Report Title	Progress Report December 2024	
Are there background papers?	☐ Yes	☒ No
Exempt	☐ Yes	☒ No
Reason for Exemption?		
Decision for Full Council?	☐ Yes	☒ No
Contact Officer	Teresa Sharman, Head of Internal Audit for North Norfolk District Council	
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Telephone number	01603 430138	
Are there Non Electronic Appendices?	☐ Yes	☒ No
List of Background Papers (if applicable)		

Agenda Item No_____

Progress Report December 2024

Summary:	This report provides details of progress with the 2024/25 Internal audit Plan and outstanding recommendations.
Conclusions:	The 2024/25 Internal Audit Plan is progressing, and some audits are behind schedule; four final reports have been issued. Outstanding recommendations are progressing.
Recommendation:	That the Committee is requested to receive and note: • Progress with delivering the 2024/25 Internal Audit Plan and outstanding recommendations.

Cabinet member(s):	Ward(s) affected:
All	All
Contact Officer, telephone number, and e-mail:	Teresa Sharman 01603 430138 teresa.sharman@southnorfolkandbroadland.gov.uk

1. Background

1.1 This report is issued to assist the Council in discharging its responsibilities in relation to the internal audit activity.

1.2 The Public Sector Internal Audit Standards requires the Chief Audit Executive to report to the Committee on the performance of internal audit relative to its plan, including any significant risk exposures and control issues.

2. Overall Position

2.1 The attached report details:

- Any significant changes to the Internal Audit Plan
- Progress made in delivering the Internal Audit Plan
- The outcomes arising from audit work
- Final report executive summaries
- Status of agreed recommendations
- Details of outstanding recommendations

3. Conclusion

3.1 The 2024/25 Internal Audit Plan is progressing, and some audits are behind schedule; four final reports have been issued. Outstanding recommendations are progressing.

4. Recommendation

1) That the Committee is requested to receive and note:

- Progress with delivering the 2024/25 Internal Audit Plan and outstanding recommendations.

Appendices attached to this report:

Appendix A – Progress Report 2024-25

Appendix A

EASTERN INTERNAL AUDIT SERVICES

NORTH NORFOLK DISTRICT COUNCIL

Progress Report 2024/25

Head of Internal Audit: Teresa Sharman

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Progress at a glance

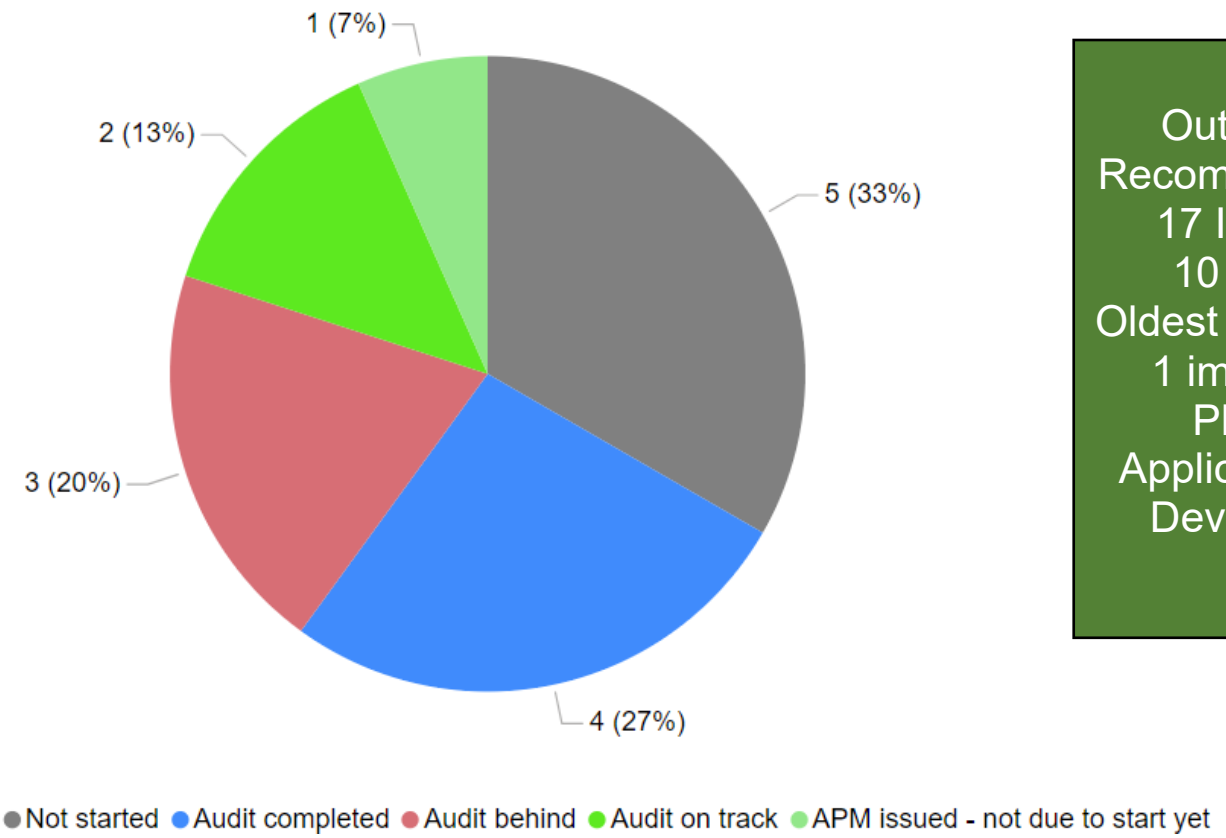
15
Audits in 2024/25 Audit Plan

0
Urgent Recs Raised

13
Important Recs Raised

9
Routine Recs Raised

2
OEMs Raised



27
Outstanding Recommendations
17 Important
10 Routine
Oldest – 2019/20 – 1 important – Planning Applications and Development

eias
Providing quality public sector internal audit

Executive Summary

Introduction	Under the Global Internal Audit Standards (GIAS), 'The chief audit executive (Head of Internal Audit) must provide the board with the information needed to conduct its oversight responsibilities.' In particular, 'Results of internal audit services, including conclusions, themes, assurance, advice, insights, and monitoring results.' and 'The chief audit executive must communicate the results of internal audit services to the board and senior management periodically and for each engagement as appropriate.' Under the Committee's terms of reference, the Committee should receive updates on the work of internal audit, including key findings, issues of concern and action in hand from internal audit work and consider summaries of specific internal audit reports. This report is to assist the Committee in discharging its responsibilities in relation to internal audit activity.

Background	The Internal Audit Service for the Council is provided by the Consortium, Eastern Internal Audit Services, hosted by South Norfolk Council, which utilises the services of a contractor, TIAA Ltd. Internal audit provides an independent and objective opinion on the Council's internal controls by evaluating their effectiveness and operation in practice.

Changes to the 2024/25 Audit Plan	Since the Internal Audit Plan was approved, there have been no changes.

Progress to date and audit outcomes	**Progress with audit work** The current position in completing all audits to date is shown in **Appendix 1**. As detailed in Appendix 1, quarter 1, 2 and 3 audits have commenced; with four final reports having been issued. The Data Protection audit was finalised in September; however, as detailed in the last progress report, it was behind its planned schedule due to the original auditor leaving the Contractor and another auditor picking this audit up, and subsequent client annual leave. The Private Sector Housing audit final report was issued in November. This audit was behind its planned schedule due to auditor illness, additional evidence being required at review stage, and discussions with the client being required following the issue of the draft report. The Risk Management audit finalised in October, which was later than anticipated. The audit fell behind due to delays in evidence being provided to the auditor and client availability. Finally, the Leisure audit was finalised in October and was completed ahead of schedule. <u>Quarters 1 and 2</u> The fieldwork for the quarter 1 Cyber Security audit has started but remains behind schedule due to resourcing issues at the Contractor. Fieldwork is progressing for the Coastal Management audit following a change to the audit scope. Fieldwork for the Applications audit for the Revenues & Benefits system is in progress, but the audit fell behind schedule due to resourcing issues at the Contractor. <u>Quarter 3</u> Both the Early Help Hub and Section 106 Arrangements audits are on track, with fieldwork starting on time. The Environmental Protection audit starts in late November. The Applications audit for the Finance and HR system is still in the planning stage, with the audit scope and dates of work to be confirmed. <u>Quarter 4</u>

Quarter 4 audits have been passed over to the Internal Audit Contractor for them to commence.

Audit Outcomes - Final Reports

Audit	Assurance Level	Urgent Recs	Important Recs	Routine Recs
GDPR – Data Protection	Substantial	0	0	3
Risk Management	Limited	0	6	2
Leisure	Reasonable	0	1	4
Private Sector Housing	Limited	0	6	0
Total	**-**	**0**	**13**	**9**

For your information

Recommendations made on the completion of audit work are prioritised and the definitions for these are detailed in **Appendix 4** along with those for the assurance level awarded on completion of each individual audit.

Outstanding Recs

The table shows the total number of outstanding recommendations by year and priority rating: -

Audit Year	Audit Name	2	3	Total Outstanding as at 11 Nov 24
2019/20	Planning Applications and Development Management	1		**1**
	Total	**1**		**1**
2021/22	Environmental Health	1		**1**
	Key Controls and Assurance	1		**1**
	Waste Management	2		**2**
	Total	**4**		**4**
2022/23	Corporate Health and Safety		2	**2**
	Development Management includes planning applications		1	**1**
	ICT-Disaster Recovery	1	2	**3**
	Key Controls and Assurance	5	1	**6**
	Total	**6**	**6**	**12**
2023/24	Accounts Payable		2	**2**
	Complaints and FOI	2	2	**4**
	Land Charges	1		**1**
	Post Implementation - Finance System Review	2		**2**
	Procurement and Contract Management	1		**1**
	Total	**6**	**4**	**10**
Total		**17**	**10**	**27**

	The following audits in the table above were assigned a 'limited' overall assurance opinion: - • 2022/23 – Key Controls and Assurance • 2023/24 – Land Charges • 2023/24 – Post Implementation – Finance System Review As a result of audit recommendations raised, management agree action to ensure implementation within a specific timeframe and by a responsible officer. The management action subsequently taken is monitored by the Internal Audit Contractor on a regular basis and reported through to the Committee. Verification work is also undertaken for those recommendations that are reported as closed. **Appendix 3** provides the Committee with details of urgent and important priority recommendations that are overdue for the year in which they were raised. Management responses and a new deadline, where available, have been indicated for each.

Progress with actions to Improve poor performance	Progress with actions being taken to improve contractor performance is outlined below: - **Another Team was appointed to deliver quarter 1 audits in 2024/25: -** this Team has now handed quarter 1 audits back to our core team for completion. **A Protocol, 'a ways of working together' and expectations of Council officers and the Contractor has been issued to ensure that audits are completed as planned in 2024/25 without delay, including timescales for responding and escalation action: -** this is in place and is being monitored jointly with the Internal Audit Contractor. Both parties have access to update the audit monitoring spreadsheet. **Consideration is being given to engaging with another contractor to complete some audits during 2024/25: -** a second contractor, Shared Internal Audit Services hosted by Hertfordshire County Council has been appointed to complete five audits across the Consortium. Discussions have commenced with a third contractor to complete audits across the Consortium. **The Contractor is appointing another Client Manager on the contract as one of the current managers is part time. This will help ensure that all audit work is progressed timely. In addition, more auditors are recruited: -** a new director has been assigned to us.

Summary of Audit Work 2024/25 Appendix 1

Audit Area	Status	Opinion	Total Recs	Urgent	Important	Routine	OEMs	Qtr
Data Protection	Audit completed	Substantial	3	0	0	3	1	1
Private Sector Housing - HMOs, private rental enforcement and empty homes	Audit completed	Limited	6	0	6	0	0	1
Cyber Security	Audit behind	-	0	0	0	0	0	1
Risk Management	Audit completed	Limited	8	0	6	2	0	2
Coastal Management - joint audit with GYBC	Audit behind	-	0	0	0	0	0	2
Leisure	Audit completed	Reasonable	5	0	1	4	1	2
Applications review: Revenues and Benefits	Audit behind	-	0	0	0	0	0	2
Early Help Hub	Audit on track	-	0	0	0	0	0	3
Environmental Protection (statutory nuisances, environmental crime, anti social behaviour, contamniated land, pollution) and Private Water Supplies	APM issued - not due to start yet	-	0	0	0	0	0	3
Section 106 Arrangements	Audit on track	-	0	0	0	0	0	3
Applications review: Finance & HR System	Not started	-	0	0	0	0	0	3
Key Controls and Assurance	Not started	-	0	0	0	0	0	4
Commercial Estates	Not started	-	0	0	0	0	0	4
Environmental Charter	Not started	-	0	0	0	0	0	4
Waste Management Contract with SERCO (including contract / agreement monitoring, income collection & monitoring, refuse collection, street cleansing, recycling, clinical waste and grounds maintenance)	Not started	-	0	0	0	0	0	4

Grant Certifications	The following grants have been certified by EIAS so far during 2024/25: - • Disabled Facilities Capital Grants P/e 2023/24

Executive Summary – NN2502 - GDPR - Data Protection

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

The audit sought to provide assurance over the following risk "Non-Compliance with UK General Data Protection Regulations (GDPR) including the Data Protection Act 2018".

KEY STRATEGIC FINDINGS

The Data Protection Policy covers the key principles of GDPR, and associated policies and procedures were found to be appropriate.

The Council's website provides comprehensive guidance on privacy notices across each service area, with details as to the reasons they use people's data, why they are allowed to use people's data, and data sharing practices, to ensure transparency and compliance with data protection regulations.

Review of the Council's performance measures revealed that current performance metrics are limited to monitoring the timeliness of Subject Access Requests (SARs) to ensure compliance with GDPR regulations. From 1st April 2024 to date (August 2024), the Council has identified and appropriately addressed seven data breaches. However, the Council lacks performance measures to monitor data breaches, including actual breaches and near misses and which would assist in identifying patterns or trends.

The Council has implemented a Data Retention Guideline, which details the procedures in place for the periodic destruction of records that are no longer required by the organisation. To destroy these records, the Council use their IKEN system to archive and delete records that are no longer needed which is conducted automatically.

GOOD PRACTICE IDENTIFIED

The Council has integrated a robust training system through a platform called SkillGate, offering tailored modules for both staff and councillors. The platform ensures that users are complying by sending reminders to complete the training, and is widely used across the Council for various other purposes, including performance review check-ins.

Data protection requirements are integrated in the Council's standard terms and conditions. Additionally, data protection considerations are addressed in the Invitation to Bid (ITB) documents.

SCOPE
Assurance that we are complying with GDPR requirements concerning for example, data security, data breaches, data retention and data storage.

ACTION POINTS			
Urgent	Important	Routine	Operational
0	0	3	1

Recommendation	Priority	Implementation Time
Management to formally record and minute their monthly meetings with Legal Services, including key outcomes and any action points.	3	N/A
The Council to introduce performance measures to monitor the number of potential and or actual breaches and near misses identified in each month. Performance monitoring to be included in monthly Legal Services meetings, to support oversight and address emerging data protection risks promptly.	3	N/A
The Council to ensure that review dates are correctly set for its Data Protection Policy, in line with the stated two-year review cycle.	3	18/10/2024

Executive Summary – NN2501 Risk Management

OVERALL ASSESSMENT

KEY STRATEGIC FINDINGS

Risks are currently recorded on Microsoft documents while an in-house Microsoft performance and risk product is being developed; this is scheduled to be in place by October 2024. This new system should be more intuitive to use but presents its own resilience risks in that it will not be a licenced system with helpdesk facilities. These risks have been documented by the Project Team. The Risk Management Policy and Framework is undergoing review having last been reviewed in 2020, which offers an opportunity to enhance the risk management framework with recognised best practice. The risk appetite statement is comprehensive but requires more frequent review and a way of applying it to the risk scoring matrix.

The risks in the Corporate Risk Register and Service Risk Registers are aligned to the objectives in the Corporate Plan and list the risk controls but only the current risk score is shown and not the gross or inherent risk score. Risks should be written as the risk event first and not the cause of the risk so that they make more sense when read. The Corporate Risk Register is reported quarterly to Governance, Risk and Audit Committee (GRAC); there had been insufficient management oversight/consideration of risk before submission to GRAC, although this was reinstated in July 2024, with prior review by the Corporate Leadership Team (CLT).

There is no formal risk management training programme, though one-to-one support is provided by the Policy and Performance Manager. The risk management process is currently reliant on one individual (Policy and Performance Manager) with support from the Director of Resources and is a key factor for developing the new risk management system to allow more manager self-service and improved resilience.

There is also a need to formally document the process for documenting decision making over the escalation and de-escalation of risks between service risk registers and the Corporate Risk Register, including reference thereto in the Risk Management Policy and Framework.

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE
Assurance was provided over the following key risk: "Risk of ineffective risk management processes leading to failure to properly direct the service to ensure compliance with the requirements of the organisation" using the Chartered Institute of Internal Auditors - Risk Maturity Assessment.

GOOD PRACTICE IDENTIFIED

SCOPE
Assurance that the Council's risk management framework is adequate and effective.

ACTION POINTS			
Urgent	Important	Routine	Operational
0	6	2	1

Recommendation	Priority	Implementation Time
Develop a formal risk management training programme and monitor training compliance aligned to the new policy framework and new risk system, once both are in place. This to be supported through the undertaking of a risk awareness survey to inform the risk training needs analysis.	2	31/01/2025
Finalise the review of the Risk Management Policy and Framework and include the following best practice: three lines of assurance; risk identification, articulation and sources, more impact/consequence areas in the scoring matrix, opening and closing risks, risk moderation and escalation/de-escalation, mitigation/ treatment, low scoring high frequency risks.	2	31/12/2024

Recommendation	Priority	Implementation Time
Management to: - • Review the risk appetite annually alongside the Corporate Plan and communicate this widely throughout organisation to be used as a basis of risk discussion. • Determine a risk scoring matrix for applying risk appetite in practice to risks. • Include the risk appetite for each of the risks on the Corporate Risk Register.	2	31/12/2024
Management should ensure that: - • The Corporate Risk Register (CRR) is regularly reviewed by the Corporate Leadership Team (CLT) prior to review by the Governance, Risk and Audit Committee (GRAC) as standard. • The CLT operate the risk review, moderation and escalation/de-escalation process as part of its review. • Further improvements are made to the format of the Corporate Risk Register by, for instance, putting corporate objective field first to better align risks to delivery of plans, adding the risk appetite for each risk, adding gross or inherent risk score as well as current and target risk score, and writing the description of the risk, the risk event first, then the cause of the risk and then the impact of the risk in the first column. • Reference to the relevant risk on the CRR is added to report templates.	2	31/10/2024
Add a specific operational risk regarding developing and implementing the new performance and risk system as a risk on the register and provide regular reports to Corporate Leadership Team (CLT) on progress.	2	31/10/2024
Produce risk reports, including a separate annual risk management report, to the Corporate Leadership Team and Governance, Risk and Audit Committee, alongside the Corporate Risk Register, to include open and closed risks, risks overdue, movements in risks, thematic review, aggregated low scoring high frequency risks.	2	30/06/2025

Recommendation	Priority	Implementation Time
To ensure there is sufficient resilience within the organisation for risk management.	3	N/A
Add Governance, Risk and Audit Committee's responsibility to approve the Risk Policy and Framework to its terms of reference in the Constitution and confirm this is in line with approved delegation.	3	31/01/2025

OVERALL ASSESSMENT

KEY STRATEGIC FINDINGS

The Council is unable to locate a copy of the signed contract with Everyone Active that commenced on 1st April 2019.

The Council has an Indoor Leisure Facilities Strategy in place which was created in August 2015. This is currently outdated and does not align with the 2023-2027 Corporate Plan priorities for promoting community development and enhancing leisure services.

The Council has not yet exercised its contractual right to conduct a maintenance survey of the leisure facilities as outlined in the Leisure Operating Contract (clause 15.2 Surveys), which commenced from 1st April 2019. These can be carried out once every two years.

Handling of complaints is completed by Everyone Active on their Atreemo data system. Testing confirmed at the Reef Leisure Centre and Victory Swim and Fitness Centre that complaints were promptly resolved. The Atreemo system provides an audit trail of the reasoning behind the complaint, the date received, date responded, sign off, and lessons learnt.

The Council and Everyone Active conduct three types of liaison meetings as a part of the Project Liaison Group: Annual review meetings take place at the Council's offices to discuss overall performance over the year with a presentation by Everyone Active. Quarterly update meetings, which are a part of the quarterly performance review/scorecards, take place online. Monthly meetings to discuss performance, monitoring scorecard, marketing, complaints, health and safety, risk register, are conducted onsite at a designated Leisure Centre and include an informal walkaround at the end of the meeting.

Audit testing identified inconsistencies with performance data on aspects of the Council's monitoring scorecards, and data presented to the Council by Everyone Active during the monthly client meetings. These were due to the absence of formal verification checks by the Council. For example, in February 2024, Everyone Active reported 'stable' attendance, yet a detailed

	review showed a decrease of 1,822 visits. Additionally, in June 2024, a decline in participation was reported, yet actual data revealed that there was an increase of 788 visits. It was noted that for Quarter Four of 2023/24, discrepancies were identified between the recorded attendance figures and the data provided by Everyone Active. The monitoring scorecard reported figures of 141,508 total visits, whereas the actual data totalled 135,147 (a variance of 6,361 visits). Additionally, senior visits (60+ years old) figures were overstated with the scorecard reporting over 43,906 total visits, whereas the actual data totalled 16,860 (a variance of 27,046 visits). These variances do not impact on the payment mechanism.
ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE	**GOOD PRACTICE IDENTIFIED**
Assurance was provided over the following risk: "Contractual and performance monitoring not in place, leading to inaccurate performance monitoring and non-compliances".	The Leisure and Locality Services Manager conducts unannounced visits/inspections using an app created by Safety Culture which is used to ensure safety and compliance. This app can be used to conduct inspections, audits, and checklists which during the unannounced visits identify any performance issues such as maintenance, cleaning, and staffing which is flagged and can be brought to the attention of Everyone Active to action. Everyone Active use a system called "Everyone QMS" which provides an overview of performance, inspections, accidents, incidents, and investigations.

SCOPE
Assurance that the contract in place with the Council's Leisure provider is being managed effectively.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	4	1

Recommendation	Priority	Implementation Time
The Council to ensure that the Leisure Operating Contract is signed and dated by both parties to formalise the agreement.	2	01/12/2024
The Council to ensure the completion and implementation of the updated Leisure Facilities Strategy to align with the objectives outlined in the Corporate Plan 2023-2027.	3	30/11/2025
The Council to ensure that maintenance surveys are conducted every two years in accordance with Section 15.2 of the Leisure Operating Contract to ensure Contractor compliance.	3	30/04/2025
The Council to implement a reconciliation process for data input into scorecards to ensure that figures reported on these are correct to the actual figures provided by the Everyone Active.	3	01/12/2024
The Council to establish a validation process to ensure and verify the accuracy of performance data provided by the Everyone Active at monthly meetings. In doing so, to provide context around reference to 'stable' or reframe from using such terminology.	3	1/12/204

OVERALL ASSESSMENT

KEY STRATEGIC FINDINGS

There is a need for the Council to review and update where applicable, its Environmental Health Department Enforcement Policy; this was last reviewed in July 2012 and was due for review in July 2011.

Further policies and procedural guidance need to be produced governing the enforcement of HMOs, that align with the Council's requirements as specified in Part 2 of the Housing Act 2004, particularly sections 61 and 62 and for the Council's statutory responsibilities under the Smoke and Carbon Monoxide (England) Regulations 2015 and the Electrical Safety Standards in the Private Rented Sector (England) Regulations 2020. Currently, inspections of smoke and carbon monoxide alarms are not proactive and are completed when other checks take place.

In accordance with the Housing Act 2004, the Council is required to identify (Section 4) and take enforcement action (Section 5) in the Private Rental Sector over Category 1 or 2 hazards. This is currently undertaken only where a complaint is received (reactive) as opposed to any programmed (proactive) inspections.

There is no formalised performance oversight or tracking of enforcement actions and statutory timescales for key regulatory requirements which is required under the Housing Act 2004. Although informal meetings and updates are provided, there is a lack of structured performance management for key areas of the Private Rental Sector.

Written evidence is retained for responding to complaints detailing each stage of the enforcement action taken. This ensures that all parties are informed, and that there is a clear record of the Council's actions and decisions.

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

Environmental Health Department Risk Register July 2024 Risks:

"EH 004 Increase in number of unfit properties".

"EH 005: Unexpected workload".

GOOD PRACTICE IDENTIFIED

In 2020, the Council engaged BRE Group to gather comprehensive data on the local housing stock, with a specific focus on the private rented sector. This collaboration resulted in a detailed stock modelling report that provided valuable insights into the current state and characteristics of the housing stock in the area.

The Council has produced a leaflet for the residents of North Norfolk on controlling condensation and mould in their homes. This helps to address the concerns raised by the previous Government over decent homes standards following a tragic incident at another local authority in England.

SCOPE

Assurance that the Council is complying with its responsibilities under the Housing Act 2004 for the enforcement of housing conditions in private rentals and the licencing of HMOs.

ACTION POINTS

Urgent	Important	Routine	Operational
0	6	0	0

Recommendation	Priority	Implementation Time
The Council to review and update the Environmental Health Department Enforcement Policy and Housing Health and Safety Rating System (HHSRS) Operating Procedure to ensure they reflect current standards, best practices and comply with the Housing Act 2004.	2	31/01/2025
In accordance with the requirements of Sections 4 and 5 of the Housing Act 2024, the Council to develop a proactive inspection program to identify any private sector rental properties with category 1 or hazards, focusing on known recurring non-compliant properties first. In doing so, the Council to use details in the stock modelling report produced in 2020 by the BRE Group as a source of data to inform inspections.	2	N/A

Recommendation	Priority	Implementation Time
The Council to produce a formal HMO (House in Multiple Occupation) Policy that aligns with the Council's requirements as specified in Part 2 of the Housing Act 2004, particularly sections 61 and 62. This policy will consolidate related information into a single document, with appropriate links to supporting documentation. In support of this recommendation, all policy and procedural documentation should include issue and review dates to ensure that the information remains current and accurate.	2	01/04/2025
The Council to develop and implement policies, procedures, and guidance that clearly outline its responsibilities under the Smoke and Carbon Monoxide (England) Regulations 2015, as amended by the 2022 Regulations including the 21 Day and 28 Day requirements for Smoke alarms and Carbon Monoxide Alarms. Additionally, the Council to establish a proactive inspection programme to ensure ongoing compliance with these regulations.	2	01/04/2025
Management to ensure that all policy or procedural documentation, including flowcharts, includes a version control table to include owner, review date and cycle time. In addition, implement a timetable for reviewing policies (and processes) to ensure they are regularly and promptly updated where applicable.	2	01/04/2025
The Council to establish regular monitoring and oversight mechanisms for its regulatory requirements under the Housing Act 2004, including: - Enforcement actions / decisions - Monitoring of Category 1 Hazards - HMOs - Regulatory updates / actions Where this is already in place, it is advisable to formalise the process with written agendas, minutes and action plans. Additionally, a formal process should be introduced to keep Members informed of any significant enforcement actions, including financial penalties issued against landlords, to help ensure consistency, transparency, accountability and oversight.	2	1/12/204

Outstanding Recommendations by Year Appendix 3

2019/20

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
NN2009 Planning and Development					
Response time targets and fees for pre-application work be reviewed, to ensure that they enable good quality, timely responses to be provided to applicants.	Important	Head of Planning; Development Manager	31/10/2020	1/10/24	A draft of the next Service has been produced and is being discussed with a group of developers / agents in July prior to reporting it to Development Committee in August 2024 and for the related fee schedule to be submitted for Council discussion / agreement in September 2024 - with a view to the new system being introduced from October 2024.

2021/22

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
NN2213 Waste Management					
Review and update the Inter Authority Agreement to ensure that it is clear in terms of managing relations between all three member Authorities to reflect the operational status of the contract. In particular, this should include agreement on the principles which underpin how the contract should be managed for the benefit of all of the Councils, and on mechanisms for resolving disagreements between the Authorities if they arise.	Important	Director of Communities	29/7/22	30/6/24	The drafting of the revision to the Inter Authority Agreement has been completed and wording agreed with Eastlaw. The revised agreement has not yet been agreed by the three councils, due to other priorities in the waste contract associated with the round and route re-optimisation and ongoing commercial matters discussions with Serco. Officers will look to progress this as soon as the issues outlined above have been resolved.
Obtain regular assurances that Serco complies fully with its complaints procedure and that there is audit trail to evidence this. Any non-compliances should be formally raised through the Operational Board meeting. A quarterly report should be made to the Contract Management Board by Serco along with details of corrective action taken.	Important	Environmental Services Manager	29/7/22	31/3/24	Performance within the Serco customer contact centre has continued to see improvements. The high workload and staff shortages within the team over the last few months has meant it has not yet been possible to further implement a complaint monitoring system as had been intended. With the team now back to full strength, it is hoped this will be progressed within the next few months. Due date has therefore been updated to end March 2024.
NN2202 Key Controls and Assurance					
North Norfolk DC to ensure it receives 40% of income from the issuing Penalty Charge Notice (PCN) as per the terms of the contract with Council of Kings Lynn & West Norfolk and this can be clearly evidenced.	Important	N/A	25/5/22	30/6/24	A reconciliation takes place but there are issues with obtaining the information from the service provider at times. However this has improved. The outsourced contract is currently being reviewed and a new arrangement will begin from 1 April 2025. This may be an in-house arrangement or a third party provider as we now have. The SLA/contract will be

					tighter around requirement for information and due dates for receiving this and timeframes for responses to queries we raise.
NN2214 Environmental Health					
The Council to ensure that all licence fee income has been correctly accounted for and that there is agreement between Assure and eFinancials.	Important	Environmental Services Manager and Public Protection & Commercial Manager	30/6/22	31/10/24	A new process has now been implemented of invoicing for premise licenses through the NNDC finance team. Invoices are being sent out monthly, and a record of paid invoices is being sent to the EH department. Reconciliation work has been undertaken to review all outstanding fees. There is one further step required before this recommendation can be signed off. That is to implement a process for chasing the non-payment of invoices as this may lead to the revocation of licenses and we must establish the enforcement process for this element. It is felt that this next step will be achieved by Oct 2024.

2022/23

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
NN2302 Key Controls and Assurance					
Management to ensure that:- All issues and emerging themes identified in the Self-Assessment process are captured in the Action Plan;- There is a clear reference from Self-Assessment findings to issues raised in the Action Plan, with each Action Plan issue having a consecutive reference number. - Each Action Plan entry has a target date and owner clearly stated.	Important	Director for Resources	31/12/23	30/09/24	The Annual Governance Statement for 2023/24 was presented to GRAC at its meeting on 10 September 2024 with the recommendations listed here having been incorporated into the AGS.
Management to ensure that future Annual Governance Statements provide clear visibility of the overall governance position of the Council. For example: - all significant issues arising during the year should be detailed in the "Governance Issues" section, with clear reference to the Action Plan; - all Action Plan issues should be supported by detail in the Governance Issues section; - progress on previous years' Action Plan issues should be reported.	Important	Director for Resources	31/12/23	30/09/24	The Annual Governance Statement for 2023/24 was presented to GRAC at its meeting on 10 September 2024 with the recommendations listed here having been incorporated into the AGS with the exception of reporting of progress on previous years' Action Plan issues as there were none reported. The AGS for 2024/25 will report on the progress on the 2023/24 Action Plan issues.
Management to investigate the potential for new reports to be developed from the new Finance system detailing number of debts by age category, and value/number	Important	Director for Resources	31/12/23	31/3/24	The new reports are being updated by IT and will be live by the end of March 2024.

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
by department, to enhance the focussed review of old debt.					
To investigate the purchase order interface on the finance system with the system provider to rectify property service orders being raised and authorised by the same user.	Important	Director for Resources	31/12/23	10/09/24	There is now an appropriate segregation of duties in place. This was reported to GRAC on 10 September 2024.
Management to: - ensure that car park ticket machine income records and cash collected are reconciled monthly with any discrepancies promptly and thoroughly investigated; - review arrangements for ensuring the Council receives all income due from Penalty Charge Notices including, if needs be, the future provision of the service. If outsourcing is considered the most appropriate method, a method of independent verification of the income received should be contractually agreed with the current / future service provider, to facilitate the requisite levels of detail to provide the required assurances.	Important	Director for Resources	31/12/23	10/09/24	A reconciliation takes place but there are issues with obtaining the information from the service provider at times. However this has improved. The outsourced contract is currently being reviewed and a new arrangement will begin from 1 April 2025. This may be an in-house arrangement or a third party provider as we now have. The SLA/contract will be tighter around requirement for information and due dates for receiving this and timeframes for responses to queries we raise.
NN2316 ICT – Disaster Recovery					
The Council to ensure that the Corporate Business Continuity Plan, which was last updated in April 2018, be reviewed, and approved as a matter of urgency. We understand that Council management have already identified this as a priority. As part of this exercise, the IT team to ensure the Council's Disaster Recovery	Important	Director for Resources	31/12/23	N/A	The audit of this area in 2023/24 has made the same recommendation and an 'urgent' rating has been applied. The completion date has been agreed as 31/5/24.

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
capability is communicated and approved at Senior Management level.					

2023/24

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
NN2402 Complaints and FOI					
Reported data on complaints to include closed and open complaints to provide an accurate picture of response times. Complaints to be responded to within the published target timescales and updated/closed on the Workbench system in a timely manner.	Important	Customer Services Manager	1/4/24	30/9/24	The complaints policy and procedure have been updated to meet the requirements of the LGO & SCO complaints handling code. This includes reporting on performance. This is currently under review by Management Team.
Training to be provided on using the Workbench system to all officers who manage and respond to complaints.	Important	Customer Services Manager	1/4/24	30/9/24	The complaints policy and procedure have been updated to meet the requirements of the LGO & SCO complaints handling code. Once approved, training will be provided to service users. This is currently under review by Management Team.
NN2412 Land Charges					
Reconciliations between land charge records and the general ledger to be completed on a monthly basis and be independently reviewed with evidence of sign off from the reconciling officer and independent reviewer retained	Important	Planning Support Leader	30/3/24	3/9/24	Ongoing – aiming to resolve issues this summer.
NN2404 Procurement and Contract Management					
Complete the spend analysis and lower the threshold going forward to all cumulative spend per supplier of over £5k.	Important	Chief Group Accountant/Procurement Officer	31/3/24	31/10/24	The next spending analysis is scheduled to be undertaken in October. We aim to do this before then and will incorporation the lower aggregated spend, this has been discussed with the Accountancy Assistant who will undertake the review.

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
NN2415 Post Implementation – Finance System Review					
The Council to review the outstanding functionality not yet implemented with a view to making decisions about which of these remain a priority and which are not. This to be supported by a formal minuted decision, implementation plan and roadmap with supporting financials and clear milestones to be monitored for progress on an ongoing basis.	Important	Chief Group Accountant	01/11/24	N/A	The formal decision about which if any of the outstanding modules is still to be made. This is now postponed until after the V25 software upgrade.
The Council to ensure that a formal Post-Implementation Review be conducted as part of a formal project closure process once all of the required functionality that was planned has been successfully implemented. The closure process to include (but not be limited to) the following: ➢ Comparison between planned and actual business benefits. ➢ An analysis of what worked well and what could have worked better. ➢ A summary of officer feedback concerning the project and the resulting implementation.	Important	Chief Group Accountant	01/11/24	N/A	The project team continue to meet and review progress on a fortnightly basis. We are working together to deliver the first software upgrade (to V25) on Civica.

For your information — Appendix 4

Definitions

Substantial Assurance	There is a robust system of internal controls operating effectively to ensure that risks are managed, and process objectives achieved.
Reasonable Assurance	The system of internal controls is generally adequate and operating effectively but some improvements are required to ensure that risks are managed, and process objectives achieved.
Limited Assurance	The system of internal controls is generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed, and process objectives achieved.
No Assurance	There is a fundamental breakdown or absence of core internal controls requiring immediate action.
Position Statement	Advisory work.

Urgent – Priority 1	Fundamental control issue on which action to implement should be taken within 1 month.
Important - Priority 2	Control issue on which action to implement should be taken within 3 months.
Routine – Priority 3	Control issue on which action to implement should be taken within 6 months.

OEMs are Operational - Effectiveness Matter. These can be proposed, and these set out matters identified during the assignment where there may be opportunities for service enhancements to be made to increase both the operational efficiency and enhance the delivery of value for money services. These are for management to consider and are not part of the follow up process.