a large portion was intended for the delivery of affordable homes. It was noted that part of the delay in delivering the software had been the requirement to put in place new Planning software, which the S106 software would then draw information from.
- v. The Chairman asked whether it was possible to receive a link to access the S106 monitoring software, which the ADP confirmed he would share after the meeting.
- vi. Cllr A Brown asked whether any public communications or announcements had been made on the availability of the software, as he was aware that there were several Parishes and members of the public seeking to access this information. The ADP replied that whilst an S106 Monitoring Officer was not in post, the decision had been made to delay an announcement, given that a significant number of enquiries could be expected once an announcement was made, and there was not adequate resource to respond at the current time. He added that an announcement would be made as soon as possible once the post was filled.
- vii. The HIA stated that the Internal Audit service had undergone an external quality assessment undertaken by the Chartered Institute of Internal

Auditors, and was pleased to report that the assessment had gone well with only a small amount of work required on assurance mapping. She added that full details would be provided as part of the annual opinion report presented to the Committee in June.

viii. Cllr C Cushing referred to the exempt agenda and noted a limited assurance grading with a number of actions that was cause for concern, and asked what plans were in place to address these actions. The HIA replied that ordinarily there was a one month window to complete actions, and whilst the actions may take longer to complete, they were being treated as a priority. She added that responsible officers had been assigned to actions, and the Committee would be informed of any actions that remained outstanding at the next meeting.

ix. Cllr S Penfold asked whether there was any means by which progress could be tracked across the implementation of all audit recommendations. The HIA replied that the table on p110 provided an overview of progress, but suggested that if Members had any particular concerns that could request a further update from officers.

RESOLVED

To receive and note the internal audit progress and progress against internal audit recommendations within the period covered by the report.

64 BUSINESS CONTINUITY POLICY AND BUSINESS CONTINUITY MANAGEMENT FRAMEWORK

The RM introduced the report and informed Members that there was a requirement as part of the procurement and contract management audit to review and update the business continuity plan. She added as a result all business continuity documents would be reviewed, and the two included on the agenda were the first of these documents to come forward. It was noted that Policy had been separated from the framework, which would be simpler to understand and more comprehensive. The RM stated that the business impact analysis document and the corporate business continuity plan would follow in the new year.

Questions and Discussion

- i. The Chairman referred to p137 and noted that the Committee were compliant in monitoring the Council's business continuity management arrangements.
- ii. The recommendation was proposed by Cllr C Cushing and seconded by Cllr P Fisher.

RESOLVED

To recommend that Cabinet agree to adopt the revised Business Continuity Policy and the new Business Continuity Management Framework.

65 CIVIL CONTINGENCIES REPORT 2022

The RM stated that it had been a busy year and noted that the Council's contribution to the Norfolk Resilience Forum (NRF) would remain the same for 2023-24. She added that a number of exercises had been held, including exercise Lima which

simulated a national power outage. It was noted that there had been an accelerated level of work across the NRF in order to catch-up on necessary workstreams following Covid, which meant that there were additional requirements placed on Councils. The RM reported that a national flood exercise had been delayed as a result of the death of Queen Elizabeth II, and whilst the exercise had gone ahead, a number of objectives had not been realised, but would be addressed in two further exercises in the new year. She added that the British Red Cross had revised its support for rest centres with staff no longer provided, which made the Council more reliant on mutual aid from neighbouring authorities. It was noted that there was an intention to standardise the mutual aid process to enable neighbouring Councils to better assist each other when required. The RM stated that there had been a significant amount of work required to tackle Avian Influenza, for which NNDC had taken the lead on wild bird issues, due to the number of Broad's locations within the District. She added that this work had taken significant resource, and it was hoped that more support could be given in the future, given the scale of the outbreak. It was noted that there had also been an increase in other events requiring a response such as storms, power outages and fires, with a 28% increase in events reported to the North Norfolk Safety Advisory Group.

Questions and Discussion

- i. The Chairman referred to an events matrix on p148 and asked how this would work with the Licensing Team, to which the RM replied the matrix was tried and tested by the Safety Advisory Group, and that existing Temporary Event Notifications would align with the matrix to streamline the process.
- ii. Cllr H Blathwayt noted that a substantial part of his ward was at risk of flooding, and asked whether officers were confident that existing measures or new measures would be robust enough to cope with the expected rise in sea levels. The RM replied that the NRF and Environment Agency were looking very closely at issues related to rising sea levels and sought to plan for a 100 year timespan. She added that NNDC were not responsible for installing flood defences, but the Council would continue to warn and inform residents of the risks, as well as continue to deliver the CTAP programme. It was noted that there were concerns about the number of aging flood wardens, with several expected to retire in the near future, so efforts were being made to address recruitment, but the RM remained confident that the necessary measures were in place to mitigate and respond to flood risks. Cllr H Blathwayt asked whether resources and additional contingency was available to help visitors during any flooding that took place out of season. The RM replied that NNDC had retained larger rest centres to ensure that the Council had enough capacity for residents and visitors, though the working premise was that it was the responsibility of the accommodation owner to inform visitors of flood related risks. She added that it was generally assumed that visitors would return home during a crisis, if they were able to do so, but capacity was available.
- iii. Cllr S Penfold referred to one to one support offered to the shrine in Walsingham and asked if there was any particular reason for this. The RM replied that this was the result of previous plans not being up to the required standard, so advice had been provided. She added that neighbouring parishes were briefed on potential risks from travellers, and were equipped to respond appropriately, if required.
- iv. Cllr A Brown referred to Avian Influenza which was a growing and serious

threat to the region with potential zoonotic capabilities, and asked whether authorities regulated the health of imported game birds. The RM replied that there was Government guidance related to game birds, and their regulation was the responsibility of the Animal and Plant Health Agency (APHA) and DEFRA, not local authorities. She added that there were concerns with new strains of the virus overseas, which meant that it was important to maintain strict control measures. Cllr A Brown stated that he remained concerned about the actions taken at a national level.

RESOLVED

To note the report and the council's contributions to the Norfolk Resilience Forum and the response to incidents.

66 CORPORATE RISK REGISTER

The DFR introduced the report and informed Members that financial risks had increased as a result of inflation and the related cost of living crisis, which had placed additional pressure on the budget. She added that operational risks had also increased due to related pressure on services required to support vulnerable residents, though environmental and social risks had reduced due to changes in the required nutrient neutrality mitigation measures. It was noted that governance risks had reduced now that the statutory officer team was at full capacity, alongside a reduction in reputational risks as the waste collection changes had begun to settle.

Questions and Discussion

- i. Cllr C Cushing referred to the loss of information risk scored at sixteen with a target score of two, and asked for an explanation. The DFR replied that there were staffing issues in the IT Team which presented a risk, though the issue was being addressed. She added that she would seek to provide further information once she had clarified the issue with the IT department. Cllr C Cushing referred to the NWHS/HAZ project and the recent additional funding request, and asked whether the risk should be rated higher as a result of increased costs. The DFR replied that the risk related to scheme completion, and an increase in costs whilst unfortunate, did not mean that the scheme could not be completed.
- ii. The Chairman referred to Fakenham roundabout comments, and noted that he was unsure that Ward Members had been kept fully informed, as intended. Cllr C Cushing reiterated the comments and noted that he had not been given advance warning of the cost inflation and other issues. The Chairman stated that it was important to keep Ward Members informed and asked if this could be addressed. He added in response to a question from Cllr S Penfold that he did not receive updates from on matters from NCC Highways. Cllr E Seward noted that cost increases for the project had been significant, and efforts were underway to try to meet the funding shortfalls, but an update on progress would be appreciated. He added that he was not opposed to the Council providing additional funding to complete the project, but it could not cover the full amount required.
- iii. Cllr A Brown referred to risks relating to the emerging Local Plan and noted that whilst the report stated that it would be submitted by February, this may not be the case as it was expected that Full Council approval would be required in March.

- iv. The DSGOS noted that the Overview & Scrutiny Committee had recommended that the budget overspend be included as a separate risk on the CRR going forward, and suggested that Members may want to comment. Cllr E Seward stated that he was happy for the Committee to review this information as part of the CRR, and budget information could be expected in the coming weeks. Members of the Committee requested that the in-year budget overspend be included in the CRR as a separate risk for consideration going forward.

RESOLVED

To review and note the Corporate Risk Register.

ACTIONS

In-year budget overspend to be added to Corporate Risk Register.

67 PROCUREMENT EXEMPTIONS REGISTER 7 SEPTEMBER 2022 TO 23 NOVEMBER 2022

The MO introduced the report and informed Members that there had been two exemptions granted within the period covered by the report.

RESOLVED

To review and note the Procurement Exemptions Register.

68 GOVERNANCE, RISK AND AUDIT COMMITTEE UPDATE AND ACTION LIST

The DSGOS informed Members that given that there were additional reports expected from Internal Audit in March including the Strategic Annual Audit Plans and Self-Assessment, it was expected that the follow-up and progress reports would be deferred until June. He added that several other items had been delayed such as a review of the Council's asset register, and it was hoped this would come forward in March, followed by the Counter-Fraud, Corruption and Bribery Policy in June.

RESOLVED

Top note the update.

69 GOVERNANCE, RISK AND AUDIT COMMITTEE WORK PROGRAMME

The Chairman raised concerns that the Asset Register had been delayed several times, and asked whether there was any reason for the delays. Cllr S Penfold noted previous comments that some assets such as sea defences and highways had been difficult to classify, which could have contributed. The DFR replied that the Council held a property terrier, which included information about the Council's properties, and alongside this there was a financial asset register that included evaluations, any repairs required and the depreciation of assets. She stated that the asset register required a small amount of work to ensure that it matched the property terrier, but it was hoped this would be ready in time for consideration in March. Cllr E Seward noted that some assets were difficult to quantify such as small patches of land that required funding to maintain and were not particularly beneficial to the Council, which could be considered for disposal. The DSGOS noted that the asset register

was one of the few non-statutory reports reviewed by the Committee, and other reports often took precedence.

The DSGOS noted that a draft 2021-22 statement of accounts was expected in March, though this was subject to several factors that could delay the report.

RESOLVED

To note the Work Programme.

70 EXCLUSION OF THE PRESS AND PUBLIC

The meeting ended at 3.40 pm.

Chairman

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Strategic and Annual Internal Audit Plans 2023/24

Summary:

This report provides an overview of the stages followed prior to the formulation of the Strategic Internal Audit Plan for 2023/24 to 2026/27 and the Annual Internal Audit Plan for 2023/24. The Annual Internal Audit Plan will then serve as the work programme for the Council's Internal Audit Services Contractor; TIAA Ltd. It will also provide the basis for the Annual Audit Opinion on the overall adequacy and effectiveness of North Norfolk District Council's framework of governance, risk management and control.

Conclusions:

The attached report provides the Council with Internal Audit Plans that will ensure key business risks will be addressed by Internal Audit, thus ensuring that appropriate controls are in place to mitigate such risks and also ensure that the appropriate and proportionate level of action is taken.

Recommendations:

It is recommended that the Committee considers and approves:

- a) the Internal Audit Charter;
- b) the Internal Audit Strategy;
- c) the Strategic Internal Audit Plans 2023/24 to 2026/27; and
- d) the Annual Internal Audit Plan 2023/24.

Cabinet member(s):

All

Contact Officer, telephone number,
and e-mail:

Ward(s) affected:

All

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1. Background

- 1.1 The Accounts and Audit Regulations 2015 require that "a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance".
- 1.2 Those standards are set out in the Public Sector Internal Audit Standards (PSIAS) which came into effect in April 2013.

2. Overall Position

2.1 The attached report contains:

- The Internal Audit Charter, providing details of the Internal Audit, purpose authority and responsibility;
- the Internal Audit Strategy, which is a strategic high-level statement on how the internal audit service will be delivered and developed in accordance with the charter and how it links to the organisational objectives and priorities;
- the Strategic Internal Audit Plan, which details the plan of work for the next four financial years;
- the Annual Internal Audit Plan, which details the timing and the purpose of each audit agreed for inclusion in 2023/24.

3. Conclusion

- 3.1 The attached report provides the Council with Internal Audit Plans that will ensure key business risks will be addressed by Internal Audit, thus ensuring that appropriate controls are in place to mitigate such risks and also ensure that the appropriate and proportionate level of action is taken.

4. Recommendation

- 4.1 It is recommended that the Committee considers and approves:
- a) the Internal Audit Charter
 - b) the Internal Audit Strategy
 - c) the Strategic Internal Audit Plans 2023/24 to 2026/27; and
 - d) the Annual Internal Audit Plan 2023/24.

Appendices attached to this report:

Strategic and Annual Internal Audit Plans 2023/24.

Eastern Internal Audit Services



NORTH NORFOLK DISTRICT COUNCIL

Strategic and Annual Internal Audit Plans 2023/24

Responsible Officer: Head of Internal Audit for North Norfolk District Council

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1. INTRODUCTION

- 1.1 The Accounts and Audit Regulations 2015 require that “a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”.
- 1.2 The Public Sector Internal Audit Standards (PSIAS) mandate a periodic preparation of a risk-based plan, which must incorporate or be linked to a strategic high-level statement on how the internal audit service will be delivered and developed in accordance with the charter and how it links to the organisational objectives and priorities, this is set out in the Internal Audit Strategy.
- 1.3 The development of a risk-based plan takes into account the organisation's risk management framework. The process identifies the assurance (and consulting) assignments for a specific period, by identifying and prioritising all those areas on which objective assurance is required. This is then also applied when carrying out individual risk-based assignments to provide assurance on part of the risk management framework, including the mitigation of individual or groups of risks.
- 1.4 The following factors are also taken into account when developing the internal audit plan:
 - The risk profile and maturity of the Council;
 - Previous assurance gradings given in each area;
 - Any declarations to avoid conflicts of interest;
 - The requirements of the use of specialists e.g. IT auditors;
 - The current level of assurance available for the highest scoring risks;
 - Striking the right balance over the range of reviews needing to be delivered, for example systems and risk-based reviews, specific key controls testing, value for money and added value reviews;
 - Allowing contingency time to undertake ad-hoc reviews or fraud investigations as necessary;
 - The time required to carry out the audit planning process effectively as well as regular reporting to and attendance at Governance Risk and Audit Committee, the development of the annual report and opinion and the Quality Assurance and Improvement Programme.
- 1.6 In accordance with best practice the Governance, Risk and Audit Committee should ‘*review and assess the annual internal audit work plan*’.

2. INTERNAL AUDIT CHARTER

- 2.1 There is an obligation under the PSIAS for the Charter to be periodically reviewed and presented. This Charter is therefore reviewed annually by the Head of Internal Audit to confirm its ongoing validity and completeness, and presented to the Section 151 Officer, Senior Management and the Governance Risk and Audit Committee for approval. The charter can be found at **Appendix 1**.
- 2.2 As part of the review of the Audit Charter the Code of Ethics are also reviewed by the Head of Internal Audit, and it is ensured that the Internal Audit Services contractor staff, as well as the Head of Internal Audit and Internal Audit Trainee adhere to these, specifically with regard to; integrity, objectivity, confidentiality and competency. Formal sign off to acceptance of the Code of Ethics is retained by the Eastern Internal Audit Services.

3. INTERNAL AUDIT STRATEGY

3.1 The purpose of the Internal Audit Strategy (**see Appendix 2**) is to confirm:

- How internal audit services will be delivered;
- How internal audit services will be developed in accordance with the internal audit charter;
- How internal audit services links to organisational objectives and priorities; and
- How the internal audit resource requirements have been assessed and how these will be enhanced to deliver the strategy.

4. STRATEGIC INTERNAL AUDIT PLAN

4.1 The overarching objective of the Strategic Internal Audit Plan (**see Appendix 3**) is to provide a comprehensive programme of review work over the next four years, with each year providing sufficient audit coverage to give annual opinions, which can be used to inform the organisation's Annual Governance Statement.

4.2 The coverage over the forthcoming four years has been discussed with the Corporate Leadership Team to ensure audits are undertaken at the right time, at a time where value can be added, as well as ensuring sufficient coverage for an Annual Opinion on the framework of governance, risk management and control. The discussions also went into greater detail in relation to the scope of the audits for the forthcoming financial year.

5. ANNUAL INTERNAL AUDIT PLAN

5.1 Having developed the Strategic Internal Audit Plan, the Annual Internal Audit Plan is an extract of this for the forthcoming financial year (**see Appendix 4**). The plan includes the areas being reviewed by Internal Audit, the number of days for each review, the quarter during which the audit will take place and a summary and purpose of the review.

5.2 The Annual Internal Audit Plan for 2023/24 totals 174 days, encompassing 15 internal audit reviews, two of which cover IT processes.

5.3 Audit verification work concerning audit recommendations implemented to improve the Council's internal control environment will also be undertaken throughout the financial year.

5.4 Depending on any changes to the control environment over the year, the annual internal audit plan may need to be revised to respond to emerging risks. The Head of Internal Audit will regularly review the Corporate Risk Register and report through to the Committee any necessary changes to the plan of work.

6. ASSURANCE MAPPING

6.1 The 2022/23 External Quality Assessment of the Internal Audit function has now concluded, and a report produced demonstrating the service is delivered in conformance with the Public Sector Internal Audit Standards. However, assurance mapping has been highlighted as an area requiring development.

6.2 Assurance mapping is an emerging area of internal audit practice which involves mapping a visual representation of assurance activities as they apply to a specific set of risks or compliance requirements facing an organisation.

6.3 This exercise is particularly useful to undertake as part of Internal Audit Planning as it allows Internal Audit to determine to what extent it can rely on and co-ordinate its activities with other assurance providers to enhance value and prevent duplication.

6.4 Following discussions with Senior Management, the Internal Audit team have been able to map the types of assurance available for the top two strategic risks facing the Council in each of the three assurance categories listed below.

6.5 **Three lines of defence**

<p>1. The first line of defence (functions that own and manage risks)</p> <p>Assurances in this area are provided by managers and staff who are responsible for identifying and managing risk as part of their accountability for achieving objectives.</p>	<p>2. The second line of defence (functions that oversee or who specialise in compliance or the management of risk)</p> <p>Assurances in this area are provided by those that monitor frameworks, enable risk and compliance to be managed in the first line. Second line assurance functions are often involved in monitoring the effectiveness in the first line ensuring risks are managed consistently.</p>	<p>3. The third line of defence (functions that provide independent assurance)</p> <p>Assurances at this level are typically provided by internal audit. Sitting outside the risk management processes of the first two lines of defence. The main role of this defence line is to provide an evaluation of the effectiveness of the organisations approach to governance, risk management and control.</p>
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6.6 The assurance map provided at **Appendix 5** of this report highlights what assurances are available in each of the three lines for the top two scoring strategic risks. This has been used to provide justification to the areas included within the strategic and annual internal audit plans.

APPENDIX 1 – INTERNAL AUDIT CHARTER



EASTERN INTERNAL AUDIT SERVICES

INTERNAL AUDIT CHARTER FOR 2023/24

1. Introduction

- 1.1 The Public Sector Internal Audit Standards (PSIAS) came into effect from 1 April 2013, these provide a consolidated approach across the public sector encouraging continuity, sound corporate governance and transparency.
- 1.2 The Standards require all internal audit services to implement, monitor and review an internal audit charter; this formally defines the internal audit's purpose, authority and responsibility, and is a mandatory document.
- 1.3 The charter also displays formal commitment to and recognises the mandatory nature of the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics and the Standards, i.e. the International Professional Practices Framework (IPPF).
- 1.4 This Internal Audit Charter is applicable to each of the following internal audit consortium members covered by Eastern Internal Audit Services (EIAS).
- Breckland District Council;
 - Broadland District Council;
 - Great Yarmouth Borough Council;
 - North Norfolk District Council;
 - Norwich City Council;
 - South Norfolk Council; and
 - Broads Authority.
- 1.5 The term Local Authority will be used to describe the above consortium members throughout the Charter.

1.6 Mission

Standards require the Internal Audit Function to articulate its overall purpose and summarise the way it will provide value to the organisation. The mission statement for EIAS is as follows:

“Protecting each of our consortium members ability to enhance value through the provision of independent risk-based assurance and advice”

1.7 This charter:

- Establishes the position and reporting lines of internal audit;
- Outlines provision for unrestricted access to information, officers, management and members as appropriate;
- Sets the tone for internal audit activities;
- Defines the nature and scope of internal audit services, in particular assurance and consultancy services; and

- Sets out the nature and scope of assurance provided to other parties.

1.8 The charter is to be periodically reviewed and presented to Senior Management and the Board for approval annually. The charter will be reviewed by the Chief Audit Executive to confirm its ongoing completeness and validity and presented to Senior Management and the Board.

2 Purpose, Authority and Responsibility

2.1 Purpose

2.1.1 Internal auditing is best summarised through its definition with the Standards, *“an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”*.

2.1.2 Internal audit will provide reasonable assurance to each member of the Internal Audit Consortium, that necessary arrangements are in place and operating effectively, and to identify risk exposures and areas where improvements can be made.

2.2 Authority

2.2.1 The Accounts and Audit Regulations (England) 2015, states that the relevant body must; *“undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”*. The statutory requirement for internal audit is recognised in the Constitution of each Local Authority and the internal auditing standards in this regard are the Public Sector Internal Audit Standards.

2.3 Responsibility

2.3.1 The responsibility for maintaining an adequate and effective internal audit to evaluate risk management, control and governance processes lies with each Local Authority’s Chief Finance Officer (the Section 151 Officer or Section 17 Officer).

2.3.2 The Local Authority and its Members must be satisfied about the adequacy of the advice and support it receives from internal audit.

2.3.3 Internal audit is provided by Eastern Internal Audit Services, with the Chief Audit Executive being responsible for ensuring the internal audit activity is undertaken in accordance with the definition of internal auditing, the code of ethics and the standards for all consortium members.

2.3.4 Senior management are responsible for ensuring that internal control, risk management and governance arrangements are sufficient to address the risks facing the Local Authority. Accountability for responding to internal audit rests with senior management who either accept and implement the recommendations, or formally reject them. Any advice that is rejected will be formally reported to senior management and the respective Audit Committee.

3 Key Relationships and Position in the Organisation

3.1 The standards require the terms ‘Chief Audit Executive’, ‘Board’ and ‘Senior Management’ to be defined in the context of the governance arrangements in each public sector organisation in order to safeguard the independence and objectivity of internal audit. The following interpretations are applied within Eastern Internal Audit Services.

3.2 Chief Audit Executive

- 3.2.1 The Chief Audit Executive is based at South Norfolk Council and provides the Head of Internal Audit role to all consortium members.

At South Norfolk Council, the Chief Audit Executive reports to the Chief of Staff who reports to the Managing Director of South Norfolk and Broadland.

- 3.2.2 The Head of Internal Audit also report functionally to each Section 151 Officer or Section 17 Officer at all other members of the consortium.
- 3.2.3 The Head of Internal Audit has a direct line of reporting and unfettered access to each Chief Executive, the Senior Management Team at each Local Authority and the Chair of the Board at each Local Authority.
- 3.2.4 The delivery of the Annual Audit Plans for all consortium members and any specified ad-hoc assignments is provided by an external contractor, TIAA Ltd from 1 April 2022. The Head of Internal Audit manages this contract.

3.3 Board

- 3.3.1 In the context of overseeing the work of Internal Audit at each Local Authority, the 'Board' will be the Audit Committee (or equivalent) of the Local Authority, which has been established as part of the governance arrangements. The Audit Committee's responsibilities are discharged through each of the Local Authority's Constitution's and explicitly referred to in each terms of reference.

- 3.3.2 This functional reporting includes;

- Approving the audit charter, audit strategy and risk based annual plans on an annual basis;
- Receiving regular reports on the outcomes of internal audit activity and performance;
- Receiving regular reports on management action in relation to agreed internal audit recommendations;
- Receiving the Annual Report and Opinion of the Head of Internal Audit, alongside a conclusion as to the effectiveness of internal audit;
- Overseeing External Assessments of the Internal Audit Service, at least once every 5 years.

- 3.3.3 Internal Audit work closely with the chair and members of the Audit Committee to facilitate and support their activities, part of which includes facilitating a self- assessment and providing training.

3.4 Senior Management

- 3.4.1 'Senior Management' is those individuals responsible for the leadership and direction of the organisation, and are responsible for specific aspects of internal control, risk management and governance arrangements. There is effective liaison between internal audit and senior management to ensure that independence remains, and provides for a critical challenge.
- 3.4.2 The Internal Audit Manager meets regularly with the Section 151 Officer or Section 17 Officer to ensure organisational awareness is maintained, to discuss progress with the agreed Internal Audit Plan and to maintain a good working relationship. These arrangements facilitate

discussions in relation to the current and emerging risks and issues to ensure that the internal audit plan of work remains reflective and responds as required.

3.5 External Audit

3.5.1 Regular liaison is maintained with External Audit to consult on audit plans, and to discuss matters of mutual interest. The external auditors have the opportunity to take account of the work of internal audit where appropriate.

3.6 Other Internal Audit Service Providers

3.6.1 Where appropriate internal audit will liaise with other internal audit providers, where shared arrangements exist. In such cases, a dialogue will be opened with the Chief Audit Executive to agree a way forward regarding the auditing of such shared services. This is to ensure an efficient and effective approach, and enable reliance on each other's outcomes. Where formal arrangements are entered into, a protocol will be determined and agreed by both Chief Audit Executives.

3.6.2 Internal audit will also co-operate with all external review and inspection bodies that are authorised to access and evaluate the activities of the Local Authority, to determine compliance with regulations and standards. Assurances arising from this work will be taken into account where applicable.

4 Rights of Access

4.1 Internal audit, with strict accountability for confidentiality and safeguarding records and information, is authorised to have the right of access to all records, assets, personnel and premises and has authority to obtain such information and explanations as it considers necessary to fulfil its responsibilities. This access is full, free and unrestricted and is set out in each Local Authority's Constitution.

4.2 Such access shall be granted on demand and shall not be subject to prior notice, although in principle, the provision of prior notice will be given wherever possible and appropriate, unless circumstances dictate otherwise.

5 Objective and Scope

5.1 The provision of assurance services is the primary role of Eastern Internal Audit Services, thus allowing the Head of Internal Audit to provide an annual audit opinion on the adequacy and effectiveness of the Local Authority's framework of governance, risk management and control, together with reasons if the opinion is unfavourable.

5.2 Internal audit will also provide consultancy services, at the request of management. These reviews are advisory in nature and generally performed to facilitate improved governance, risk management and control. This work may contribute to the annual audit opinion.

5.3 Whichever role / remit is carried out by internal audit the scope is to be determined by internal audit, through discussions with senior management, however this scope will not be unduly bias nor shall it be restricted.

5.4 A risk based Strategic Internal Audit Plan will be developed each year to determine an appropriate level of risk based audit coverage required to generate an annual audit opinion. The plan will be derived from risk assessments, discussions with Senior Management and Audit Committee taking prior year's assurance results into account.

- 5.5 Each audit review will be designed to provide evidence based assurance over the management of risk and controls within that area. The results of each review will be shared with management so that any required improvements can be actioned to restore satisfactory systems of internal control.
- 5.6 It is management's responsibility to control the risk of fraud and corruption; however internal audit will be alert to such risks in all the work that is undertaken. In addition, the Head of Internal Audit are either responsible for, or is consulted on, related policy and strategy. These include for example; Counter Fraud, Corruption, Anti-Bribery, Whistleblowing, Anti-Money Laundering and includes the related promotion and training for officers and councillors.
- 5.7 Through the contract in place with TIAA Ltd, there are other services that can be provided, these include: fraud investigations, grant certification and digital forensics.

6 Independence and Objectivity

- 6.1 Internal Audit must be sufficiently independent of the activities that are audited to enable an impartial, unbiased and effective professional judgement. All internal auditors working within Eastern Internal Audit Services, annually confirm their adherence the Code of Ethics, which sets out the minimum standards for performance and conduct. The four core principles are integrity, objectivity, confidentiality and competency.
- 6.2 The Internal Audit Team at South Norfolk Council, consisting of the Head of Internal Audit and the Internal Audit Trainee do not have any responsibility or authority over any activities outside of Internal Audit.
- 6.3 As contractors the TIAA Internal auditors have no operational responsibility or authority over any of the activities which they are required to review. They do not engage in any other activity, which would impair their judgement, objectivity or independence.
- 6.4 If the independence or objectivity of the Head of Internal Audit is impaired, or appears to be, the details of the impairment will be disclosed to senior management. The nature of the disclosure will depend upon the impairment.

7 Professional Standards

- 7.1 The Internal Audit Service and all Internal Audit staff operate in accordance with all mandatory guidance within the PSIAS including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards and Definition of Internal Auditing. Internal Auditors also have regard for the principles contained within the Standards of Public Life.

8 Internal Audit Resources

- 8.1 The Head of Internal Audit will be professionally qualified (CMIIA, CCAB or equivalent) and have wide ranging internal audit management experience to enable them to deliver the responsibilities of the role.
- 8.2 The Head of Internal Audit is supported by the Internal Audit Trainee in ensuring the Internal Audit Service has access through the contract to a team of staff who have the appropriate range of knowledge, skills and experience to deliver the audit service.

9 Audit Planning

- 9.1 The Internal Audit Manager develops a strategy, alongside a strategic and annual internal audit plan, using a risk-based approach.

- 9.2 The Internal Audit Strategy provides a clear direction for internal audit services and creates a link between the Charter, the strategic plan and the annual plan.
- 9.3 The annual internal audit plan of work, developed as per the Internal Audit Strategy, is derived using a risk-based approach, discussed with Senior Management and approved by the Audit Committee. The Internal Audit Manager is responsible for the delivery of the internal audit plan, which will be kept under regular review and reported to the Audit Committee.

10 Audit Reporting

- 10.1 On conclusion of each assurance review included within the annual internal audit plan, a report will be provided to management giving an opinion on the adequacy of controls in place to manage risk. This report will provide an assurance level and associated recommendations to ensure that risks are appropriately addressed.
- 10.2 Management can choose not to accept / implement the recommendations raised, in all instances this will be reported through to Senior Management and the Audit Committee, especially in instances whereby there are no compensating controls justifying the course of action.
- 10.3 A Progress Report is periodically presented to the Audit Committee which includes the Executive Summary of all final reports, any significant changes to the approved plan and the performance of the contractor relative to completing the agreed plan.
- 10.4 A Follow Up Report is also periodically produced for the Audit Committee showing management progress against the implementation of agreed recommendations arising from internal audit assurance reports. The Internal Audit Team will verify and obtain evidence to demonstrate recommendation completion from responsible officers.
- 10.5 An Internal Audit Annual Report and Opinion is produced for Senior Management and the Audit Committee following the completion of the annual audit plan each financial year.
- 10.6 This report includes a summary of all Internal Audit work carried out, details of recommendations that have been implemented by management and the Annual Opinion.
- 10.7 The Annual Opinion is based on the overall adequacy and effectiveness of the Local Authority's framework of governance, risk management and control during the financial year, together with reasons if the opinion is unfavourable. This opinion is reached by considering the results from assurance reviews undertaken throughout the year.
- 10.8 The report also highlights any issues that are deemed particularly relevant to the Annual Governance Statement (AGS) and the results of the review of the effectiveness of internal audit.

11 Quality Assurance and Improvement Programme

- 11.1 The standards require a quality assurance and improvement programme to be developed that covers all aspects of internal audit; including both internal and external assessments.
- 11.2 If an improvement plan is required as a result of the internal or external assessment, the Head of Internal Audit will coordinate appropriate action and report this to Senior Management and the Audit Committee, as part of the annual report and opinion.

11.3 Internal Assessment

11.3.1 Internal assessment includes the ongoing monitoring of the performance of the contractor through the performance measures. These form a key part of service management of the contract and are subject to quarterly reporting to the Head of Internal Audit for review.

11.3.2 On conclusion of audit reviews a feedback form is provided to the key officer identified during the audit process. Outcomes are reviewed and relevant improvements discussed with the contractor.

11.3.3 The standards also require periodic self-assessment in relation to the effectiveness of internal audit, the detail and outcomes of which are then forwarded to the Section 151 Officer or Section 17 Officer for their independent scrutiny, before the summary of which is provided to the Audit Committee as part of the annual report and opinion. This information enables the Committee to be assured that the internal audit service is operating in accordance with best practice.

11.4 External Assessment

11.4.1 External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Organisation. This can be in the form of a full external quality assessment that involves interviews with relevant stakeholders, supported by examination of the internal audit approach and methodology leading to the completion of an independent report, or a validated self-assessment, which the Internal Audit Manager compiles against the PSIAS assessment tool, which is then validated by an external assessor/team. The full external quality assessment is the chosen option for Eastern Internal Audit Services.

11.4.2 An external assessment will:

- Provide an assessment on the internal audit function's conformance to the standards;
- Assess the performance of the internal audit activity in light of its charter, the expectations of the various boards and executive management;
- Identify opportunities and offer ideas and counsel for improving the performance of the internal audit activity, raising the value that internal audit provides to the organisation; and
- Benchmark the activities of the internal audit function against best practice.

11.4.3 In October 2022 Eastern Internal Audit Services was fully assessed by the Chartered Institute of Internal Auditors. The conclusion of the review was:

"EIAS conforms with the vast majority of the Standards, as well as the Definition, Core Principles and the Code of Ethics, which form the mandatory elements of the PSIAS and the Institute of Internal Auditors' International Professional Practices Framework (IPPF), the globally recognised standard of quality in Internal Auditing".

11.4.4 The next External Quality Assessment is scheduled for October 2027.

APPENDIX 2 – INTERNAL AUDIT STRATEGY



EASTERN INTERNAL AUDIT SERVICES

INTERNAL AUDIT STRATEGY FOR 2023/24

1. Introduction

- 1.1 The Internal Audit Strategy is a high-level statement of;
- how the internal audit service will be delivered;
 - how internal audit services will be developed in accordance with the internal audit charter;
 - how internal audit services links to the organisational objectives and priorities; and
 - how the internal audit resource requirements have been assessed.

The provision of such a strategy is set out in the Public Sector Internal Audit Standards (the standards).

- 1.2 The purpose of the strategy is to define the objectives, function, the approach, resources and processes needed to achieve Internal audit service, providing a clear link between the Charter and the annual plan.

- 1.3 Throughout this strategy the term 'The Authority' or 'Authority' references any member of the Eastern Internal Audit Services Consortium. The term 'Audit Committee' is used throughout to refer to each Authorities Audit Committee or equivalent.

2. How the internal audit service will be delivered

- 2.1 The Role of the Head of Internal Audit and contract management is provided by South Norfolk Council to; Breckland, Broadland, North Norfolk and South Norfolk District Councils, Great Yarmouth Borough Council, Norwich City Council and the Broads Authority. All Authorities are bound by a Partnership Agreement.
- 2.2 The delivery of the internal audit plans for each Authority is provided by an external audit contractor, who reports directly to the Head of Internal Audit at South Norfolk Council. The internal audit work is delivered by an outsourced provider, TIAA Ltd. The contract for this service commenced from 1 April 2022 ending 31 March 2027 with the option to extend for a further term of two plus two.

3. How internal audit services will be developed in accordance with the internal audit charter

3.1 Internal Audit objective and outcomes

- 3.1.1 Internal audit is an independent, objective assurance and consulting activity designed to add value and improve the Authority's operations. It helps the Authority accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

- 3.1.2 The outcomes of the internal audit service are detailed in the Internal Audit Charter and can be summarised as; delivering a risk-based audit plan in a professional, independent manner, to provide the Authority with an opinion on the level of assurance it can place upon the internal control environment, systems of risk management and corporate governance arrangements, and to make recommendations to improve these provisions, where further development would be beneficial.
- 3.1.3 The reporting of the outcomes from internal audit is through direct reports to senior management in respect of the areas reviewed under their remit, in the form of an audit report. The Audit Committee and the S151/S17 Officer also receive:
- The Audit Plans Report, which is risk based and forms the next financial year's plan of work; and
 - The Annual Report and Opinion on the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control.
- 3.2 Internal Audit Planning
- 3.2.1 A risk-based internal audit plan (RBIA) is established in consultation with senior management that identifies where assurance and consultancy is required.
- 3.2.2 The audit plan establishes a link between the proposed audit areas and the priorities and risks of the Authority considering:
- Stakeholder expectations, and feedback from senior and operational managers;
 - Objectives set in the strategic plan and business plans;
 - Risk maturity in the organisation to provide an indication of the reliability of risk registers;
 - Management's identification and response to risk, including risk mitigation strategies and levels of residual risk;
 - Legal and regulatory requirements;
 - The audit universe – all of the audits that could be performed; and
 - Previous Internal Audit plans and the results of audit engagements.
- 3.2.3 In order to ensure that the internal audit service adds value to the Authority, assurance should be provided that major business risks are being managed appropriately, along with providing assurance over the system of internal control, risk management and governance processes.
- 3.2.4 Risk based internal audit planning starts with the Authority's Business Plan, linking through to the priority areas and the related high-level objectives. The focus is then on the risks, and opportunities, that may hinder, or help, the achievement of the objectives. The approach also focuses on the upcoming projects and developments for the Authority.
- 3.2.5 The approach ensures; better and earlier identification of risks and increased ability to control them; greater coherence with the Authority's priorities; an opportunity to engage with stakeholders; the Committee and Senior Management better understand how the internal audit service helps to accomplish its objectives; and this ensures that best practice is followed.
- 3.2.6 The key distinction with establishing plans derived from a risk based internal audit approach is that the focus should be to understand and analyse management's assessment of risk and to base audit plans and efforts around that process.
- 3.2.7 Consultation with the S151/S17 Officer and Senior Management takes place through discussion during which current and future developments, changes, risks and areas of concern are considered and the plan amended accordingly to take these into account.

3.2.8 The outcome of this populates the annual internal audit plan, which is discussed with and approved by senior management prior to these being endorsed by the Audit Committee. In addition, External Audit is also provided with details of the plans.

3.3 Internal Audit Annual Opinion

3.3.1 The annual opinion provides Senior Management and the Audit Committee with an assessment of the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control.

3.3.2 The opinion is based upon:

- The summary of the internal audit work carried out;
- The follow up of management action taken to ensure implementation of agreed action as at financial year end;
- Any reliance placed upon third party assurances;
- Any issues that are deemed particularly relevant to the Annual Governance Statement (AGS);
- The Annual Review of the Effectiveness of Internal Audit, which includes;
 - A statement on conformance with the Public Sector Internal Audit standards and the results of any quality assurance and improvement programme,
 - the outcomes of the performance indicators and
 - the degree of compliance with CIPFA's Statement on the Role of the Head of Internal Audit.

3.3.3 In order to achieve the above, Internal Audit operates within the standards and uses a risk based approach to audit planning and to each audit assignment undertaken. The control environment for each audit area reviewed is assessed for its adequacy and effectiveness of the controls and an assurance rating applied.

4. **How internal audit services links to the organisational objectives and priorities**

4.1 In addition to the approach taken as outlined in section 3.2 (Internal Audit Planning), which ensures that the service links to each Authorities objectives and priorities and thereby through the risk based approach adds value, internal audit also ensure an awareness is maintained of local and national issues and risks.

4.2 The annual audit planning process ensures that new or emerging risks are identified and considered at a local level. This strategy ensures that the planning process is all encompassing and reviews the records held by the Authority in respect of risks and issue logs and registers, reports that are taken through the Authority Committee meetings, and through extensive discussions with senior management.

4.3 Awareness of national issues is maintained through the contract in place with the external internal audit provider through regular "horizon scanning" updates, and annually a particular focus provided on issues to be considered during the planning process. Membership and subscription to professional bodies such as the Institute of Internal Auditors and the CIPFA on-line query service, liaison with External Audit, and networking, all help to ensure developments are noted and incorporated where appropriate.

4.4 Each Authorities risk profile will be evaluated throughout each year, and if required, amendments to the Internal Audit Plan will suggested for approval to ensure that Internal Audit coverage continues to focus on providing assurance over the Authorities key risks.

- 4.5 Coverage and testing plans for each audit are determined using the following principles:
- The number of days allocated to each review is considered based on the complexity of the area being audited factoring in audit scoping, testing time and quality assurance processes.
 - Key management assurance controls will be prioritised during testing to confirm that risks identified by the service area and internal audit during scoping are being monitored and managed.
 - Ordinarily, samples for each control tested will be selected to cover a 12-month period to ensure that internal audit coverage supports the annual internal audit opinion.
 - Testing sample sizes will ordinarily be based on the frequency of the control. By way of example; for each key financial control carried out weekly, a sample of four, one in each quarter across the year will be selected.
 - Testing samples will be selected randomly and objectively to provide a balanced view on the strength of the controls in place.
 - Where applicable data analytics will be used to test 100% of the available sample. The Internal Audit team will aim to increase the opportunities to adopt data analytics in their work to provide greater levels of assurance.

5. How internal audit resource requirements have been assessed

- 5.1 The in-house Internal Audit team at South Norfolk Council consists of the Head of Internal Audit who is a Chartered professional and an Internal Audit Trainee, currently training to become part qualified with the Chartered Institute of Internal Auditors.
- 5.2 These resources are used to contract manage the outsourced provider effectively, ensuring that the key performance measures of the service are met on behalf of consortium members. The team also provides Internal Audit management support to one other Council outside of the Consortium.
- 5.3 The Internal Audit Trainee has recently been appointed to enhance continuity arrangements and contribute towards building succession opportunities within the Consortium.
- 5.4 Through utilising a contractor, the risk based internal audit plan can be developed without having to take into account the existing resources, as you would with an in-house team, thus ensuring that audit coverage for the year is appropriate to the Authority's needs and not tied to a particular resource.
- 5.5 A core team of staff is provided by the contractor to deliver the audit plan, and these staff bring with them considerable public sector knowledge and experience. These core staff can be supplemented with additional staff should the audit plan require it, and in addition specialists, e.g. information technology auditors, contract auditor, fraud specialists, can be drafted in to assist in completing the internal audit plan and focusing on particular areas of specialism.
- 5.6 All audit professionals are encouraged to continually develop their skills and knowledge through various training routes; formal courses of study, in-house training, seminars and webinars. As part of the contract with TIAA Ltd the contractor needs to ensure that each member of staff completes a day's training per quarter.

- 5.7 The recent External Quality Assessment has highlighted that that the internal audit service needs to invest in skills relating to Data Analytics to ensure audits are carried out to take full advantage of the benefits that can be realised from this audit technique.
- 5.8 In 2022/23, the team made the first steps to develop a data analytics strategy by undertaking training in this area. The contractor has also been developing data analytic capabilities within its auditing of financial key controls audits. A commitment has been made to ensure that by 2025/26 each internal audit review regardless of area will incorporate some data analytics testing. Where systems data is not available to support such tests, a recommendation will be highlighted with the aim of encouraging the development of data maturity.
- 5.9 In addition to the above, in order to support the internal audit function to deliver the service using the latest best practice from the internal auditing profession, subject matter leads have been assigned to each new subject area such as climate and sustainability, culture and AI Data Analytics. Each subject matter lead will proactively seek training and guidance for their assigned area and will be responsible for upskilling the rest of the team.
- 5.10 The above-mentioned arrangements ensure that the Internal Audit Service can respond effectively to the assurance needs of each Authority whilst ensuring that the core team used are sufficiently qualified and experienced.
and experience.

APPENDIX 3 – STRATEGIC INTERNAL AUDIT PLAN

Audit Area	Last review & assurance	Associated Risk	Justification	2023/24	2024/25	2025/26	2026/27
Annual Opinion and Corporate audits							
Corporate Governance	2020/21 - Reasonable 2022/23 - TBC	CR 028 Governance failures - Low	Critical to annual internal audit opinion.		12		10
Data Protection	2018/19 - Substantial				10		
Complaints and FOI	Not audited recently.	SR 007 Reputation - Low	Not audited recently. Exposure to legal and reputational risks.	12			10
Risk Management	2019/20 - Reasonable 2022/23 - Deferred	Risk Maturity Assessment Faye Haywood	Critical to annual internal audit opinion	5		6	
Key Controls and Assurance	2021/22 - Reasonable 2022/23 - TBC	CR 027 Strategic financial and performance management - Medium	Critical to annual internal audit opinion	15	10	15	10
Annual Governance Statement	2021/22 - Reasonable						10
Procurement and Contract Management	2019/20 - Reasonable 2020/21 - Position Statement	CR 025 Contract failure - Medium CR 009 Poor Procurement - Low	Critical to annual internal audit opinion	15		12	
Performance Management, Corporate Policy and Business Planning (includes commercialisation strategy)	2017/18 - Substantial 2021/22 - Reasonable					12	
Project Management Framework	Position Statement Cromer Tennis Hub 2020/21 No Assurance 2021/22 - Reasonable Advisory assurance - 2022/23	SR 008 Corporate project related risks - Medium	Advisory assurance planned for 2022/23. Audit planned for 2024/25.		15		15
Corporate Health and Safety	2022/23 - Reasonable					12	
Counter Fraud and Corruption Framework	2021/2022 - Limited				8		
Elections and Electoral Registration	2014/15 - Substantial 2018/19 - Substantial					10	

Audit Area	Last review & assurance	Associated Risk	Justification	2023/24	2024/25	2025/26	2026/27
Fundamental Financial Systems							
Accountancy Services includes control accounts, banking, bank reconciliation, asset management / capital expenditure, budgetary control and treasury management	2019/20 - Substantial 2021/22 - Substantial	SR 001 Financial (including credit & counterparty) - Medium	Critical to annual internal audit opinion	16		16	
Accounts Payable (insurance)	2020/21 - Substantial 2022/23 - Deferred		Critical to annual internal audit opinion	10		10	
Accounts Receivable	2019/20 Reasonable 2021/22 - Substantial		Critical to annual internal audit opinion	10		10	
Income	2019/20 - Reasonable 2021/22 - Reasonable		Critical to annual internal audit opinion	8		8	
Council Tax and National Non-Domestic Rates	2020/21 - Substantial 2022/23 - TBC		Critical to annual internal audit opinion		15		15
Covid Business Grants	2021/22 - Reasonable						
Local Council Tax Support and Housing Benefits	2020/21 - Reasonable 2022/23 - TBC		Critical to annual internal audit opinion		15		15
Payroll and Human Resources	2020/21 - Substantial 2022/23 - TBC	CR 024 People Resources - Low	Critical to annual internal audit opinion		12		12
Service Area audits							
Finance Assets and Legal							
Democratic Services	2016/17 - Reasonable						10
Commercial Estates	2016/17 - Substantial 2019/20 - Reasonable	CR 001 Deteriorating/ underused property assets - Low			12		
Legal Services	2022/23 - Substantial						10
People Services							
Early Help Hub	New audit area				10		
Housing Strategy Homelessness and Housing Options	2015/16 - Reasonable 2018/19 - Reasonable	CR 026 Impact of economic fluctuations on the North Norfolk economy CR 010 Housing Delivery - Medium	Cost of living crisis exposes the Council to increased demand of housing services. Area not reviewed since 2018/19.	12			12
Enforcement Empty Homes	New Area						10
Private Sector Housing -includes DFGs and discretionary grants	2016/17 - Reasonable 2020/21 - Reasonable				12		

Audit Area	Last review & assurance	Associated Risk	Justification	2023/24	2024/25	2025/26	2026/27
Sustainable Growth							
Economic Growth	2013/14 - Reasonable 2022/23 - TBC	CR 026 Impact of economic fluctuations on the North Norfolk economy - High	Area audited in 2022/23 plan.				15
Coastal Management	2014/15 - Reasonable 2019/20 - Substantial	CR 002 Flooding, erosion and loss of assets and delivery of services - High	High scoring risk raised in CRR. Provide assurance on management of new projects in this area	12			
Environmental Charter	2021/22 - Reasonable	SR 005 Environment & Social – High	Environmental Charter reviewed recently.			10	
Affordable Housing and Housing Enabling	2019/20 - Reasonable	CR 010 Housing Delivery - Medium	Audit of council's strategy for housing planned in 2024/25		12		
Communities Environment and Leisure							
Waste Management including contract / agreement monitoring, income collection & monitoring, refuse collection, street cleansing, recycling, clinical waste, abandoned vehicles and grounds maintenance	2017/18 - Reasonable 2021/22 - Reasonable				12		
Leisure	2015/16 - Reasonable 2019/20 - Substantial					12	
Pier Pavilion	2018/19 - Reasonable 2022/23 - Limited				10		
Markets	2016/17 - Substantial						10
Parks and Open Spaces and Woodland Management	2015/16 - Reasonable					10	
Environmental Health includes emergency planning, food safety, environmental protection, pest control, dog warden, licensing and pollution control	2018/19 Reasonable 2021/22 - Reasonable					10	
Environmental Protection	New Area				12		
Civil Contingencies and Business Continuity	New Area	CR 013 Emergency event - Medium	Area not reviewed before.	12			
Planning							
Building Control from 2025/26 to include S106 Agreements	2017/18 - Substantial 2022/23 - Reasonable					15	
Land Charges	2017/18 - Reasonable		Area not reviewed since 2017/18. Service due to transfer to Land Registry in next two years.	12			
Development Management includes planning applications	2019/20 Reasonable 2022/23 - TBC						12
Section 106 Arrangements	2019/20 - Reasonable				10		

Audit Area	Last review & assurance	Associated Risk	Justification	2023/24	2024/25	2025/26	2026/27
Organisational Resources							
Car Parking	2017/18 - Reasonable 2019/20 - Reasonable		Car parking covered in income audit.		10		
Customer Services	2021/22 - Substantial					10	
Property Services - Operational	2019/20 - Reasonable 2022/23 - Position Statement	Risks identified during Internal Audit	Health and safety risks raised during position statement covering temporary accommodation. Follow up review required.	12			
ICT Audits							
Network Infrastructure and Security	2014/15 - Limited 2018/19 Reasonable						
Change and Patch Management	2021/22 - Reasonable						
Service Desk	Not recently reviewed			10			
Mobile devices					10		
Remote Access	2020/21 - Reasonable					10	
Business Support Arrangements	2018/19 Reasonable						
Disaster Recovery	2019/20 - Reasonable 2022/23 - TBC						
Information Management	New specific area						
Applications review: Finance system HR system, Revenues and Benefits	2022/23 - TBC (Finance System Upgrade)		Post implementation review	5			
Data Quality						10	
Cyber Security	2019/20 - Reasonable				10		
Audits to be confirmed				0	0	0	20
Follow Up of audit recommendations							
Follow up - internal audit recommendations				10	10	10	10
Total number of days				176	227	208	206

APPENDIX 4 – ANNUAL INTERNAL AUDIT PLAN 2023/24

Audit Area	No of days	Q1	Q2	Q3	Q4	Notes
Annual Opinion / Governance audits						
Risk Management	5	5				A risk maturity assessment will be carried out by the Head of Internal Audit to support the Director for Resources in the development of risk management at the Council.
Complaints and FOI	12		12			A strategic risk has been raised in the corporate risk register in relation to the councils reputation or public perception being adversely affected by its actions/interests. Our review will evaluate the controls in place to handle complaints and FOI requests in a timely manner to prevent non compliance with policy and the FOI Act.
Key Controls and Assurance	15				15	This is an annual review of key controls and feeds into the Statement of Accounts, for those systems not subject to an audit review within the year more coverage will be provided in those areas.
Procurement and Contract Management	15		15			Strategic risks have been raised relating to contract failure and poor procurement. An assurance audit in this area has not been carried out since 2019/20. This audit will evaluate compliance with the Council's Contract Standing Orders and the Public Contract Regulations. This audit will also provide assurance that contract management is effective for a sample of Council contracts.

Audit Area	No of days	Q1	Q2	Q3	Q4	Notes
Service area audits						
Housing Strategy Homelessness and Housing Options	12				12	A strategic risk has been raised in the corporate risk register regarding Housing Delivery and a number of other risks have been evaluated that relate to cost of living and the impact this could have on demand for council services. This area has not been audited since 2019/20. This audit will focus on the Councils management of homelessness and preparedness for an increase in demand for housing.
Coastal Management	12				12	A high scoring strategic risk has been raised relating to the impact of flooding, erosion resulting in loss of assets and impact on delivery of services. This area was last reviewed in 2019/20 where the Councils involvement in the sand scaping project was reviewed. This audit will focus on the management of the CTAP project and progress against the refurbishment of Mundesley sea defences.
Civil Contingencies and Business Continuity	12		12			Business Continuity and Civil Contingency have not been audited together recently. A strategic risk has been raised relating to the impact of emergency events. This audit will evaluate the Council's preparedness to carry out its duties as a category one responder in the event of a series of incidents.

Audit Area	No of days	Q1	Q2	Q3	Q4	Notes
Land Charges	12	12				This area has not been audited since 2017/18. The service must transfer to Land Registry in next two years. This audit will provide assurance that actions are progressing to ensure the accuracy of the local land charge register prior to its transfer to the Land Registry. The audit will evaluate the process for additions, amendments and deletions and will provide assurance on the management of income.
Property Services - Operational	12				12	A position statement was provided in 2022/23 to provide assurance over the Councils management of operational assets. Significant findings were raised relating to the management of Health and Safety related compliance and management of capital works for the Council's new temporary housing assets. This audit will follow up specifically on the actions raised relating to temporary accommodation and provide assurance that improvements have been progressed.
ICT Audits						
Service Desk	10			10		A review of service desk has not been carried out before. Our review will provide assurance that a consistent service is provided in line with a defined service level agreement. The audit will cover the management and resolution of incidents and will review the availability of performance data to demonstrate service levels.
Post Implementation - Finance System Review	5	5				A new finance system was implemented in December 2022. A review will be carried out to determine whether system benefits have been realised and provide assurance that any post implementation issues are being closed down.
Follow Up - Internal Audit recommendations	10	2.5	2.5	2.5	2.5	Follow up of agreed internal audit recommendations to ensure that these have been appropriately addressed by management and the risks mitigated.
Total number of days	176	24.5	53.5	56.5	41.5	

APPENDIX 5 – ASSURANCE MAPPING - NNDC TOP TWO SCORING RISKS

Risk	First Line Assurance	Second Line Assurance	Third Line Assurance
<p>SR 003 Macroeconomic Status - high inflation and anticipated rising unemployment we have to expect that the challenging economic circumstances will have an impact on the performance of the North Norfolk economy and therefore on demand for many council services.</p>	<p>The Council held a cost of living summit on 3 November 2022 to understand across the public and voluntary sectors demand for services and support and will closely monitor service demand and implications for the Council's finances which will be reflected in preparation of the 2023/24 budget</p> <p>Preparing and analysing evidence relating to local economic context and business needs, including contextual data and that gathered through surveys and business engagement,</p>	<p>Fund management advice from Arlingclose for management of Councils finances allowing support for economic growth projects.</p> <p>Regular reporting to Department for Levelling Up, Housing & Communities in accordance with Memorandum of Understanding to provide assurance over spend and management of both UK Shared Prosperity Fund (UKSPF) and the Rural England fund allocated to the Council.</p>	<p>Economic Growth audit scheduled for Q4 of 2022/23 covering the management of £1.2m of UK SPF and the £1.45m worth of Rural England funding allocated to the Council.</p>
<p>SR 005 ENVIRONMENTAL AND SOCIAL - related to the environmental and social impact of the Council's strategy and interests. Council fails to take into account changing environmental and social needs. Resulting in strategic objectives not reflecting environmental and social issues.</p> <p>Natural England - Nutrient Neutrality. This will have a significant impact on the local construction industry, rates of housing growth and 5 year housing land supply issues.</p> <p>CR 002 Flooding, erosion and loss of assets and delivery of services</p>	<p>The Council has an Environmental Charter in place and approved the Net Zero Strategy and accompanying Climate Action Plan at Full Council on 23 February 2022.</p> <p>Nutrient Neutrality - Norfolk local authorities about working collaboratively through the Duty to Cooperate Framework to develop a shared response to this challenging issue.</p> <p>Coastal Erosion - DEFRA has selected NNDC to be involved in the Coastal Transition Accelerator Programme (CTAP) to investigate, develop, deliver and learn new approaches to support communities to transition away from coastal erosion.</p>	<p>Progress delivering the goals of the Climate strategy and the action plan will be reported to Cabinet every six months.</p> <p>Nutrient Neutrality - Regular updates on progress to mitigate the nutrient neutrality risk are discussed with Natural England through the partnership.</p> <p>Coastal Erosion - NNDC continues to work in partnership with Coastal Partnership East. Assurances to be provided to DEFRA regarding progress against the CTAP project.</p>	<p>An audit of the Councils Climate Strategy was undertaken in 2021/22 and was given a reasonable assurance grading.</p> <p>Internal audit will continue to evaluate the nutrient neutrality risk and provide assurance on intended outcomes when required.</p> <p>Coastal Erosion - Coastal management was audited in 2019/20 and given a substantial assurance grading. As the CTAP and Refurbishment of Mundesley sea defences projects get underway it is proposed this area is audited again in 2023/24.</p>

Governance, Risk and Audit Committee Self-Assessment

Summary: The Chartered Institute for Public Finance and Accountancy (CIPFA) document on “audit committees - practical guidance for local authorities and police” sets out the guidance on the function and operation of audit committees. It represents CIPFA’s view of best practice and incorporates the position statement previously issued.

It is good practice for audit committees to complete a regular self-assessment exercise, to be satisfied that the Committee is performing effectively.

Conclusion: During the 2022 self-assessment the Committee considered the Governance Risk and Audit Committee to be mostly in conformance with the CIPFA guidance. Undertaking a regular review of its performance against best practice ensures that the Committee has properly assessed the way in which it discharges its duties.

Recommendation: **That the Committee discuss the attached checklist at Appendix 1 to this report from 2022 and consider whether any of the scoring requires amending or whether improvement actions need to be developed in any areas.**

Cabinet member(s):
All

Ward(s) affected:
All

Contact Officer, telephone number, and e-mail:

Faye Haywood, Internal Audit Manager for North Norfolk DC, 01508 533873, faye.haywood@southnorfolkandbroads.gov.uk;

1. Background

- 1.1. The Chartered Institute for Public Finance and Accountancy (CIPFA) document on “audit committees - practical guidance for local authorities and police” sets out the guidance on the function and operation of audit committees. It represents CIPFA’s view of best practice and incorporates the position statement previously issued. The guidance states “the purpose of an audit committee is to provide those charged with governance independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and annual governance processes”.

- 1.2. In 2022 CIPFA updated its advice and guidance for Local Authority Audit Committee's and a new Audit Committee self-assessment template is now available. It is suggested that the March 2024 assessment is undertaken using the new interactive template following the May 2023 elections.
- 1.3. The Section 151 Officer has overarching responsibility for discharging the requirement for sound financial management, and to be truly effective requires an audit committee to provide support and challenge.
- 1.4. Good audit committees are characterized by; balanced, objective, independent knowledgeable and properly trained members, a membership that is supportive of good governance principles, a strong independently minded chair, an unbiased attitude and the ability to challenge when required.
- 1.5. It is therefore good practice for audit committees to complete a regular self-assessment exercise, to be satisfied that the Committee is performing effectively.
- 1.6. In addition, the Public Sector Internal Audit Standards also call for the audit committee to assess their remit and effectiveness, in relation to Purpose, Authority and Responsibility, to facilitate the work of this Committee.
- 1.7. The Governance, Risk and Audit committee has regularly carried out the self-assessment exercise in the past and has acted where necessary to ensure full compliance with best practice.
- 1.8. The guidance provides two tools against which the Committee can assess itself, the first (self-assessment of good practice) supports an assessment against recommended practice to inform and support the Committee. The second assessment tool (evaluating the effectiveness of the audit Committee) helps audit Committee members to consider where it is most effective and where there may be scope to do more. To be effective the Committee should be able to identify evidence of its impact or influence lined to specific improvements.
- 1.9. At the meeting held March 2022, Committee members reviewed and completed the two assessment tools, the results of which can be found at **Appendix 1** of this report.

2. Issues for discussion

- 2.1. The results of the assessment from the previous year have been reviewed with a particular focus on the areas whereby a "partly" answer was provided in 2022.
- 2.2. Questions 15; relates to training and skills of the Committee.

In 2022, this area was highlighted as "partly in conformance", to allow for the members to be assessed against the CIPFA Core Knowledge and Skills Framework on a regular basis. No further training requirements were identified following the circulation of this skills document, however it is proposed that it is circulated again this year following May elections and member inductions to ensure that members of the Committee are sufficiently trained in all areas.

3. Conclusion

- 3.1 During the 2022 self-assessment the Committee considered the Governance Risk and Audit Committee to be mostly in conformance with the CIPFA guidance. Undertaking a regular review of performance against best practice ensures that the Committee has properly assessed the way in which it discharges its duties in accordance with its Terms of Reference.

4 Recommendation

- 4.1 That Members discuss the attached checklist at **Appendix 1** to this report from 2022 and consider whether any of the scoring requires amending or whether improvement actions need to be developed in any areas.

Appendices

Appendix 1 – Self Assessment Checklist 2022

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Self-assessment of good practice

This evaluation will support an assessment against recommended practice to inform and support the Audit Committee. This is a high-level review that incorporates the key principles set out in CIPFA's Position Statement: Audit Committees in Local Authorities and Police. Where an Audit Committee has a high degree of performance against the good practice principle's then it is an indicator that the Committee is soundly based and has in place knowledgeable membership. These are essential factors in developing an effective Audit Committee.

	Good Practice Questions	Yes	Partly	No
	Audit Committee purpose and governance			
1	Does the authority have a dedicated Audit Committee?	√		
2	Does the audit Committee report directly to full council?	√		
3	Do the terms of reference clearly set out the purpose of the Committee in accordance with CIPFA's position statement?	√		
4	Is the role and purpose of the Audit Committee understood and accepted across the authority?	√		
5	Does the Audit Committee provide support to the authority in meeting the requirements of good governance?	√		
6	Are the arrangements to hold the Committee to accounts for its performance operating satisfactorily?	√		
	Functions of the Committee			
7	Do the Committee's terms of reference explicitly address all the core area identified in CIPFA's position statement? <ul style="list-style-type: none"> - Good governance - Assurance framework - Internal audit - External audit - Financial reporting - Risk management - Value for money or best value - Counter fraud and corruption 	√		
8	Is an annual evaluation undertaken to assess whether the Committee is fulfilling its terms of reference and that adequate consideration has been given to all core areas?	√		
9	Has the audit Committee considered the wider areas identified in CIPFA's position statement and whether it would be appropriate for the Committee to undertake them?	√		
10	Where coverage of core areas has been found to be limited, are plans in place to address this?	N/a		

11	Has the Committee maintained its non-advisory role by not taking on any decision-making powers that are not in line with its core purpose?	√		
Membership and support				
12	Has an effective Audit Committee structure and composition of the board been selected? This should include: - Separation from the executive - An appropriate mix of knowledge and skills among the membership - A size of Committee that is not unwieldy - Where independent members are used, that they have been appointed using appropriate process	√		
13	Does the chair of the Committee have appropriate knowledge and skills?	√		
14	Are arrangements in place to support the Committee with briefings and training?	√		
15	Has the membership of the Committee been assessed against the core knowledge and skills framework and found to be satisfactory?		√	
16	Does the Committee have good working relationships with key people and organisations, including external audit, internal audit and the chief finance officer?	√		
17	Is adequate secretariat and administrative support to the Committee provided?	√		
Effectiveness of the Committee				
18	Has the Committee obtained feedback on its performance from those interacting with the Committee or relying on its work?	√		
19	Has the Committee evaluated whether and how it is adding value to the organisation?	√		
20	Does the Committee have an action plan to improve any areas of weakness?	√		

Partly:

Question 15. It was felt that committee members could be assessed against the CIPFA Core Knowledge and Skills Framework regularly. Any areas for further training will be identified and a programme developed for new members where required. Skills and Knowledge Matrix to be circulated to members again March 2022.

Evaluating the Effectiveness of the Audit Committee

This assessment tool helps Audit Committee members to consider where it is most effective and where there may be scope to do more. To be considered effective, the Audit Committee should be able to identify evidence of its impact or influence linked to specific improvements.

Assessment Key:

- 5 Clear evidence is available from a number of sources that the Committee is actively supporting the improvement across all aspects of this area. The improvements made are clearly identifiable.
- 4 Clear evidence from some sources that the Committee is actively and effectively supporting improvement across some aspects of this area.
- 3 The Committee has had mixed experience in supporting improvement in this area. There is some evidence that demonstrates their impact but there are also significant gaps.
- 2 There is some evidence that the Committee has supported improvements, but the impact of this support is limited.
- 1 No evidence can be found that the audit Committee has supported improvements in this area.

Areas where the audit Committee can add value by supporting improvement	Self-evaluation examples, areas of strength & weakness	Assessment 1-5
1. Promoting the principles of good governance and their application to decision making	<p>Effective scrutiny through receipt of internal audit reports quarterly where enough detail is provided for the Governance Risk and Audit Committee to evaluate the adequacy of the governance framework. Annual completion of self-assessment to evaluate effectiveness of governance processes of the Committee.</p> <p>The Committee's independence strengthens their effectiveness and cross-party working is displayed at meetings.</p>	4

2. Contributing to the development of an effective control environment	Half yearly follow up reports are provided to the to show progress against completion of audit recommendations. The committee looks at responses from management and evaluates performance by questioning recommendation responses thoroughly.	4
3. Supporting the establishment of arrangements for the governance of risk and for effective arrangements to manage risks	<p>The corporate risk register is now reviewed at each meeting and effective scrutiny of strategic risks faced by the Council takes place.</p> <p>Risk management framework reviewed bi-annually.</p> <p>The Committee examines the financial accounts and risks associated. Every report received by the Committee includes a commentary regarding risks.</p>	4
4. Advising on the adequacy of the assurance framework and considering whether assurance is deployed efficiently and effectively	The Committee reviews and approved the risk based internal audit plan of work to ensure that coverage is sufficient. The Committee takes an active role in reviewing progress against follow up, progress against delivery of the internal audit plan, corporate risk register and External Audits plan of work.	4
5. Supporting the quality of the internal audit activity, particularly by underpinning its organisational independence	Internal audit plans report includes the audit charter and audit strategy which covers these areas. The Head of Internal Audit and Internal Audit Manager have a direct line to the Chair of the Committee to allow confidential matters to be discussed.	5
6. Aiding the achievement of the authority's goals and objectives through helping to ensure appropriate governance, risk, control and assurance arrangements	This is achieved by reviewing the reports received by the Committee on governance risk and control and the annual governance statement, internal audit opinion. The Committee has commissioned Internal Audit work to strengthen controls which impact on the delivery of Council objectives.	4

7. Supporting the development of robust arrangements for ensuring value for money	<p>The Committee reviews the External Audit plan of value for money and the auditing thereof. It has a key role in reviewing the statement of accounts and ensuring value for money through this report. Key role in reviewing the annual governance statement and the assurances provided therein.</p> <p>Committee now has authority to approve the Statement of Accounts as per the Terms of Reference, thus ensuring that value can be added by the Committee.</p>	4
8. Helping the authority to implement the values of good governance, including effective arrangements for countering fraud and corruption risks	Counter Fraud, Corruption and Bribery Strategy, Whistleblowing and Money Laundering Policy received and reviewed by the Committee in Council in December 2018.	4
9. Promoting effective public reporting to the authority's stakeholders and local community and measures to improve transparency and accountability	<p>Minutes and agenda available on the website. Public are invited to audit committee meetings.</p> <p>Open and transparent reporting is displayed.</p> <p>Officer support is provided to the Committee in terms of democratic services officers and report authors.</p> <p>Decisions made by the Committee are within their remit and as part of terms of reference.</p>	4

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DRAFT ANNUAL STATEMENT OF ACCOUNTS FOR 2021/22

- Summary: This report provides an update on the progress on the completion of a draft Statement of Accounts for 2021/22.
- Options considered: The only option considered is that the Statement of Accounts for 2021/22 is brought back to the next Governance, Risk and Audit Committee so that the Committee can review them.
- Conclusions: It is recommended that the Committee note the contents of the report and approve that the Statement of Accounts for 2021/22 are brought back to the next Governance, Risk and Audit Committee.
- Recommendations: **It is recommended that the Committee note the contents of the report and approve that the Statement of Accounts for 2021/22 are brought back to the next Governance, Risk and Audit Committee.**
- Reasons for Recommendations: To present a completed draft Statement of Accounts for 2021/22 and arrangements for the completion of the audit process as soon as possible.

LIST OF BACKGROUND PAPERS AS REQUIRED BY LAW

(Papers relied on to write the report, which do not contain exempt information, and which are not published elsewhere)

None

Cabinet Member(s) Councillor Eric Seward	Ward(s) affected All
Contact Officer, telephone number and email: Tina Stankley, 01263 516439, tina.stankley@north-norfolk.gov.uk	

1. Introduction

- 1.1 This report provides an update on the progress in producing the Statement of Accounts for 2021/22.
- 1.2 The Committee received an update report on the draft Statement of Accounts for the 2020/21 financial year on 6 December 2022.
- 1.3 At the time, the audit of the 20/21 Accounts was ongoing but nearing completion. As the CFO, I gave an assurance that the audit would be

completed before the calendar year end, signed off and a final version published before the year end.

- 1.4 However this has not been the case and the reasons are explained below in Section 2. This has had a knock-on impact on being able to complete the draft Statement of Accounts for 2021/22 in a timely manner.

2. Overview

- 2.1 The Council prepares its Accounts in line with the CIPFA Code of Practice for Local Authority Accounting. The draft 2020/21 Accounts were required be published by 31st July and audited by 30th November respectively.
- 2.2 This Council, like many other Councils, is behind on getting their Statements of Accounts signed off and audited. The COVID-19 pandemic has had a significant impact on this area of work as staff and auditors have had to work differently which has proved to be in some areas more difficult to get the work done. There is also the issue of a national shortage of accountancy staff and auditors with the level of skills and experience required to undertake some of the more complex areas of work e.g. Collection Fund accounting, Capital Accounting and the closure of accounts.
- 2.3 For this Council these staff and auditor resource issues has led to the Statement of Accounts not being finalised yet for 2020/21. There is at most one more week of work required to done by the Finance Team to complete the accounts. The Auditors, Ernst and Young, have been waiting patiently for the accounts to be finished so that they can complete the audit. They have been very accommodating in trying to pull the completion of this into their work plan, but they are also very busy trying to catch up on the completion of many outstanding audits. So I am unable to provide a date for when our audit will be concluded as it will depend on when they can now fit the audit in. A verbal update will be provided at the meeting on 7 March 2023.
- 2.4 The 2021/22 accounts are largely completed but the opening balances will need adjusting to the closing balances for 2020/21 where they have changed, and the capital accounting entries need putting through the accounts to provide a final draft position ready for auditing. This work is expected to be completed by the end of March 2023.
- 2.5 The reason for the delay in completing the accounts has been due to staff shortages and other priorities which have had to come first. The most significant of which has been producing a balanced budget for approval by full Council. This work is complete now and the budget was approved on 22 February 2023. Then the Finance Team have also been working very hard to get the new financial system implemented. The 'go-live' date of 14 December was achieved but there is still a lot of work required to have the system working fully. Again this has been hampered by staff shortages in the Finance Team.
- 2.6 The staff shortage in the Finance Team is a risk which needs addressing both in the short-term and the long-term. This requires a look at what is needed to ensure that the Team is sufficiently resourced to be able to provide the service that is needed by both officers and Members. It is critical that the

Council has up-to-date financial information to keep Members and officers fully informed of the Council's financial position at any point in time.

- 2.7 The Team currently has one interim member of staff who has taken on the responsibility for the Capital Programme and Asset Register work amongst other tasks. It is my intention to review the structure of the Team and then recruit permanently as required. This will come before Members if required for their approval.

3. Corporate Plan Objectives

- 3.1 Financial Sustainability and Growth – The Council needs to produce the accounts each year so that it can demonstrate how resources have been used and so the Council maintains an accurate record of the resources it has available for future use.

4. Medium Term Financial Strategy

There are no direct financial implications surrounding the publication of the Statement of Accounts.

5. Financial and Resource Implications

There are no direct financial implications surrounding the publication of the Statement of Accounts.

6. Legal Implications

The Council will not have met the statutory requirement to publish an audited Statement of Accounts for 2020/21, nor 2021/22.

7. Risks

None as a direct consequence of this report.

8. Sustainability

None as a direct consequence of this report.

9. Climate / Carbon impact

None as a direct consequence of this report.

10. Equality and Diversity

None as a direct consequence of this report.

11. Section 17 Crime and Disorder considerations

None as a direct consequence of this report.

12. Conclusion and Recommendations

It is anticipated that the audit of the Accounts for 2020/21 will be completed shortly and can be signed off. It is expected that the accounts for 2021/22 will be finished before the financial year-end 2022/23 and the audit for these accounts can be arranged. The main issue in not achieving the deadlines has been the recent turnover in staff in what was a stable team and then the difficulty in finding the right replacements.

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NORTH WALSHAM HIGH STREET HERITAGE ACTION ZONE

Summary:

This report has been prepared at the request of the Overview and Scrutiny Committee meeting of 14th December 2022, which asked how the development and delivery of the North Walsham HAZ programme had followed the Council's adopted corporate project management and governance framework.

The aim of the report is therefore to review the project governance and management Framework for the HAZ Project, to verify whether it followed and complied with the project management template and whether there are lessons to be learnt in assessing, mitigating, and reporting of project risks.

Conclusions:

The main conclusions of this report are:

- The project governance was followed as per the agreed framework but there does appear to be some breakdown in communications in the autumn 2022 as the project moved into the delivery phase on the ground and the implications of contract inflation become known.
- Project aims have been achieved with the town centre becoming much more attractive and appealing, is noticeably busier and has attracted new businesses.
- Contract inflation has meant that an additional £400k budget has been required on top of £3.2 million original budget to complete works at Bank Loke, Black Swan Loke and the entrance between the Market Place and the main doors of St Nicholas parish church
- On track to be delivered on time

Recommendation to Governance, Risk & Audit Committee:

To review the project governance for the North Walsham Heritage Action Zone Scheme and to consider the project's risk register as part of this review

LIST OF BACKGROUND PAPERS AS REQUIRED BY LAW

(Papers relied on to write the report, which do not contain exempt information, and which are not published elsewhere)

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Cabinet Member(s)	Ward(s) affected
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Contact Officer, telephone number and email: Erika Temple, 01263 516252
erika.temple@north-norfolk.gov.uk

1. Introduction

1.1 In July 2021 North Norfolk District Council embarked on an exciting scheme to renew North Walsham’s historic town centre. This followed a successful application in Spring 2020 to Historic England to develop and deliver a town centre revitalisation scheme with initial funding secured through the national High Street Heritage Action Zone (HSHAZ) Programme.

1.2 The overall aim of the Historic England programme was to make the high street a ‘more attractive, engaging and vibrant place for people to live, work and spend time’

1.3 The key deliverables of the project included:

- Town centre place-making improvements – streetscaping, including the Market Place and surrounding streets and reconnecting the lokes and gateways to facilitate safer and better pedestrian movement in and around the town
- The Cedars Grade II Listed building - repairs and restoration and returning the main building to occupiable use.
- A Building Improvement Grant scheme – to support the restoration and repair of key buildings within the town, including shop front improvements and supporting projects that would help to fill vacant units and presently unoccupied floorspace.
- Heritage research and training.
- Cultural Programme and community activities

2. The initial funding application to Historic England secured £975,000 of grant funding which was match funded by a similar amount from NNDC, resulting in a project budget of £1.95 million. To capitalise on this, a further funding application was made by the District Council to the New Anglia Local Enterprise Partnership (NALEP), which secured an additional MHCLG *Build Back Better* grant award of £1.17 million towards the town centre placemaking project strand of the scheme. Recognising that there were further opportunities in the town, an additional £80,000 was subsequently secured from Historic England. This brought the total HSHAZ scheme budget to £3.2 million.

2.1 Timeline of events

Original HE HSHAZ bid	2019
Funding approved	2020
Public consultation on place-making Market Place proposals	2021

Initial place-making works to the Church Approach site	Spring 2022
TRO consultation and confirmation	Summer 2022
Main project works to Market Place and adjoining streets	Sept 2022 – March 2023
Completion of works	Spring 2023

3. Project Governance

- 3.1 The following was set out from the start of the project and is included in the terms of reference.

4. Governance

- 4.1. A Working Party was established in June 2020 by Cabinet to oversee delivery of the North Walsham High Street HAZ. Following the establishment of the Corporate Delivery Unit and adoption of the new project management and governance framework in March 2021, the governance structure for the HAZ scheme was revised in line with the new guidance. A Project Board was therefore established to ensure transparency and that the correct members were involved to ensure effective decision-making. management of risks, budget and expenditure were discussed at those meetings.

- 4.2. An officer Project Team has been meeting weekly to oversee the operational delivery of the scheme. This team is chaired by the Assistant Director for Sustainable Growth and involves the HAZ Project Manager, the Economic Growth Manager, and other officers from both the County and District Councils as appropriate involved in delivery of specific projects being delivered through the scheme.

- 4.3. A Project Board of officers and members also exists and meets monthly to monitor and support the project delivery. This includes the relevant Portfolio Holders and representatives of Historic England and the Community Stakeholder Group.

- 4.4. The Portfolio Holder for Economic Growth and members of the project team reported on the progress of the HAZ programme to the Council's Overview and Scrutiny Committee on Wednesday 14 July, and it was proposed that the NW HSHAZ project should report to that committee quarterly. Most interest in the programme relates to the Place-making element of the programme – particularly the Market Place, Church Approach and lokes traffic management and enhancement works where some criticism has been levelled at the principle of the works by some traders and members of the public who are opposed to the removal of most traffic through the Market Place and the loss of on-street parking spaces within the Market Place.

5. Project and Budget Monitoring

- 5.1. A robust project monitoring tool sits behind the delivery of the HAZ programme and is reviewed on an ongoing basis. This suite of reports tracks the progress of the deliverables within each project strand, contains the risk log and a comprehensive budget forecast and expenditure monitor. In addition to the Project Team and Project Board meetings, quarterly reports are submitted to the funders Historic England and the LEP.

- 5.2. As a complex, multi-faceted programme, the budget report is dynamic and is routinely monitored as costs become better known. Expenditure is documented and all purchases set against individual project elements
- Quarterly reports have been submitted to Historic England (HE) throughout the project, reporting on budget, expenditure, Risk Log (using NNDC risk log template), delivery, issues etc. The report is up to date with the latest information provided being Quarter 3 2022. In addition to fortnightly update meetings and mid-year and end of year review meetings, HE representatives attended the monthly Project Board meetings, monthly Project Team Meetings, fortnightly Design/Delivery Team meetings and numerous site visits and Teams meetings to discuss individual projects.
 - A Risk log was developed and regularly updated at each Project Board meeting.
- 5.3. Concern over the management of the project and project budget appears to have initially been raised during delivery of the Church Approach element of the place-making scheme during the Spring / Summer of 2022 and rose further during the autumn of 2022 when works commenced on the Market Place element of the scheme. These issues gave rise to public comments about the place-making scheme and questions asked by the Overview and Scrutiny Committee about project governance, oversight, and reporting.
- 5.4. The delivery of the place-making element of the HAZ programme was always going to be the most challenging element of the programme as it involved changes to long-established traffic management and parking arrangements within the town centre. However, the narrow streets and pavements in the historic core of North Walsham and the scope for vehicle / pedestrian conflict was seen to be a significant factor in many local people and visitors to the town not wanting to spend time in the town centre. Access for people with mobility problems, wheelchairs, families with pushchairs and young children was seen to be particularly challenging. The proposals therefore proposed the removal of the majority of traffic from the Market Place area during core daytime hours – facilitated by creation of a new Travel Hub to serve the town and the provision of replacement free parking spaces on the Bank Loke and Vicarage Streetcar Park with only dedicated loading bay facilities and Blue Badge parking spaces retained in the core Market Place area.
- 5.5. The Traffic Regulation Orders for these works were confirmed in August 2022 and works to the Market Street / Kings Arms Street and Market Place areas commenced on 12th September 2022. It was only at this time that the full extent of what could be delivered was confirmed and costed. Despite the bulk of the materials required for the scheme having been purchased in advance in February / March 2022 to guarantee supply at a time of material supply issues and rising costs, the detailed work programme being managed and supervised by Norfolk County Council (as highways authority) and its partner Tarmac were not known until October 2022 by which time there was significant contract and labour inflation within the wider economy.
- 5.6. This has led to some elements of the scheme having to be revaluated – to provide the finishing elements of the main Market Place works – benches, signage, planters, and some lighting and for the scheme to include works to Bank Loke, Black Swan Loke and the main entrance to St Nicholas Church from the Market Place. These “additional” costs formed the basis of the request

to Cabinet in November 2022 for an additional £400,000 contribution from the District Council.

- 5.7. Questions have been asked by members of the Overview and Scrutiny Committee about the Risk Log held and reviewed in respect of the HAZ project and enquiries made about this in preparation of its report to GRAC have established that there has been a detailed risk log held in respect of the HAZ programme which has been regularly reviewed, updated, and shared with Historic England as our principal funding partner. This log was presented to the Overview and Scrutiny Committee at its meetings of October and November 2022 (the second because of some formatting errors in the printed version of the October meeting agenda) and again in February 2023. The Risk Log is considered to reflect all the significant issues faced by the project – not least the challenges of securing funding for a project which has been delivered over a three-year period – June 2020 – February 2023 initially with a project vision and ambition but which then needed to be developed into a deliverable proposal during which time inflationary pressures in respect of construction projects and labour costs have risen significantly.
- 5.8. The aim of the project has been achieved so far, the street works are almost complete, and the town centre is becoming much more attractive and appealing and is noticeably busier and thriving more than in previous years. There have since Christmas three new businesses open in the town centre. The renovation of some of the shop fronts are noticeably different and bring a new and fresher look to the town centre.
- 5.9. There is a strong overall support for the improvements in the town centre although there were originally split opinions on making the marketplace traffic free. It has clearly aided the original aim in making the town centre more attractive. Although there were some concerns about the impact this would have on businesses in the town centre, the addition of new businesses and the town attracting more people is promising. As the place-making scheme is nearing completion, information is being prepared particularly to promote the Blue Badge parking spaces which have been provided in the Market Place allowing a much more pleasant experience for people with limited mobility / wheelchairs through being able to park in the Market Place and move around more easily on wider pavements in a generally traffic-free space

6. Corporate Plan Objectives

- 6.1 Quality of Life: The Council has a strong record of providing and supporting facilities and activities which improve local people's quality of life and, including the provision of tourist infrastructure and is committed to maintaining and enhancing such facilities for the future as they form an essential element of the district's appeal as a place to live and visit. The Council has also stated that it wishes to promote greater inclusivity in its investments improving accessibility and facilities for all. This reflects the district's ageing population where large numbers of people experience age related mobility issues, alongside those with long-term conditions and disabilities. The Council is delivering against this ambition with its investments in new and upgraded public toilet and Changing Place facilities – including at Vicarage Street, North Walsham, but significantly in creating a safer and less traffic dominated town centre for North Walsham.

- 6.2 As set out in this objective we promised that we would deliver this by.
- The delivery of the North Walsham Heritage Action Zone programme
 - Maximising the level of external funding through working with partners to support community projects within the district
- 6.3 Boosting business sustainability and growth: In common with many other areas, the district's towns also face challenges in adapting to the changing trends of the retail and financial services sectors and the impact this is having on local "high" streets. The Council is ambitious in wanting to support a strong local economy and new job-creating investment which strengthens and broadens the business base and employment opportunities in the district. The Council is committed to working alongside partners in the education and business sectors in promoting inclusive growth which seeks to match the skills of the local workforce with the needs of local businesses. This objective promised to deliver by.
- Attracting more people to the town centre will allow existing businesses to thrive as well as seeing new businesses come to North Walsham.
 - better understanding the needs of local businesses

7. Medium Term Financial Strategy

- 7.1 There are no MTF implications as part of this review

8. Financial and Resource Implications

- 8.1. There is no financial implication as part of this review being carried out.

9. Legal Implications

- 9.1 There are no legal implications as part of this review

10. Risks (identified by the review)

- Uncertainty on detail of extra funds needed
- Internal communication

11. Sustainability

There are no sustainability issues as part of this review

12. Climate / Carbon impact

There are no climate/carbon impact as part of this review

13. Equality and Diversity

- 13.1. The Council has also stated that it wishes to promote greater inclusivity in its investments improving accessibility and facilities for all. This reflects the district's ageing population where large numbers of people experience age related mobility issues, alongside those with long-term conditions and disabilities.

14. Section 17 Crime and Disorder considerations

- 14.1. Improved works and pride in the town may lead to less vandalism and alleviate anti-social behavior.

15. Conclusion and Recommendations

The main conclusion of this report is the following:

- The Project governance and framework was followed but there does appear to be a breakdown in communication in autumn 2022.
- Project aim has been achieved, the town centre is becoming much more attractive and appealing, is noticeably busier and has attracted new businesses.
- £400k extra budget required on top of £3.2 million
- On track to be delivered on time

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Risk Log North Walsham High Street HAZ

Last review date: 27/01/23

Ref	Date Logged	Date updated	Owner	Title	Likelihood	Impact	Inherent Risk (Likelihood x Impact)	Description	Summary of Actions/Mitigation	Status	Subsequent Likelihood	Impact	Residual Risk
1.1	16.07.21	1.06.22	NT/LR	Cedars scope	3	4	12	Project creep on scope	Project Board, conservation architect lead professional, clear reporting, brief, contingency	Implemented: Project Board, conservation architect appointed lead professional, clear reporting, brief, contingency. Strategic Surveyor project lead.	2	2	4
1.2	16.07.21	1.11.21	NT/LR	delays	5	4	20	Delays and restrictions including materials shortage, labour shortages and cost increases	Specifications revised and QS oversee cost plan. Contingency, reschedule and reprofile budget	Implemented: Specifications revised and QS overseeing cost plan. Review tenders reschedule and reprofile budget	3	4	12
1.3	14.03.21	07.12.22	SK/RT	condition	4	3	12	Delay achieving objectives/causing deterioration of property	Project Management and resources committed. Essential repairs carried out.	Implemented: Project Management and resources committed: Property Services and Assets and Estates. Essential repairs carried out - building watertight.	2	2	4
1.4	29.10.20	07.12.22	NT/LR	reputation	5	3	15	Conflicting or inflated expectations from key stakeholders (reputation)	Stakeholder engagement and communication. Mixed views/ conflicts relating to preferred end use/ tennants	Implemented: Social Pinpoint, property marketed for range of uses commercial and community. Engagement with potential occupants	2	2	4
1.5	17.07.21	07.12.22	NT	demand	3	4	12	Lack of demand for future use	Pre let, marketing, rent free period/incentives, flexible terms	Implemented: Property marketed prior to repairs, several interested parties, Heads of Terms issued. Barns marketed	3	3	9
1.6	17.07.21	1.11.21	NT/SK	energy	3	3	9	Sustainable/Energy Performance when completed	Undertake works that improve sustainability EPC. Whole building approach environmental assessment	Implemented: Whole building approach environmental assessment completed and incorporated into construction tender brief. M&E review recommended electric heating system	2	2	4

Ref	Date Logged	Date updated	Owner	Title	Likelihood	Impact	Inherent Risk (Likelihood x Impact)	Description	Summary of Actions/Mitigation	Status	Subsequent Likelihood	Impact	Residual Risk
1.7	29.10.20	8.06.22	NT/LR	limitations	5	4	20	Limitations on building/site - listed building, barns and curtilage, not adaptable, condition of heritage assets worse than anticipated	Condition survey completed and additional specialist surveys, feasibility, skilled/specialist resources/guidance commissioned. Ongoing HE advice sought.	Implemented: Condition survey and additional specialist surveys, feasibility, skilled/specialist resources/guidance completed. Additional works identified on site - extensive lime plaster replacement, chimney repairs, window joinery repairs resulting in increased costs. Ongoing HE advice sought and advice given on change to specification of materials, rainwater goods also resulting in increased costs	4	3	12
1.8	17.07.21	07.12.2022	SK/RT	commitment	2	3	6	Lack of commitment to deliver and fund	Project Board and Cabinet, internal staff resources, internal team managing works and costs	Implemented: Project Board agreed proposal, in house cost/project management	2	2	4
1.9	29.10.20		NT	asset mgt.	5	3	15	Asset management issues post development (rent arrears, dilapidations, voids)	Proactive asset management, service charges to fund maintenance	Implemented: Strategic Surveyor to oversee property lettings and management	2	2	4
1.1	29.10.20	26.01.23	SK/RT	budget	4	5	20	Insufficient funds available to improve buildings, barns and site (repair funding available)	Works being managed in-house. Cost control in-house and works undertaken by MTC contractor on agreed rates. Scope of works will need to be revised in accordance with the budget.	Implemented. Prioritised repairs to main building. Scope of works prepared. The anticipated costs of the remaining works and the delivery timescale are presently being developed.	3	5	15
				Town centre placemaking									

Ref	Date Logged	Date updated	Owner	Title	Likelihood	Impact	Inherent Risk (Likelihood x Impact)	Description	Summary of Actions/Mitigation	Status	Subsequent Likelihood	Impact	Residual Risk
2.1	29.10.20	07.12.22	SQ	resources	3	3	9	Lack of capacity/commitment and resources to deliver internal and partners	Appointed external professional support - multidisciplinary consultant team	Implemented: Appointed external professional support - multidisciplinary consultant team. Strategic Surveyor	2	3	6
2.2	16.07.21	07.12.22	SQ	objections	3	4	12	Objections raised to TRO (Traffic Regulation Order) causing delay in programme	Extensive consultation carried out on concept designs for public realm and highways set out in masterplan	Implemented: TRO completed and works commenced in accordance with it in a timely fashion	1	1	1
2.3	29.10.20	07.12.22	SQ	cost	5	4	20	Delays and restrictions including materials shortage, labour shortages and cost rises	Specifications revised and QS overseeing cost plan. Contingency, reschedule and reprofile budget. Revise scope of works as work is scaleable. Value engineering exercise - identify more affordable options, re-prioritise sub-project elements, seek additional funding partners/external sources. Close management of contractors and cost planning.	Implemented: Specifications revised and QS overseeing cost plan. Contingency, reschedule and reprofile budget. Additional uplift funding secured and materials purchased. Products and materials lead time delays and cost increase have presented a risk, but A=all main materials have been purchased, reducing risk inflation.. Unexpected issues arisen on site - cellars, UKPN power cable resulting in site delay. Multiple	5	4	20

Ref	Date Logged	Date updated	Owner	Title	Likelihood	Impact	Inherent Risk (Likelihood x Impact)	Description	Summary of Actions/Mitigation	Status	Subsequent Likelihood	Impact	Residual Risk
2.4	29.10.20	07.12.22	SQ	time	5	5	25	Funding not committed within funders' timescales	Significant project risk. Ongoing financial review, project planning and reporting. Update and liaise with funding partners regularly. Reprofile spend where possible.	Implemented: Year 2 HE budget committed and defrayed. New Anglia LEP funding transferred to NNDC Capital swap process. Ongoing financial review, project planning, scheduling and reporting. Update and liaise with funding partners regularly. Reprofile spend where possible.	3	3	9
2.5	29.10.20	07.12.22	SQ	works	5	3	15	Objections/complaints relating to disruption of works.	open dialogue with stakeholders and representatives. Responsive action by contractor. Provision of free car parking. Marketing and events. Failure to resolve could cause delay and cost increase	participation in meetings with business owners and representatives. Efforts to reduce noise and disturbance.	3	3	9
2.5	29.10.20	07.12.22	SQ	maintenance	2	2	4	Lack of ongoing maintenance resulting in deterioration	Agree annual maintenance plan and responsibility - public realm and highways. Ensure high quality appropriate materials used.	Discussions with NWTC and NWIB. Specifications agreed with	1	1	1
2.6	18.01.22	26.01.23	NT	Sinkhole	2	2	4	Contractors discovered unexpected void in the market place cause by a leaking corroded water pipe	Anglia Water contacted and inspected within an hour. Agreed that course of action was to replace length of pipe through digging a new trench. Anticipated to take 3 days to repair. Constructions gangs to undertake other jobs on site.	Implemented. Issue resolved in less than expected with no impact on access to	1	1	1
				Building Improvement Scheme									

Ref	Date Logged	Date updated	Owner	Title	Likelihood	Impact	Inherent Risk (Likelihood x Impact)	Description	Summary of Actions/Mitigation	Status	Subsequent Likelihood	Impact	Residual Risk
3.1	16.07.21	07.12.22	NT	cost	4	4	16	Delays and restrictions including materials shortage, labour shortages and cost increases	Individual project specifications revised and QS oversee project costs. Contingency, reschedule and reprofile budget	Implemented: Conservation architect and QS appointed lead professional administrators for BIG scheme. Pipeline projects prioritised on deliverability, impact, cost	3	4	12
3.2	29.10.20	07.12.22	LR	interest	3	3	9	Lack of interest/applications (inc Covid related retail closures), Absentee building owners are unable or unwilling to engage with proposed improvements	Direct approaches to encourage owners to apply. Promotion through Business Partnership and Community Stakeholder Group. Communicate project benefits & criteria. Differential grant rates. Periodic review and adjustment to rates if necessary to encourage increased take up.	Implemented: Direct approaches to encourage owners to apply. Promotion through Business Partnership and Community Stakeholder Group. Press and social media coverage, Social Pinpoint. Communicate project benefits & criteria. Differential grant rates. Periodic review and adjustment to rates if necessary to encourage increased take up.	2	2	4
3.3	29.10.20	07.12.22	SQ/NT	delays	3	3	9	Delays getting projects approved/funding committed	Collaboration with Historic England. Appoint external professional heritage/conservation architect support as lead professional	Implemented: Collaboration with Historic England. External professional heritage/conservation architect appointed as lead professional. HE processes beyond control	3	3	9
3.4	29.10.20	07.12.22	NT/SQ/CY	expertise	2	2	4	Lack of heritage specialists	Contract one lead heritage architect specialist practice. Identify potential contractors with HE and lead architects. Contract let/extended	External professional heritage/conservation architect appointed as lead professional administrators. Brief issued architects appointed. Potential contractors identified	2	2	4
3.5	29.10.20	8.12.21	NT/SQ/CY	physical	2	2	4	Initial work reveals extra restoration required	Feasibility and condition surveys carried out individual projects. Funding application and specifications reviewed. Consultation with HE.	Implemented: lead administrators reviewing applications & advising on works and costs	1	1	1

Ref	Date Logged	Date updated	Owner	Title	Likelihood	Impact	Inherent Risk (Likelihood x Impact)	Description	Summary of Actions/Mitigation	Status	Subsequent Likelihood	Impact	Residual Risk
3.6	29.10.20	22.11.21	SQ/CY/NT	capacity	3	4	12	Lack of internal capacity to monitor & inspect works and compliance on individual buildings eg listed building permissions, materials, technical standards	Review internal staff capacity. Project Board monitor. External specialist support commissioned - lead qualified and experienced professional.	Conservation Design & Landscape Manager in place to provide advice and guidance on projects. Strategic Surveyor appointed. External professional heritage/conservation architect appointed to support as lead professional.	2	2	4
3.7	29.10.20		SQ/NT	maintenance	3	3	9	Lack of ongoing maintenance resulting in deterioration	Agree annual maintenance plan in funding award. Maintenance guidance and training provided to individual property owners.	Grant conditions/guidance	2	2	4
3.8	28.06.22	28.06.22	SQ/NT	Planning	4	3	12	Neutrient neutrality (or other planning constraints) postpones planning applications for building conversion projects	Review EoIs. Identify projects that don't require planning permission for conversion works	Implemented: Identified projects not requiring planning permission for conversion works and prioritising repair and reinstatement projects. NN determined	2	2	4
				Historic research and skills									
4.1	29.10.20	05/01/2023	LR/CWC	interruptions	2	2	4	Covid prevents events, courses, training taking place	Regular review Govt guidance and plan protection measures. Programme to take place when restrictions lifted/eased. Postpone and reschedule. Alternative delivery methods eg online, outdoors, digitisation.	Implemented: Regular review Govt guidance and plan protection measures. Programme to take place when restrictions lifted/eased. Alternative delivery methods eg online, outdoors, digitisation.	1	1	1
4.2	29.10.20	07.12.22	LR/CWC	timing	5	1	5	Results of Historic England Historic Area Assessment research findings not available to inform Cultural Consortium and interpretation	Regular update briefings key stakeholders - agreed quarterly. Community stakeholders representing NW Heritage Group and NW Archive involved. In-depth research report into Cedars published December 2022. Interpretation materials to be developed in absence of full report.	Implemented: Regular update briefings key stakeholders - held quarterly. Community stakeholders representing NW Heritage Group and NW Archive involved. HE stated HAA research report will not be published until 2024. continue dialogue with HE	5	1	5

Ref	Date Logged	Date updated	Owner	Title	Likelihood	Impact	Inherent Risk (Likelihood x Impact)	Description	Summary of Actions/Mitigation	Status	Subsequent Likelihood	Impact	Residual Risk
				Cultural Programming* This programme is funded by Historic England and Arts Council and managed independently of the High Street Heritage Action Zone scheme by a Cultural Consortium									
5.1	29.10.20		CWC		3	3	9	Unable to secure match funding for planned programming	Alternative funding sources sought including community contributions. Project budget reviewed and reprofiled		1	2	2
5.2	29.10.20	01.11.21	CWC		4	4	16	Consortium partners/ groups unable or willing to commit time and resources to support development and delivery of programming	Partners were briefed before joining the consortium so expectations were clear. Groups rather than individuals are represented so that should an individual be leave an organisation an alternative represented can take their place.	Due to reduced of activity over recent past, some groups have limited resources and are unable to commit as much resource as anticipated. A P/T community engagement, communications assistant and events co-ordinator has bene appointed to develop, co-ordinate and promote cultural activities.	3	3	9
5.3		07.12.22	CWC	participation	3	5	15	Community doesn't engage with cultural programming	Consortium members come from a range of community groups and representation a wide section of people. During the early stages of development community workshop will help refine and shape projects. Where harder to reach groups, such younger audience are targeted, these groups will be specifically engaged and consulted, and where possible given ownership, of planed of any activities. There will also be a wide range of activates and programming so that if one element is unsuccessful then it will not unduly impact the wider programme.	reasonable levels of engagement and uptake	2	3	6
5.4		07.12.22	CWC	clashes	3	4	12	Delays in the delivery of the wider HAZ scheme impact the cultural programming timeframe.	There is close communication between the consortium and HAZ Project team so that any possible delays are highlighted and taken into consideration. When possible events linked to key milestones in the HSHAZ scheme will include flexibility so they can be adjusted as needed.	Close liaison has enabled works to accommodate events	2	3	6

Ref	Date Logged	Date updated	Owner	Title	Likelihood	Impact	Inherent Risk (Likelihood x Impact)	Description	Summary of Actions/Mitigation	Status	Subsequent Likelihood	Impact	Residual Risk
5.5		01.11.21	CWC	management	3	3	9	Individual activities within the programme are mismanaged or poorly executed damaging the reputation of the wider programme.	Having community ownership of programming is a core element of the programme however there are substantial skills and experience represented on the cultural consortium and NNDC offers with expertise in areas such as health and safety will also be available for consultation and support.	The appointment of additional support has helped ensure cohesive management of individual projects.	2	2	4
				Other/ General									
6.1	29.10.20	07.12.22	LR/SQ		3	4	12	Loss of key personnel on project or unexpected sickness or absences	A wide range of NNDC staff and local stakeholders are involved so the scheme is not heavily reliant on any one individual. Progress will be well documented and monitored to ensure clear communication and understanding amongst the project team. Weekly Project Team and Comms meeting. Swwhen key members of staff have left, interim arrangements have been made and replacements secured or been absent for a prolonged period there is sufficient in-house capacity to allow delivery to continue.	Implemented: Additional internal personnel and external professional support appointed. Weekly Project Team and Comms meeting.	3	3	9
			LR	Lou Robson	North Walsham HSHAZ Project Manager								
			NT	Neil Turvey	Estates Strategic Surveyor								
			CY	Chris Young	Conservation Design & Landscape Team Ldr								
			SQ	Stuart Quick	Economic Growth Manager								
					Project Enabler								
			CWC	Catherine Wedge-Clark	HSHAZ Comms and Community Engagement Offier								
			SK	Sean Kelly	Assistant Director for Organisational Development								
			RT	Russell Tanner	Assets and Property Programme Manager								

THE REEF – SHERINGHAM

Summary: The aim of this report is to identify key findings from the review carried out following the completion of The Reef.

Conclusions: The main conclusion of this report is the following:

- The project was completed in a timely fashion despite supply chain issues caused by the pandemic.
- Circa £100k slippage on £12.7 million - reported to Overview and Scrutiny committee in July 2021 – ([Home | Agenda for Overview & Scrutiny Committee on Wednesday, 14th July, 2021, 9.30 am \(north-norfolk.gov.uk\)](#))
- Delivered a facility fit for purpose
- Membership has exceeded expectations; it has tripled since the closure of splash.

Recommendations: It is recommended that GRAC review the recommendations identified within the lessons learnt log (Attached at appendix A) and consider any necessary actions or further recommendations.

Reasons for Recommendations: Prepared at the request of the committee.

LIST OF BACKGROUND PAPERS AS REQUIRED BY LAW

(Papers relied on to write the report, which do not contain exempt information, and which are not published elsewhere)

Cabinet Member(s): Cllr V Gay	Ward(s) affected: Sheringham South
Contact Officer, telephone number and email: Erika Temple, 01263 516252 erika.temple@north-norfolk.gov.uk	

1. Introduction

- 1.1 In 2015 the Council's Indoor Leisure Facility Study stated that the modernisation or re-provision of the Splash Centre at Sheringham was the greatest priority to meet the council's requirements for a healthy lifestyle. It also stated that Splash was in an area of the district where there is the greatest demand for swimming.
- 1.2 It was agreed that further investigation was required to determine whether a leisure/conventional configuration, or hybrid configuration was required to meet the needs of residents and tourists and that further work would be needed to determine the value for money of a new build vs modernisation of the existing facility.
- 1.3 Timeline of events

Construction of new facility	Oct 2019 – Nov 2021
Handover of new facility	Nov 2021
Opening of new facility to public	November 2021
Demolition of old Facility	March 2020
Covid impact	March 2020 – May 2020
Official opening of new facility	April 2022

2. Next Steps

- 2.1 FMG completed a feasibility study which was presented to Cabinet in October 2017, this established that the refurbishment of the existing Splash did not offer the Council value for money.
- 2.2 FMG were asked to produce a business case for reprovision of a wet facility. They recommended a design and facility mix that would provide a wider range of flexible facilities that would offer the local population a far greater programme of wide-ranging health and wellbeing activities, with improved access and availability. It was estimated at that time that a new facility would cost £10.7m. The business case became the basis of a paper to Full Council in December 2017 ([CouncilAgenda19December2017.pdf \(north-norfolk.gov.uk\)](#)), at which point the project and its funding were approved.
- 2.3 Following a change of administration of the Council in May 2019 a review of the project and its budget was undertaken. Additional costs had been accrued during the implementation of the enabling works (due to ground condition improvement and related matters). At the construction contract stage, tenders were received as values exceeding the anticipated budget, despite extensive value engineering exercises having been undertaken and resulted in a request for additional funds (of approximately £2.5m). Approval of this budget, in total £12,607,139 to allow the project to continue was agreed at Full Council in July 2019 ([Home | Agenda for Council on Wednesday, 24th July, 2019, 6.00 pm \(north-norfolk.gov.uk\)](#))
- 2.4 The aim of the project was to build a new, high quality leisure centre, within the agreed capital budget, that would meet the health and wellbeing needs of the local population, whilst providing an attraction to younger people, learner swimmers and leisure visitors. This aim was achieved, and the result is a fully

functioning centre where membership has exceeded expectation, tripling since the closure of Splash and re-opening of The Reef.

3. Corporate Plan Objectives

3.1 Quality of Life: the Council has a strong record of providing and supporting facilities and activities which improve local people's mental wellbeing and quality of life and, within the financial constraints the Council operates within, it is committed to maintaining and enhancing such facilities for the future as they form an essential element of the district's appeal as a place to live and visit.

3.2 5.5.1 of the Corporate Plan, Delivery Plan – Develop the new leisure centre to replace the Splash, to maintain a high quality, inclusive and accessible facility. Working with our leisure contractor and other partners to:

- Encourage people to lead and maintain active and healthy lifestyles
- Provide a range of modern and innovative fitness equipment accessible to all
- Encourage the development of physical activity programmes oriented to the needs of all sections of the local community
- Introduce even the youngest residents to fun and beneficial leisure activities
- Provide opportunities to address specific health conditions (e.g., via social prescribing)

4. Medium Term Financial Strategy

4.1 No direct consequence

5. Financial and Resource Implications

5.1. £12.7 million – circa £100k slippage.

6. Legal Implications

6.1 No legal implications identified

7. Risks (identified by the review)

- Appropriate stakeholders not included from the outset of the project
- Internal expertise not utilised
- Delay in contract being awarded, awaiting outcome of leisure provider contract led to unnecessary delay
- Responsible officer for lifetime of the project

8. Sustainability

The new facility was designed to be as energy efficient as possible, aiming to meet the strict environmental legislative requirements for a building of this type.

Energy saving measures incorporated in the design include:

- building heating from air source heat pumps (air source heat pumps extract heat from the air and convert it to low grade heat for space heating)
- state of the art windows and doors to prevent heat loss

- high performance insulation for hot water pipework
- hot water heated by solar thermal collectors
- LED energy saving lights
- presence and absence detection lights for areas with limited use

Much of the energy consumed by the facility is due to the high hot water demand. Alongside the use of conventional heating methods, the design included solar thermal to help heat the water at the facility. Solar thermal uses energy from the sun to directly heat water. The hot water produced will be used for the showers and pool. To ensure hot water is supplied efficiently, insulation will be applied to the whole length of the circulation pipework. In addition, low flow water fittings have been used throughout to minimise water consumption and reduce the energy needed to generate hot water.

9. Climate / Carbon impact

- 9.1. The energy efficiency technologies were set up by a sub-contractor when installed. However, the leisure provider amended the settings for what they believe will provide the best results, in October 2022. In view of this, it is too early to give accurate feedback on energy, running costs and sustainability of the site and the leisure provider has stated that they would like to have a full twelve months (from them setting the system up) before providing this feedback.

10. Equality and Diversity

- 10.1. The facility is fully accessible and accommodates those with disabilities including level access into the building and through the main reception with automatic entry doors within the lobby area. The facility is wheelchair friendly for key activity spaces and has accessible toilets and changing facilities. The floor finishes, door edges and handles have been designed with appropriate contrasting colours. There are also eleven dedicated accessible car parking spaces.
- 10.2. Pool access has been approved by Sport England and a Changing Places facility provided for, within the design.

11. Section 17 Crime and Disorder considerations

- 11.1. Whilst there are no s17 implications directly arising from the construction of the facility, it is recognized that active leisure plays an important role in providing an option activity for those who may otherwise be drawn into anti-social behaviour.

12. Conclusion and Recommendations

The main conclusion of this report is the following:

- The project was completed in a timely fashion despite supply chain issues caused by the pandemic.

- Circa £100k slippage on 12.7 million - reported to Overview and Scrutiny committee July 2021 – ([Home | Agenda for Overview & Scrutiny Committee on Wednesday, 14th July, 2021, 9.30 am \(north-norfolk.gov.uk\)](#))
- Delivered a facility fit for purpose
- Membership has exceeded expectations; it has tripled since the closure of splash.
- It is recommended that GRAC review the recommendations identified within the lessons learnt log (Attached at appendix A) and consider any necessary actions or further recommendations.

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Lessons learned – The Reef – January 2023



Lesson learnt	Caused by	Recommendations for future
Project timeline slippage	Global pandemic created issues for sub-contractors due to travel restrictions, accommodation issues and supply of materials	Consideration to be given and factored into tender process given the geographical location of NNDC on future projects and included within the risk register
Earlier involvement required from teams such as Corporate Health and Safety and Building Control	Belief of project team that Building Control and Corporate Health and Safety issues were addressed through key project management partners but did not involve in-house NNDC specialists.	Ensure a full process in place to identify key stakeholders that need to be involved to ensure the success of the project and eliminate the need to retrospectively deal with issues that arise.
No responsible officer for lifetime of project	Lack of continuity of responsible officer for extended period of project given staffing changes.	Ensure roles and responsibilities are set out clearly from the outset and Project Management Framework followed, so documents are up to date for handovers when staff move on to other roles or leave the organisation
Some decisions made without appropriate NNDC consultation e.g., manoeuvring of large vehicles, or taking into consideration other recommendations put forward from internal NNDC teams	External stakeholders making decisions without appropriate consultation	Ensuring clear roles and responsibilities identified and processes followed, and appropriate internal stakeholders and expertise utilised

Appendix A

Lesson learnt	Caused by	Recommendations for future
No consistent point of contact for internal stakeholders with external stakeholders or NNDC	No involvement early on to be able to have adequate input into design process, only involved at final design stage	Ensure early involvement and key stakeholders identified and involved in the decision making and consistent communication at all times
Increased input at key stages from operator, would have aided the process	Complications of running leisure management procurement alongside the appointment of design/construction contractor for the new pool	Earlier and ongoing involvement of leisure management company staff, to have input into the design and implementation
Some finishing poor, unacceptable sub-contractor work, being signed off by build contractor	There is a perception that the final stages of the build were rushed, and that the contractor did not check the work before they signed it off	Ensure more robust system in place to avoid this happening in the future
Slippage on timeframes towards the end of the build	In the latter stages of the build, contractors were giving dates of completion for areas, but these were not adhered to	Robust management of contract
Lesson log not in place	Lesson learnt document not being maintained, on a regular basis from outset of project	Dynamic lessons learnt log evidenced and developed throughout lifetime of the project would ensure lessons captured are recorded, even if officers move into different roles, or leave the organisation
Lack of technical knowledge within the council in this field	Inexperience of the internal project team and council of managing projects of this scale and complexity	Ensure appropriate resources and level of expertise on board from the outset

Appendix A

<p>Aspects of the design could have potentially been delivered by internal experts</p>	<p>Lack of formal justification for the use of external professional expertise</p>	<p>Consideration to be given to taking advantage of expertise in-house before decisions being made on external involvement</p>
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REVIEW OF THE COUNCIL'S ASSETS REGISTER

- Summary: This report has been presented to this committee in response to the request to include a review of the Council's Assets Register in the Work Programme of this Committee.
- Options considered: As this is the presentation of factual content there were no other options considered.
- Conclusions: It is recommended that the Committee note the contents of the report.
- Recommendations: **It is recommended that the Committee note the contents of the report and Appendix A.**
- Reasons for Recommendations: To enable the Committee to review the Council's Assets Register as requested and discuss any matters arising from the content.

LIST OF BACKGROUND PAPERS AS REQUIRED BY LAW

(Papers relied on to write the report, which do not contain exempt information and which are not published elsewhere)

None

Cabinet Member(s) Councillor Eric Seward	Ward(s) affected All
Contact Officer, telephone number and email: Tina Stankley, 01263 516439, tina.stankley@north-norfolk.gov.uk	

1. Introduction

- 1.1 This report presents a copy of the Council's Assets Register that is kept for accounting purposes. It summarised at Appendix A and gives the closing net book values for the Council's non-current assets as at 31 March 2021. The primary purpose of the Asset Register is to keep a record of all transactions relating to the Council's non-current assets and to enable all the year-end accounting entries that need to be made in the General Ledger to be carried out.
- 1.2 The year-end values of the non-current assets appear on the Balance Sheet in the Statement of Accounts against the headings Property, Plant and Equipment, Investment Properties, Intangible Assets and Assets Held for Sale. The Appendix gives the values as at 31 March 2021, which is the latest complete set of accounts that we have, albeit in draft format. These have yet

to be audited and so may be subject to change. (The set of accounts 2021/22 is nearing completion by 31 March 2023).

- 1.3 Section 2 below gives a summarised explanation of how the values that appear in the Balance Sheet within the Statement of Accounts are calculated each year.

2. Categorisation of Non-Current Assets and Methods of Valuation

- 2.1 The Council prepares its Accounts in line with the CIPFA Code of Practice for Local Authority Accounting and in accordance with all relevant Accounting Standards. In doing so the Council's non-current assets are valued in several different ways depending on their usage categorisation. The categories of assets that are included in the Statement of Accounts (SOA) and the method of valuation are shown below.

Non-current Assets – the value they are carried at in the Balance Sheet and where they can be found in notes to the accounts

Asset Category	SOA location	Valuation method
Operational Property, Plant and Equipment *	PPE note 30	Current value to the authority in their existing use
Non-operational assets i.e. Surplus Assets and Assets Under Construction	PPE note 30	Fair value (Surplus Assets) & historical cost (AUC)
Infrastructure Assets	PPE note 30	Depreciated historical cost
Community Assets	PPE note 30	Historical Cost or valuation
Investment Property	Investment Property note 27	Fair value
Assets Held for Sale	Assets Held for Sale note 32	Lower of carrying amount or fair values less costs

* The value shown in the Draft SOA for is £0.918m different to the value shown in Appendix A as there has been a post audit adjustment which has not been updated in the draft SOA on the Website but has been updated in the final version of the SOA for 2020/21.

- 2.2 Only those non-current assets that are carried at current and fair value are required to be formally revalued and must be done so at least every five years (although more frequent valuations may be required for investment properties).
- 2.3 The Accounting Standards that the Council complies with are adapted and interpreted differently for the Public Sector and so there are several different methods of valuation which might not be applied in the private sector. This is because in local authorities assets are held primarily to enable service delivery. This means that the Council's Operational Property, Plant and Equipment is not measured at fair value (essentially highest market value) but it is measured for its service potential (and not at fair value) either at:
- Existing use value
 - Existing use value – social housing (not applicable to NNDC as it does not hold social housing stock)
 - Depreciated replacement cost – where there is no market, or the asset is specialist.

- 2.4 Operational Property, Plant and Equipment is further categorised as:
- Other Land and Buildings
 - Vehicles, Plant and Equipment
 - Infrastructure
 - Community Assets
- 2.5 Non-operational Assets are further categorised as:
- Surplus Assets
 - Assets Under Construction
- 2.6 There is another category of non-current assets, and this is Intangible Assets, and these are non-physical assets held by the Council. These are primarily Computer Software. The values on the Balance Sheet are based on acquisition cost or development cost. The value of these non-assets at 31 March 2021 was £1.076m and are shown in Note 29, page 67 of the draft Statement of Accounts for 2020/21 on the Council's website.
- 2.7 Accounting for the Council's non-current assets is one of the more technical areas of work that the Finance Team undertake, and this is largely due to the adaptations of the valuation methods that are applied in valuing the Council's non-current assets.
- 2.8 Whilst the Balance Sheet carries the values of the Council's non-current assets it should be recognised that they are not necessarily valued following the same conventions that are applied in the private sector. This does mean that the values are not always comparable with the values of non-current assets held in the private sector. One such readily identifiable example would be a house which would be valued on the basis of existing use for social housing in the Council's accounts but at market value in the private sector.

3. Corporate Plan Objectives

- 3.1 Financial Sustainability and Growth – The Council produces its accounts each year so that it can demonstrate how resources have been used. The valuation of the Council's non-current assets is part of this process with many of the valuations being based on existing use.

4. Medium Term Financial Strategy

There are no direct financial implications surrounding the valuation of the Council's non-current assets.

5. Financial and Resource Implications

There are no direct financial implications surrounding the valuation of the Council's non-current assets.

6. Legal Implications

The Council will have complied with the CIPFA Code and relevant Accounting Standards in valuing the Council's non-current assets and in doing so as part of the preparation of the Statement of Accounts each year will have met the statutory requirement to publish audited Statement of Accounts.

7. Risks

None as a direct consequence of this report.

8. Sustainability

None as a direct consequence of this report.

9. Climate / Carbon impact

None as a direct consequence of this report.

10. Equality and Diversity

None as a direct consequence of this report.

11. Section 17 Crime and Disorder considerations

None as a direct consequence of this report.

12. Conclusion and Recommendations

It is anticipated that the audit of the Accounts for 2020/21 will be completed before the calendar year end and if the Committee approve the delegation of approval and signing of the Accounts to the Chair then the Accounts can be published before the calendar year end too.+

Agenda Item 14

Exemptions granted from 23 November 2022 to 8 February 2023

Date	Contractor	Type of Work	Amount (rounded to nearest pound)	Exemption
08/12/22	Network Surety	Managed firewall service - support to ensure effective cyber security for the Councils IT systems	£13,000	(l) the contract is an extension to an existing contract and a change of supplier would cause disproportionate technical difficulties, diseconomies of scale or significant disruption to Council services (such as software procurement)
10/1/23	Norwich Electrical	Continuation of Electrical Works at The Cedars	£47,760	(l) the contract is an extension to an existing contract and a change of supplier would cause disproportionate technical difficulties, diseconomies of scale or significant disruption to Council services (such as software procurement).

Notes

- The previous period reported to GRAC was for the period 7 September 2022 to 23 November 2022
- In that period 2 exemptions were reported to the Committee.
- The next reporting period to GRAC will follow on from the last reporting period.

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GOVERNANCE, RISK & AUDIT COMMITTEE ON 6th DECEMBER 2022 – OUTCOMES & ACTIONS LIST

MINUTE NO.	AGENDA ITEM AND ACTION	ACTION BY
60	APPROVAL AND SIGNING OF THE ANNUAL ACCOUNTS FOR 2020/21	
	<p>RESOLVED</p> <p>It is recommended that the Committee note the contents of the report and approve that the Chair of the Committee is given the delegated authority to sign the Accounts in consultation with the Section 151 Officer.</p>	GRAC/ S151 Officer
61	EXTERNAL AUDIT RESULTS REPORT 2020/21	
	<p>RESOLVED</p> <p>To review and note the EY External Audit Results Report for 2020/21.</p>	GRAC
62	ANNUAL AUDIT LETTER	
	<p>RESOLVED</p> <p>To review and note the report.</p>	GRAC
63	PROGRESS AND FOLLOW UP REPORT ON INTERNAL AUDIT ACTIVITY: 17 SEPTEMBER TO 25 NOVEMBER 2022	
	<p>RESOLVED</p> <p>To receive and note the internal audit progress and progress against internal audit recommendations within the period covered by the report.</p>	GRAC
64	BUSINESS CONTINUITY POLICY AND BUSINESS CONTINUITY MANAGEMENT FRAMEWORK	
	<p>RESOLVED</p> <p>To recommend that Cabinet agree to adopt the revised Business Continuity Policy and the new Business Continuity Management Framework.</p>	Cabinet
65	CIVIL CONTINGENCIES REPORT 2022	
	<p>RESOLVED</p> <p>To note the report and the Council's contributions to the Norfolk Resilience Forum and the response to incidents.</p>	GRAC

66	CORPORATE RISK REGISTER	
	RESOLVED To review and note the Corporate Risk Register. ACTIONS In-year budget overspend to be added to Corporate Risk Register.	GRAC S151 Officer
67	PROCUREMENT EXEMPTIONS REGISTER 7 SEPTEMBER 2022 TO 23 NOVEMBER 2022	
	RESOLVED To review and note the Procurement Exemptions Register.	GRAC

GOVERNANCE, RISK & AUDIT COMMITTEE – ANNUAL WORK PROGRAMME 2022/2023

Date	Topic	Lead Officer	Comments	Cycle
14th June 2022				
	EY Annual Audit Letter 2019/20	External Audit – Mark Hodgson	TBC	Annual
	Counter-Fraud, Corruption and Bribery Policy Update	Assistant Director Finance, Assets and Legal – Cara Jordan	To review and approve the updated Policy	Tri-annual
	Progress report on Internal Audit Activity	Internal Audit – Faye Haywood		Quarterly
	Annual Report/Opinion & Review of the Effectiveness of Internal Audit	Internal Audit – Faye Haywood		Annual
	Procurement Exemptions Register	Monitoring Officer – Cara Jordan	To review Procurement Exemptions	Quarterly
	Corporate Risk Register	Assistant Director Finance, Assets and Legal – Cara Jordan	To review the corporate risk register	Quarterly
	AGS 21/22 & Local Code of Corporate Governance	Assistant Director Finance, Assets and Legal – Cara Jordan	Review & approve AGS & Local Code of Corporate Governance	Annual
12th July 2022	TBC			
	Meeting Cancelled			
27th Sept 2022				
	Procurement Exemptions Register	Monitoring Officer – Cara Jordan	To review Procurement Exemptions	Quarterly
	Monitoring Officer's Report	Monitoring Officer – Cara Jordan		Annual
	Follow-up on Internal Audit Recommendations	Internal Audit – Faye Haywood	To include update on historical recommendations	Quarterly
	Progress Report on Internal Audit Activity	Internal Audit – Faye Haywood	To review progress on active internal audit recommendations	Quarterly
	Corporate Risk Register	Assistant Director Finance, Assets and Legal – Cara Jordan	To review the corporate risk register	Quarterly
	External Audit Plan 2020/21 TBC	EY External Audit	To review the external audit plan	Annual
	GRAC Annual Report 2021-22	Committee Officer – Matt Stembrowicz	To review Committee's work over the previous year	Annual

GOVERNANCE, RISK & AUDIT COMMITTEE – ANNUAL WORK PROGRAMME 2022/2023

Date	Topic	Lead Officer	Comments	Cycle
6th Dec 2022				
	Corporate Risk Register	Director for Resources		Quarterly
	Progress & Follow-up Report on Internal Audit Activity	Internal Audit	To review progress on internal audit recommendations	Quarterly
	Civil Contingencies Update	Resilience Manager		Annual
	Business Continuity Framework	Resilience Manager		
	Procurement Exemptions Register	Monitoring Officer	To review Procurement Exemptions	Quarterly
	Final statement of accounts/ sign-off 2020/21	Chief Technical Accountant		Annual
	External Audit Results report 2020/21 TBC	External Audit		Annual
	External Audit Letter 2020/21	External Audit		Annual
7th March 2023				
	Draft Statement of Accounts 2021/22	Director for Resources – Tina Stankley	To review the draft statement of accounts	Annual
	Strategic and annual plans internal audit plan 2023/24	Internal Audit – Faye Haywood		Annual
	Follow-up Report on Internal Audit Recommendations	Internal Audit – Faye Haywood	Deferred to June	Quarterly
	Progress Report on Internal Audit Activity	Internal Audit – Faye Haywood	Deferred to June	Quarterly
	GRAC self-assessment	Internal Audit – Faye Haywood		Annual
	Corporate Risk Register	Director for Resources – Tina Stankley	To review the corporate risk register	Quarterly
	Procurement Exemptions Register	Monitoring Officer – Cara Jordan	To review Procurement Exemptions	Quarterly
	Review of Council's Asset Register	Director for Resources – Tina Stankley	To review the number and value of Council assets	Committee Request
	Review of Reef Project recommendations	Corporate Business Manager – Lynda McElligott	To consider recommendations and lessons learnt for future projects	Recommended
	Review of NWHASHAZ Project Governance Framework	Corporate Business Manager – Lynda McElligott	To consider whether the project has adequately adhered to framework	Recommended

GOVERNANCE, RISK & AUDIT COMMITTEE – ANNUAL WORK PROGRAMME 2022/2023

2023				
	Risk Management Framework	Assistant Director Finance, Assets and Legal – Cara Jordan	To review the Council's risk management framework (Expected June 2023)	Bi-Annual
	Anti-money laundering policy	Internal Audit – Faye Haywood		3 years – Due 2024
	Whistle Blowing Policy	Monitoring Officer – Cara Jordan	To review the updated Whistleblowing Policy	Tri-annual June 2024
	Counter-Fraud, Corruption and Bribery Policy Update	Director of Resources	To review the updated Policy and Action Plan	June 2023
	External Audit Plan 2021/22 TBC	External Audit -	To review the external audit plan	Annual

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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