

Report Title	Progress Report 2025/26	
Are there background papers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Exempt	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Reason for Exemption?		
Decision for Full Council?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Are there Non Electronic Appendices?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
List of Background Papers (if applicable)		

Agenda Item No _____

Progress Report 2025/26

Summary: This report provides details of progress with the 2025/26 Internal audit Plan and outstanding recommendations.

Conclusions: The 2025/26 Internal Audit Plan is in progress. Outstanding recommendations are progressing.

Recommendation: That the Committee is requested to:

- Receive and note progress with the 2025/26 Internal Audit Plan and outstanding recommendations.
- Approve the change to the Internal Audit Plan

Cabinet member(s):

All

Contact Officer, telephone number,
and e-mail:

Ward(s) affected:

All

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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 Global Internal Audit Standards in the UK Public Sector require 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 2025/26 Internal Audit Plan is progressing. Outstanding recommendations are also progressing.

4. Recommendation

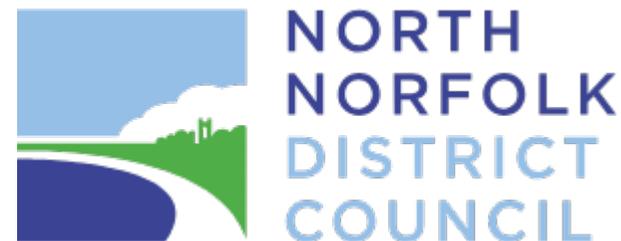
1) That the Committee is requested to:

- Receive and note progress with the 2025/26 Internal Audit Plan and outstanding recommendations.
- Approve the change to the Internal Audit Plan

Appendices attached to this report:

Appendix A – Progress Report 2025/26

EASTERN INTERNAL AUDIT SERVICES



NORTH NORFOLK DISTRICT COUNCIL

Progress Report 2025/26

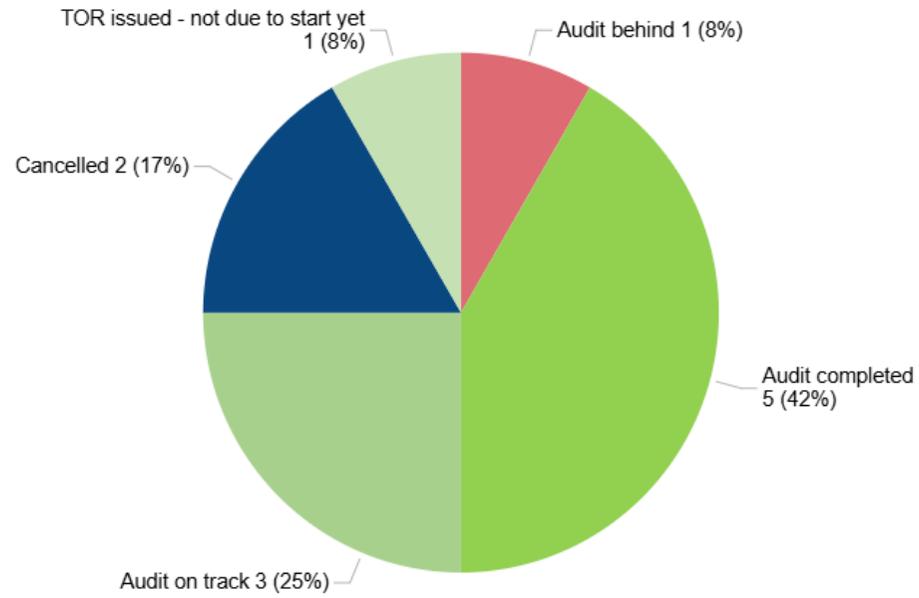
Head of Internal Audit: Teresa Sharman

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Progress at a glance

<p style="text-align: center;">12 Audits in 2025/26 Audit Plan</p>
<p style="text-align: center;">1 Urgent Recs Raised</p>
<p style="text-align: center;">11 Important Recs Raised</p>
<p style="text-align: center;">7 Routine Recs Raised</p>
<p style="text-align: center;">0 Improvement Actions Raised</p>



25
Outstanding Recommendations

2 Urgent
17 Important
6 Routine

Oldest – 2021/22 – 1 Important, Key Controls

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 Eastern Internal Audit Services (EIAS), which is hosted by South Norfolk Council, through a partnership arrangement. EIAS provides internal audit services to the district councils for Breckland, Broadland, North Norfolk, South Norfolk, Norwich City Council, Great Yarmouth Borough Council, and the Broads Authority.

The delivery of the Internal Audit Plan for the Council is provided by the EIAS's contractors, TIAA Ltd, BDO LLP and Hertfordshire County Council's Shared Internal Audit Service, supplemented by a small in-house Team

Internal audit provides an independent and objective opinion on the Council's internal controls by evaluation their effectiveness and operation in practice.

Changes to the 2025/26 Audit Plan

Since the last Progress Report the following changes have been made to the Plan as shown in the table below.

Audit	Nature of the change
Application Audit – HR System	The audit has been cancelled because the new system is not in place.

Progress to date and audit outcomes

Progress with audit work

The current position in completing audits to date is shown in **Appendix 1**.

Quarters 1 & 2

A final report has been issued for all four audits within these quarters (Building Control, Environmental Health – Licensing, Workforce Strategy and Learning Development Plan & Artificial Intelligence (Advisory Review)).

Quarter 3

The Risk Management has been completed and final report issued.

Fieldwork for the Corporate Governance audit has been completed, and a feedback meeting has been booked but later than planned; therefore, the audit will fall behind its planned timescales for issuing a draft report now.

Although fieldwork has commenced for the Property Services' Planned Preventative Maintenance of Council Owned Properties, the audit but has fallen behind the target dates set within the Terms of Reference. The contractor has confirmed this is due to delays on their side. As per the contractor, a draft report is expected to be ready by mid-March 2026.

Quarter 4

Fieldwork has commenced for the Key Financial Controls and Health & Safety Statutory Compliance Checks on Temporary Accommodation audits and remain on track.

A Terms of Reference has been issued for the Procurement audit, but fieldwork is not due to commence until mid-March.

Audit Outcomes - Final Reports

During the period, the following final reports have been issued as detailed in the table below.

The Executive Summary for final reports issued in the period are provided in at **Appendix 2**, and a full copy of the report can be requested by Members.

Recommendations made on 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.

Audit	Assurance Level	Urgent Recommendations	Important Recommendations	Routine Recommendations
Workforce Strategy and Learning Development Plan	N/A – Advisory Work	N/A	N/A	N/A
Risk Management	N/A – Follow Up Audit	N/A	N/A	N/A
Total		-	-	-

Outstanding Recommendations

The table below now shows the total number of recommendations which are past and within their due date by year and priority rating.

The numbers in brackets after the audit name represents the total number of recommendations made in the final report and the colour denotes the overall assurance given. Also in table, U denotes the recommendation classification of urgent, I is important, and R is routine. See **Appendix 4** for more information on this.

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.

Audit Year	Audit Name	Past Due Date Priority U	Past Due Date Priority I	Past Due Date Priority R	Within Due Date Priority U	Within Due Date Priority I	Within Due Date Priority R	Total
2021/22	Key Controls and Assurance (4) (Closed – 3)	0	1	0	0	0	0	1
2021/22 Total		0	1	0	0	0	0	1
2023/24	Accounts Payable (4) (Closed - 3)	0	0	1	0	0	0	1
	Land Charges (12) (Closed - 11)	0	1	0	0	0	0	1
2023/24 Total		0	1	1	0	0	0	2
2024/25	Commercial Estates (5) (Closed - 2)	0	3	0	0	0	0	3

Audit Year	Audit Name	Past Due Date Priority U	Past Due Date Priority I	Past Due Date Priority R	Within Due Date Priority U	Within Due Date Priority I	Within Due Date Priority R	Total
	ICT - Cyber Security (18) (Closed - 15)	0	1	2	0	0	0	3
	Leisure (6) (Closed - 4)	0	0	2	0	0	0	2
	Private Sector Housing (6) (Closed - 4)	0	2	0	0	0	0	2
	Section 106 Agreements (10) (Closed - 1)	1	7	1	0	0	0	9
	Waste Management contract with Serco (9) (Closed - 8)	0	1	0	0	0	0	1
2024/25 Total		1	14	5	0	0	0	20
2025/26	Environmental Health – Licensing (3) (Closed – 1)	1	1	0	0	0	0	2
	Building Control (3) Closed – 3)	0	0	0	0	0	0	0
	Risk Management (6) (Closed – 0)	0	0	0	0	3	3	6
2025/26 Total		1	1	0	0	3	3	8
Priority Totals		2	17	6	0	3	3	31

Total Number of Recommendations Past Due Date	25	Total Number of Recommendations Within Due Date	6
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Progress with actions to Improve poor performance

Contractor Performance

Progress with actions being taken to improve contractor performance is outlined below: -

- **Contractors:** - Work across all Councils in the Consortium is split between three contractors, with the main contractor completing approximately half of the total audits. The remaining half split approximately equally between the two other contractors.
- **The Protocol, 'a ways of working together' and expectations of Council officers and Contractors:** - this document has been reiterated with all the Contractors and Councils to follow and escalate when responses are not received.
- **Regular meetings:** - meetings take place with the Director for the main contractor to discuss performance every quarter, and all contractors have scheduled meetings to monitor audit progress and performance.
- **Quarterly Review of the Audit Plan with senior management:** - these meetings enable issues to be raised and discussed directly with management.

Quality Assurance & Improvement Programme

- **Next External Quality Assessment (EQA):** - this is due in December 2027. A gap analysis against the new Global Internal Audit Standards in the UK Public Sector is now completed, and the results will be shared with the Committee at a future meeting.

Appendix 1 - Summary of Audit Work 2025/26

Audit Area	Status	Opinion	Total Number	Urgent	Important	Routine	Improvement Actions
Building Control	Audit completed	Reasonable	3	0	0	3	0
Environmental Health - Licensing	Audit completed	Limited	3	1	1	1	0
Artificial Intelligence Advisory Review	Audit completed	Advisory Work	N/A	N/A	N/A	N/A	N/A
Workforce Strategy and Learning Development Plan	Audit completed	Advisory Work	N/A	N/A	N/A	N/A	N/a
Risk Management	Audit completed	Follow Up	N/A	N/A	N/A	N/A	N/A
Corporate Governance	Audit on Track	-	-	-	-	-	-
Health & Safety Statutory Compliance Checks on Temporary Accommodation	Audit on Track	-	-	-	-	-	-
Key Financial Controls	Audit on Track	-	-	-	-	-	-
Planned Preventative Maintenance of Council Owned Properties	Audit Behind	-	-	-	-	-	-
Procurement	TOR issued – audit not due to start yet	-	-	-	-	-	-

Audit Area	Status	Opinion	Total Number	Urgent	Important	Routine	Improvement Actions
Budget Setting and Control	Cancelled	-	-	-	-	-	-
Applications Audit – HR System	Cancelled	-	-	-	-	-	-

Grant Certifications	The following grants have been certified by EIAS so far during 2025/26: - <ul style="list-style-type: none"> Disabled Facilities Capital Grants (Period end - 2024/25)
Low Priority Audits	These audits were Project Management Framework, Council Tax Support Scheme and Woodland Management and Country Park provision. There is not sufficient budget to complete them.
Follow Up	A provision of days is allowed to monitor progress with implementing recommendations made each month.

Appendix 2 - Final Report Executive Summaries

Risk Management

Assurance Opinion

No assurance opinion has been assigned to this audit as it is a follow up audit of the recommendations made in the 2024/25 Risk Management audit.

Opinion provided	None – Follow Up	Urgent recommendations	0	Important recommendations	3	Routine recommendations	3
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Whilst significant progress has been made since the audit (NN2501) in October 2024 in terms of improving the Corporate Risk Register format and the development of the Management Information System, of the seven recommendations raised four have been actioned, while three are partially actioned. Mandatory risk training is provided, but only half the staff registered have completed this training. Members have received risk management training.

The Risk Management Policy and Framework has been updated, but not all recommended best practice has been added.

Corporate Leadership Team (CLT) and Governance, Risk and Audit Committee (GRAC) receive reports on corporate risks.

Not all service risks have been added to the Management Information System and CLT are yet to receive a thematic report on all risks.

Audit Objective

All seven recommendations will be followed up as part of this review to ensure that that recommendation previously confirmed as implemented are still operating effectively and to seek updates with the two which had still to be confirmed as implemented.

Summary of Findings

Areas of strength in control design and / or effectiveness

Three recommendations from the original audit have been actioned: -

- **Recommendation 4:** *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.*

The CRR is regularly reviewed by CLT prior to review by GRAC and operates moderation and escalation as indicated in the overview section of GRAC report. The recommended improvements to the CRR have been made.

- **Recommendation 5:** *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.*

A specific risk has been added to the Corporate Risk Register relating to failure to complete development of the Management Information System and maintain when in use. This risk has now been mitigated to its target score.

- **Recommendation 7:** *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.*

The GRAC terms of reference are included in the Constitution and now reference the responsibility of approval of the Risk Management Policy and Framework.

Areas of weakness in control design and / or effectiveness

Four recommendations have been partially actioned: -

- **Recommendation 1:** *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.*

Risk management training is mandatory and available in the e-learning portal. Induction and ad hoc training are available. Of the 69 staff registered in February 2025, 34 have completed as of 6th November 2025. Members received risk management training in February/March 2025. (Recommendation 1)

- **Recommendation 2:** *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.*

The Risk Management Policy and Framework was updated in October 2024 and though includes risk identification, sources, escalation, it is still lacking mention of three lines of assurance, the additional impact/consequence areas, opening and closing of risks and how risks are to be articulated. (Recommendation 5)

- **Recommendation 3:** *Management to review the risk appetite statement 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.*

The risk appetite and risk scoring in relation to risk appetite is included in the October 2024 Risk Management Policy and Framework which is due for review by October 2026. The Corporate Risk Register template requires that the risk appetite is referenced for each risk on the Corporate Risk Register although these have not been completed; therefore, they cannot be used as a basis of any risk discussion. (Recommendation 3)

- **Recommendation 6:** 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.

The current risk report to both CLG and GRAC relates to the Corporate Risk Register with an overview of risk changes. The Performance and Productivity Board is responsible for overseeing that risk management is operating effectively. There is currently no risk report to CLT relating to service risks and no thematic review. (Recommendation 4)

- Not all service risks are currently recorded on the MIS. (Recommendation 2)
- Risk register templates prompt risk descriptions to be worded in terms of risk description, cause and consequence of risk happening; however, this is not happening in all cases and many risk descriptions are lengthy. Risk descriptions should be written as per the new guidance on risk articulation in the Risk Management Policy and Framework. (Recommendation 6)

Best practice points to note

- The newly developed MIS (Management Information System) commenced in April 2025 and risk owners agree it is intuitive and easy to use.

Added value or improvement points (these are examples of how the Council could improve a process to be for example, more efficient or effective)

- Consider adding hyperlinks to risk appetite guidance in the Management Information System (MIS) to encourage risk appetite information is completed on risk registers.
- Risks are mentioned in report templates but not always linked to specific risks on the CRR. Consider adding reference to specific corporate or service risks on report templates.
- As of September 2025, there were 23 risks on the Corporate Risk Register which is a little high. Consider de-escalating some of the corporate risks to service risk registers with on-going monitoring.

Management Action Plan

No.	Recommendation	Priority	Implementation Date	Responsible Officer
1	All risk owners to complete risk management training and follow up with refresher training. Ensure training compliance is regularly monitored by Corporate Leadership Team (CLT).	Important	31/03/2026	Steve Hems, Director of Service Delivery (Deputy Chief Executive)
2	All service risks to be added to the Management Information System (MIS). Ensure mitigating actions are SMART.	Important	31/03/2026	Daniel King, Assistant Director Finance and Assets
3	Ensure the risk appetite field is completed for all risks on the Corporate Risk Register and review the risk appetite statement annually in line with best practice.	Important	31/03/2026	Steve Hems, Director of Service Delivery (Deputy Chief Executive)
4	Once all the service risks have been added to MIS, a thematic report on all risks to be regularly reviewed by the Corporate Leadership Team.	Routine	30/06/2026	Daniel King, Assistant Director Finance and Assets

No.	Recommendation	Priority	Implementation Date	Responsible Officer
5	The additional information from the original recommendation (three lines of assurance, the additional impact/consequence areas, opening and closing of risks and how risks are to be articulated) to be included in the next iteration of the Risk Management Policy and Framework.	Routine	30/06/2026	Steve Hems, Director of Service Delivery (Deputy Chief Executive)
6	Risk description wording needs to follow the format in the template and be more succinct, following the new guidance on risk articulation in the Risk Management Policy and Framework.	Routine	30/06/2026	Steve Hems, Director of Service Delivery (Deputy Chief Executive)

Workforce Strategy and Learning Development Plan

Assurance Opinion: As the was an advisory review, an assurance opinion is not provided.

Opinion provided	Not Applicable – Advisory Review	Urgent recommendations	N/a	Important recommendations	N/a	Routine recommendations	N/a
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A summary of the improvements that could be made to strategies and the exit process are as follows: -

- The Workforce Development & People Strategy should address barriers to recruitment and retention, including local factors and staff shortages.
- A review process for salary enhancements and retention payments is needed to support staff attraction.
- Both the Workforce Development & People Strategy and the Learning & Talent Development Strategy should include clear performance metrics to measure implementation and effectiveness.
- Action plans should specify responsible individuals or groups and include target dates. Governance arrangements should be defined to ensure oversight of strategy implementation.
- Leaver data should be regularly reviewed, captured, and used to inform future revisions to the strategies, with consideration given to embedding the Council's Corporate Values in both.

Audit Objective

Our advisory work consisted of a review of the content of the draft Workforce Development & People Strategy and Learning and Talent Development Strategy.

Our work provided independent insight, challenge and identified areas for improvement within the Strategies regarding the clarity and viability of objectives and planned actions to support the recruitment, retention and development of staff.

Summary of Findings

Areas of weakness in control design and / or effectiveness

During the review we identified the following advisory actions: -

- **Barrier to Recruitment and Retention:** Capture barriers to recruiting and retaining staff or areas where staff shortages exist within the Workforce Development and People Strategy.
- **Salary Enhancements and Retention Payments:** Incorporate a review and monitoring process within the Workforce Development & People Strategy to assess how the Council attracts and retains staff.
- **Factors Impacting Recruitment:** Incorporate factors that impact on recruitment specific to NNDC in the Workforce Development & People Strategy.
- **Performance Metrics - Draft Workforce Development and People Strategy:** Ensure clearly defined performance metrics, for measuring success in terms of implementation and effectiveness, are included within the Workforce Development & People Strategy, and are produced and approved appropriately.
- **Performance Metrics - Draft Learning and Talent Development Strategy:** Ensure clearly defined performance metrics for measuring success in terms of implementation and effectiveness for the Learning and Talent Development Strategy are produced and approved.
- **Draft Workforce Development and People Strategy Action Plan:** The Workforce Development & People Strategy Action Plan should include a responsible person and / or group with specific target dates for implementation or actions.
- **Governance (Monitoring Implementation of Actions Plans):** Ensure the requirements for monitoring the implementation of actions is defined within the Draft Workforce Development & People Strategy and Learning and Talent Development Strategy (i.e. who and when) to provide oversight that these are implemented in accordance with expectations and are kept on track.

- **Corporate Values:** Consideration should be given to including the Council's Corporate Values in both the Workforce Development & People Strategy and Learning and Talent Development Strategy.
- **Leaver Survey Questions:** Leaver survey questions should be regularly reviewed to ensure they are fit for purpose and generate meaningful insights into the reasons staff leave, helping to inform and strengthen retention strategies
- **Capture and Analyse of Leaver Data:** A control record is maintained to capture leaver survey results (e.g. Excel spreadsheet). This could be used to capture information and gain insights into reasons why people are leaving with this information fed into strategies / retention.
- **Leaver Data Feedback and Informing Strategies:** Leaver data should be utilised and fed into future reviews of strategies and plans (i.e. to support a feedback loop).

Management Action Plan

No.	Observation	Advisory Action
1	<p>Barriers to Recruitment and Retention</p> <p>Through review of the Draft Workforce Development & People Strategy, and discussions with the HR Manager, we identified that barriers to recruitment and retention, as well as areas experiencing staff shortages, are not currently documented. Including these within the Strategy could support more targeted actions and improve performance in these areas.</p>	<p>Ensure barriers to recruiting and retaining staff, or areas where staff shortages exist, are captured within the Workforce Development & People Strategy.</p> <p>As barriers will be subject to change, these should be kept under review to maintain effectiveness.</p>

No.	Observation	Advisory Action
2	<p>Recruitment Bonus and Salary Enhancements</p> <p>Council Policy allows for the payment of a 'Golden Hello' and / or an enhanced payment for some posts (covered under the Council's Pay Policy Statement).</p> <p>However, the Draft Workforce Development & People Strategy Action Plan does not outline any review or monitoring mechanisms to evaluate whether the proposed approaches deliver value for the Council or contribute to improved recruitment outcomes.</p>	<p>The Workforce Development & People Strategy Action Plan should include a requirement to review and monitor the effectiveness of salary enhancements used to attract and retain staff.</p>
3	<p>Factors Impacting Recruitment</p> <p>Our review of the Draft Workforce Development & People Strategy found that this only includes generic and national factors impacting on recruitment.</p>	<p>Incorporate the factors that impact on recruitment specific to NNDC in the Draft Workforce Development & People Strategy.</p>

No.	Observation	Advisory Action
4	<p>Performance Metrics - Draft Workforce Development and People Strategy</p> <p>Section 7 of the Draft Workforce Development & People Strategy - Measuring the Impact of the Workforce Development & People Strategy, includes:</p> <p><i>'Our performance in achieving our strategic objectives will be closely monitored and measured against the deliverables listed within the Workforce Development & People Strategy.</i></p> <p><i>Our targets will be measured by successful processes and workforce planning; Staff Management information statistics seeing improvements in areas which can be positively influenced by the Workforce Development & People Strategy; improvement in employee engagement with Pulse Surveys/Employee surveys; achievements of external standards and/or awards (such as Investors in People); achievement of the action plan and by what our employees are telling us.</i></p> <p><i>The progress will be measured and reported to the CLT and Joint Staff Consultative Committee annually.'</i></p> <p>We established that there are no clear metrics for measuring success in terms of implementation and ongoing effectiveness of the Strategy.</p>	<p>Ensure clearly defined performance metrics for measuring success, in terms of implementation and effectiveness, are included in the Workforce Development and People Strategy and these should be Specific, Measurable, Achievable, Relevant and Time-Bound. (SMART).</p>

No.	Observation	Advisory Action
5	<p>Performance Metrics - Draft Learning and Talent Development Strategy</p> <p>Through enquiry and review of the Draft Learning and Talent Development Strategy, we found that there are no clear metrics for measuring success in terms of implementation and effectiveness.</p>	<p>Introduce clearly defined SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) performance metrics for measuring success, in terms of implementation and effectiveness, for the Learning and Talent Development Strategy.</p>
6	<p>Draft Workforce Development & People Strategy Action Plan</p> <p>Though our review of the Draft Workforce Development & People Strategy Action Plan (contained within the Strategy) we found that actions do not include a responsible person and currently only record a year for completion, rather than a specific implementation date.</p> <p>As a result, the monitoring of action progress will lack robust governance.</p>	<p>The Workforce Development & People Strategy Action Plan should include a responsible person and / or group with specific target dates for implementation of actions.</p>

No.	Observation	Advisory Action
7	<p>Governance (Monitoring Implementation of Actions Plans)</p> <p>Review of the Draft Workforce Development & People Strategy and Learning and Talent Development Strategy (The Strategies') found that governance and oversight arrangements for monitoring the implementation of actions were not yet defined.</p> <p>Discussions with the HR Manager indicated that quarterly reviews through the JSCC and CLT could be implemented, which we consider appropriate and consistent with our benchmarking of governance and reporting arrangements for Workforce Development Strategies at other councils.</p>	<p>Ensure the requirements for oversight and monitoring the implementation of actions is defined within the Workforce Development & People Strategy and Learning and Talent Development Strategy (i.e. who and when).</p>
8	<p>Corporate Values</p> <p>Our review of The Strategies identified that these did not include the Council's Corporate Values. As the Corporate Values underpin culture, behaviours, expectations and purpose on what the Council does, they have a direct association with recruitment, retention and staff development.</p>	<p>The Council's Corporate Values should be embedded in the Strategies.</p>

No.	Observation	Advisory Action
9	<p>Leaver Exit Interviews / Survey Questions</p> <p>We were advised that questions asked as part of the leaver survey process have not been reviewed or updated for a number of years. In addition, the questions asked are not aligned with the Workforce Development & People Strategy.</p> <p>We also understand that although leaver exit interviews do take place in some instances, they are not always conducted as they are reliant on resources being available at the time.</p>	<p>Leaver survey questions should be reviewed to ensure that these are fit for purpose and provide useful data to be able to gain insights into reasons why people are leaving and to feed into actions to take to improve staff retention.</p> <p>Leaver exit interviews with an independent person should be conducted wherever possible in order to extract key information to improve staff retention rates.</p>
10	<p>Capture and Analysis of Leaver Data</p> <p>Systems do not enable reporting on leaver questionnaire data, nor are results captured other than being stored on individual personnel files.</p> <p>As a result, key information is potentially not readily available to assist in developing and updating approaches to improve staff recruitment and retention outcomes.</p>	<p>Maintain a central combined record to capture staff leaver survey results (e.g. Excel spreadsheet) to provide insight into the reasons why staff leave the Council and feed this into related strategies.</p> <p>Develop the use of data analytics to identify and extract key themes from the leavers data base don whole population analysis.</p>

No.	Observation	Advisory Action
11	<p>Leaver Data Feedback and Informing the Strategies</p> <p>Leaver data has not been considered during the drafting of The Strategies and associated action plans.</p> <p>Leaver data has the potential to offer valuable insights into the reasons staff choose to leave, supporting the development of targeted actions to improve retention. It can also highlight positive experiences during their time at NNDC, which could be shared to promote the Council as an employer of choice.</p>	<p>Leaver data should be utilised and fed into future reviews of strategies and plans (i.e. to provide a feedback loop).</p>

Appendix 3 - Outstanding Recommendations by Year

Year 2021/22

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
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. Risk – All income from PCN due to the NNDC by BCKL&WN, as per the terms of the contract, may not be received, leading to financial loss (to NNDC).	2	Assistant Director - Finance & Assets	25/05/22	31/03/2026	<p>February 2026: The Assistant Director Finance & Asset is holding a meeting with the respective officer from BCKLWN to discuss the final comments we have on the updated SLA to hopefully get the new SLA agreed.</p> <p>Pre October 2025: We have recently received a draft SLA from BCKL&WN and will seek to address the recommendation through the implementation of the new SLA.</p>

Year 2023/24

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
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.	2	Planning Support Manager	30/03/24	31/06/26	<p>February 2026: Further work with Finance (bank reconciliations) will be required to better understand interrogation of the various systems.</p> <p>Pre October 2025: Priority of the team has been related to the transfer of the local charges 1 to the Land Registry, the work for which has now been completed. This will allow for further discussions to take place with relevant officers on how this audit recommendation could be implemented given that the requirement either needs changes to a system outside of the councils control or the manual reconciliation of financial figures for which resources are not in place.</p>

Year 2024/25

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
Commercial Estates	4a. The Council should Implement a regular inspection schedule to assess tenant compliance with maintenance responsibilities. This will help identify issues early, allowing for timely intervention and reducing long-term repair costs.4b. The Council should check if a compliance check has been completed for two samples (UPRN 1689, UPRN 5005) where we could not obtain evidence.	2	Assistant Director Finance & Assets	01/08/25	31/03/26	<p>February 2026: Progress has been slower than anticipated due to staff capacity constraints. However, Estates and Property Services have undertaken initial trial inspections of tenant compliance at a small number of properties. These inspections identified shortfalls in tenant activity, for which appropriate remedial action has been taken.</p> <p>A formal inspection schedule will be implemented going forward. All inspections and any required actions will be documented within Concerto, the Council's asset management system, ensuring a consistent and auditable record of compliance.</p>

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
Commercial Estates	1. The Estates team should monitor the completion of the Commercial Property Strategy and ensure that a formal policy and procedures for rent setting are included. The Strategy should outline the principles guiding rent setting, such as market demand, location, and economic indices like CPI and RPI. The policy should also specify the required procedures, including discussions and approvals necessary for setting rent. This would standardise the approach across all tenancies, ensuring that all rent setting decisions are made with a clear understanding of the necessary steps and considerations, enhancing accountability and clarity in the process.	2	Assistant Director Finance & Assets	10/10/25	31/03/26	<p>October 2025: This forms part of the asset management plan, which is still going through internal processes, which has been delayed due to LGR. It is hoped to progress this forward in the coming quarter</p> <p>Pre October 2025: To be considered alongside LGR implications.</p>
Commercial Estates	The Estates team should monitor the drafting process of the Commercial Property Strategy and ensure that clear standards and time frames for advertising vacant	2	Assistant Director Finance & Assets	10/10/25	31/03/26	October 2026: This forms part of the asset management plan which is still going through internal processes. It is hoped to progress this forward in the coming quarter.

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
	properties are included to ensure consistency and efficiency.					Pre October 2025: To be considered alongside LGR implications.
ICT-Cyber Security	The cyber security supply chain must be fully documented with type of data/asset, if sensitive information is being shared, level of access provided, if a Data Protection Impact Assessment (DPIA) has been conducted, supplier's key contact details and current security controls mapped out for each asset.	2	Networks Manager	31/03/25	31/03/26	February 2026: Due to other work commitments this has not been completed, revised date 31/03/26. October 2025: Due to other work commitments this has not been completed, revised date 31/03/26
Private Sector Housing - HMOs, private rental enforcement and empty homes	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	Assistant Director - Environment & Leisure Services	31/01/25	31/03/26	February 2026: Review of Enforcement Policy needs to include new renters reform powers - therefore an extension is required to ensure that the policy encompasses this element of enforcement work too. October 2025: Outstanding, need to identify resource to complete

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
Private Sector Housing - HMOs, private rental enforcement and empty homes	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	EP Team Leader	01/04/25	31/03/26	February 2026: Progressing through democratic process. October 2025: Still to be signed off by Cabinet - added to cabinet work programme.

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
Section 106 Arrangements	To review all unspent available amounts that have exceeded their "spend deadline" dates and take appropriate action in accordance with the s106 agreements.	1	Development Manager and s106 Officer	30/09/25	30/11/25	January 2026: A new S106 Officer is starting in January 2026. The new postholder will review the available funds and respective due dates and other workings the outgoing postholder prepared and move this recommendation forward.
Section 106 Arrangements	To ensure that, for each planning application, evidence is retained to confirm that all necessary consultations have been undertaken especially before the s106 agreement is signed.	2	Development Manager	30/09/25	31/04/26	February 2026: Other workload pressures with the Development Management service, including the preparation for and introduction of the new Local Plan, have taken priority. Now this is complete the DM Manager and DM Team Leaders can progress completion. October 2025: This work is currently with the DM Team Leader group to progress but is

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
						not likely to be completed until later this year due to other workload pressures and capacity constraints within the DM Service.
Section 106 Arrangements	To ensure that the publicly available Exacom module on the NNDC website is complete and accurate regarding the amount available to spend on projects.	2	Section 106 Officer	30/09/25	30/11/25	February 2026: The new Section 106 Officer is currently working on this element, needing to review all records to ensure income and expenditure is fully accounted for. This is a time-consuming exercise but will ensure that the on-line records are accurate. Exacom provides a direct link to Civica which will help moving forwards & is now being considered by IT.
Section 106 Arrangements	To promptly develop authorised, version controlled, end to end process documentation and Exacom user guides.	2	Development Manager and s106 Officer	31/12/25	31/05/26	January 2026: A new S106 officer has been recruited, starting on 5 January 2026 at 0.8 FTE alongside additional temporary resources from within the Council. The initial

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
						focus has been on processes and procedures related to the publication and distribution of S106 obligations - which is now completed. The remaining processes are being developed with the Planning Support Manager who is managing this team on a day-to-day basis with the Development Manager's support.
Section 106 Arrangements	To ensure that a deputy is fully trained to facilitate effective cover in the absence of the Section 106 and Infrastructure Levy Officer.	2	Development Manager and s106 Officer	31/12/25	31/03/26	January 2026: The new S106 officer started on 5 January 2026 with the permanent creation of a deputy post needing funding. The temporary assistance has been financed until April 2026. Available finances and preferred course of action will be agreed soon.
Section 106 Arrangements	To ensure that:- S106 agreements include a requirement for developers to notify the Council when a development commences and when key obligations are met;- Intelligence across the Council be improved regarding housing	2	Development Manager and s106 Officer	31/12/25	31/05/26	January 2026: This work has commenced with the S106 officer working with others within the Council to agree a way forward for accurate and timely information sharing. This will include how best to get

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
	<p>developments (e.g., affordable housing, play areas);- Developers complete an annual return on each site with a s106 agreement, detailing work undertaken and progress against each obligation.- Exacom accurately reflects due obligations and is used to proactively ensure that obligation payments are invoiced at the due date.</p>					<p>responses from Developers. We are also visiting neighbouring authorities to identify best practice. The Development Manager will be working with Eastlaw to complete the standard clauses of the S106 agreements, subject to Eastlaw agreement and capacity. All S106 and Unilateral Undertakings are now loaded onto Exacom.</p>
<p>Section 106 Arrangements</p>	<p>To ensure that: - Exacom completely and accurately records all s106 agreements; - Appropriate action is promptly taken for pre-2012 agreements so that monies received and currently reported as being 'available' to spend on Exacom can be allocated to the appropriate project.</p>	<p>2</p>	<p>Development Manager and s106 Officer</p>	<p>31/12/25</p>	<p>31/05/26</p>	<p>January 2020: All new S106 obligations are uploaded onto the DMS prior to planning decisions being issued and are loaded into Exacom thereafter, in accordance with processes and procedures which will be confirmed once the updated version of Exacom is released and training given to S106 Officer.</p> <p>For older cases (pre-2012) this will take time to complete as the older cases are complex and the information not readily available. Work on the backlog</p>

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
						has started but without further training on Exacom this is limited. The working Group proposal may need revisiting as this is not currently active following a director change. Although all agreements are on Exacom, their spend is not yet assigned so records are not complete.
Section 106 Agreements	To develop regular reporting of available s106 funds to appropriate key management and Parish/Town Councils.	2	Assistant Director - Planning	31/12/25	30/06/26	January 2026: Work is under way to ensure accurate records can be shared more widely. Reporting will be possible within six months.
Waste Management Contract with SERCO	<p>Policy/procedure notes be produced for all aspects of commercial and garden waste services. These notes to be version controlled and reviewed on a regular basis. This is to include: -</p> <ul style="list-style-type: none"> • Processing of new or cancelled customers. • Amendments to customers (frequency of bin collections, bin size, number of bins) 	2	Leisure Business Support Manager	01/09/25	31/03/26	<p>January 2026: Procedure for Garden has now been completed. A new commercial waste system (database) is being developed, once completed a set of procedure notes will be completed. Go live for the new system is March 2026.</p> <p>October 2025: Procedures have now been finalised. Notes will follow once resourcing</p>

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
	<ul style="list-style-type: none"> • Management of systems (Interface, M3, and Whitespace). • Maintenance of contracts/agreements. • Invoicing/income collection • Debt recovery processes. 					allows, resourcing currently flexing into another important project, will be completed by deadline.

Year 2025/26

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
Environmental Health - Licensing	The Council to Integrate automated invoicing functionality within the Assure system to enable annual licence fees to be promptly billed and collected. Introduce a reconciliation and tracking process to identify unpaid licences and recover outstanding fees to ensure that debtors are identified in a timely manner and dealt with in	1	Assistant Director - Environment & Leisure Services	01/11/25	31/03/26	<p>February 2026: Exploring whether Assure has functionality to allow this to happen. Licensing team are chasing outstanding payments and are taking appropriate action where debt is not cleared.</p> <p>October 2025: No response received. This has only recently become outstanding.</p>

Audit	Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
	accordance with the Licensing Act 2003.					
Environmental Health - Licensing	Review the Council's Licensing Policy to ensure it aligns with section 55A of the Licensing Act 2003 to suspend a premises licence if the holder has failed to pay the annual fee rather than reference to allowing a period of grace where annual payment has not been received. The legislative requirement to suspend licenses where payment has been requested but not received, should be invoked.	2	Assistant Dir & Business Support Manager– Environment & Leisure Services	01/03/26		

Appendix 4 - For your information

Definitions for overall assurance opinions and recommendation ratings are shown below.

Improvement Actions - these are examples of how the Council could improve a process to be for example, more efficient or effective.

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 months.
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.