

Committee name: Audit

Committee date: 17/07/2024

Report title: Progress Report on Internal Audit Activity

- **Portfolio:** Councillor Kendrick, Cabinet member for an open and modern council
- **Report from:** Head of Internal Audit

Wards: All Wards

OPEN PUBLIC ITEM

Purpose

This report reviews the work performed by Internal Audit in delivering the Annual Internal Audit Plan for 2023/24.

Recommendations:

It is recommended that:

Members review progress with delivery of the 2023/24 Internal Audit Plan.

Policy framework

The council has five corporate priorities, which are:

- A prosperous Norwich.
- A fairer Norwich.
- A climate responsive Norwich.
- A future-proof Norwich.
- An open and modern council. This report meets the "An open and modern council" corporate priority.

This report helps to meet all above corporate priorities.

Report details

- 1. The Audit Committee receive updates on progress made against the annual internal audit plan. This report forms part of the overall reporting requirements to assist the Council in discharging its responsibilities in relation to the internal audit activity.
- 2. The Public Sector Internal Audit Standards require the Chief Audit Executive to report to the Audit Committee the performance of internal audit relative to its agreed plan, including any significant risk exposures and control issues. To comply with the above the report identifies:
 - Any significant changes to the approved Audit Plan;
 - Progress made in delivering the agreed audits for the year;
 - And where applicable will provide any significant outcomes arising from completed audits;
 - Provides an update on outstanding internal audit recommendations.

Consultation

3. Not applicable for this report.

Implications

Financial and resources

- 4. There are no specific financial implications from this report; the internal audit plan will be delivered from within the resources available.
- 5. There are no proposals in this report that would reduce or increase resources.

Legal

6. There are no specific legal implications from this report.

Statutory considerations

| Consideration | Details of any implications and proposed measures to address: |
|------------------------------------|---|
| Equality and diversity | Not applicable for this report |
| Health, social and economic impact | Not applicable for this report |
| Crime and disorder | Not applicable for this report |
| Children and adults safeguarding | Not applicable for this report |
| Environmental impact | Not applicable for this report |

Risk management

| Risk | Consequence | Controls required |
|--|---|--|
| Failure to undertake the Annual Internal Audit Plan could result in the Head of Internal Audit not being able to provide an annual opinion. | Insufficient Internal Audit coverage could permit on-going weaknesses in the internal control environment at the Council not being detected and reported upon. | Progress against completing the annual internal audit plan is reported to the Audit Committee in accordance with the Public Sector Internal Audit Standards. |

Other options considered

7. Not applicable for this report.

Reasons for the decision/recommendation

8. The Committee is receiving this report in conformance with the Public Sector Internal Audit Standards and to assure itself on the progress being made against planned audit activity.

Background papers:

Appendices:

Appended report: Progress & FU Report on the Internal Audit Plan for 2023/24

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Eastern Internal Audit Services



Norwich City Council Internal Audit Update - Progress and Follow Up Period Covered: 1 April 2024 to 25 June 2024

Responsible Officer: Teresa Sharman – Head of Internal Audit for Norwich City Council

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1. INTRODUCTION

- 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 Audit Committee on the performance of internal audit relative to its plan, including any significant risk exposures and control issues.
- 1.3 To comply with the above this report includes:
 - Any significant changes to the approved Audit Plan;
 - Progress made in delivering the agreed audits for the year;
 - Any significant outcomes arising from audits; and
 - Performance Indicator outcomes to date.

2. SIGNIFICANT CHANGES TO THE APPROVED INTERNAL AUDIT PLAN

2.1 The table below details all the audits which have been deferred or cancelled inn year since the Internal Audit Plan was approved in March 2023.

| Audit description | Nature of the change |
|--|---|
| Risk Management - NC2402 | Deferred to 24/25 to allow for a refresh of the Risk Register and a staff resource to be appointed to oversee risk management. |
| Staff Wellbeing - NC2312 | Deferred to 24/25 due to the appointment of the Senior Internal Auditor at the Consortium who will be doing this audit and to manage the large number of audits which are outstanding. |
| Accountancy Services -NC2406 | Deferred to 24/25 as the Key Controls audit coverage will duplicate some of these areas and there is sufficient finance control audit coverage in other finance areas as well. |
| Equalities - NC2422 | Deferred to 24/25 to manage the large number of audits which are outstanding. |
| Application Audit – CRM NC2425 | Deferred to 24/25 due to the system not yet fully implemented and live. |
| Non-Housing Capital Programme Management - NC 2412 | Deferred to 24/25 due to coincide with the new Asset Management Framework and the audit of this in 24/25. |

3. PROGRESS MADE IN DELIVERING THE AGREED AUDIT WORK

- 3.1 The current position in completing audits to date within the period stated above is shown in **Appendix 1**.
- 3.2 In summary, 263 days of programmed work have now been completed, equating to 95% of the Internal Audit Plan for 2023/24.

4. THE OUTCOMES ARISING FROM OUR WORK

4.1 On completion of each individual audit an assurance level is awarded using the following definitions

Substantial Assurance: Based upon the issues identified there is a robust series of suitably designed internal controls in place upon which the organisation relies to manage the risks to the continuous and effective achievement of the objectives of the process, and which at the time of our review were being consistently applied.

Reasonable Assurance: Based upon the issues identified there is a series of internal controls in place, however these could be strengthened to facilitate the organisation's management of risks to the continuous and effective achievement of the objectives of the process. Improvements are required to enhance the controls to mitigate these risks.

Limited Assurance: Based upon the issues identified the controls in place are insufficient to ensure that the organisation can rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Significant improvements are required to improve the adequacy and effectiveness of the controls to mitigate these risks.

No Assurance: Based upon the issues identified there is a fundamental breakdown or absence of core internal controls such that the organisation cannot rely upon them to manage risk to the continuous and effective achievement of the objectives of the process. Immediate action is required to improve the controls required to mitigate these risks.

4.2 Recommendations made on completion of audit work are prioritised using the following definitions:

Urgent (priority one): Fundamental control issue on which action to implement should be taken within 1 month.

Important (priority two): Control issue on which action to implement should be taken within 3 months.

Needs attention (priority three): Control issue on which action to implement should be taken within 6 months.

- 4.3 In addition, on completion of audit work "Operational Effectiveness Matters" are proposed, 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.
- 4.4 During the period covered by the report, six reports have been issued in final:

| Audit | Assurance | P1 | P2 | P3 |
|---|-------------|----|----|----|
| NC2418 Disabled Facilities Grants | Limited | 3 | 2 | 2 |
| NC2423 Customer Contact Team | Reasonable | 0 | 2 | 2 |
| NC2420 Parking and Civil Enforcement | Reasonable | 0 | 4 | 5 |
| NC2419 Waste Management | Substantial | 0 | 0 | 2 |
| NC2424 Starters, Movers, Leavers | Limited | 0 | 7 | 2 |
| NC2417 Housing Needs, Allocations, Homelessness and Housing Register | Substantial | 0 | 1 | 2 |

The Executive Summary for the above reports is provided at **Appendix 2**, a full copy of this report can be requested by Members.

4.5 As can be seen in the table above, as a result of this audit, 34 recommendations has been raised and agreed by management. There were zero operational effectiveness matters raised.

5. FOLLOW UP OF AGREED AUDIT RECOMMENDATIONS

- 5.1 In addition to providing the Committee with the performance of internal audit relative to its plan, the Public Sector Internal Audit Standards also require the Chief Audit Executive to establish a process to monitor and follow up management actions to ensure that they have been effectively implemented or that senior management have accepted the risk of not taking action.
- 5.2 To comply with the above this report includes the status of agreed actions. Currently, there are 29 outstanding recommendations. Two are rated as 'urgent', 13 as 'important' and 14 as 'needs attention'. A further 14 are not yet due for implementation.
- 5.3 As a result of audit recommendations, 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.
- 5.4 **Appendix 3** to this report shows the details of the progress made to date in relation to the implementation of the agreed recommendations. This appendix also reflects the year in which the audit was undertaken and identifies between outstanding recommendations that have previously been reported to this Committee and then those which have become outstanding this time round. A total of 28 (two 'urgent', 12 'important' and 14 'needs attention') recommendations are currently outstanding.

Appendices 4 to 6 provide 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.

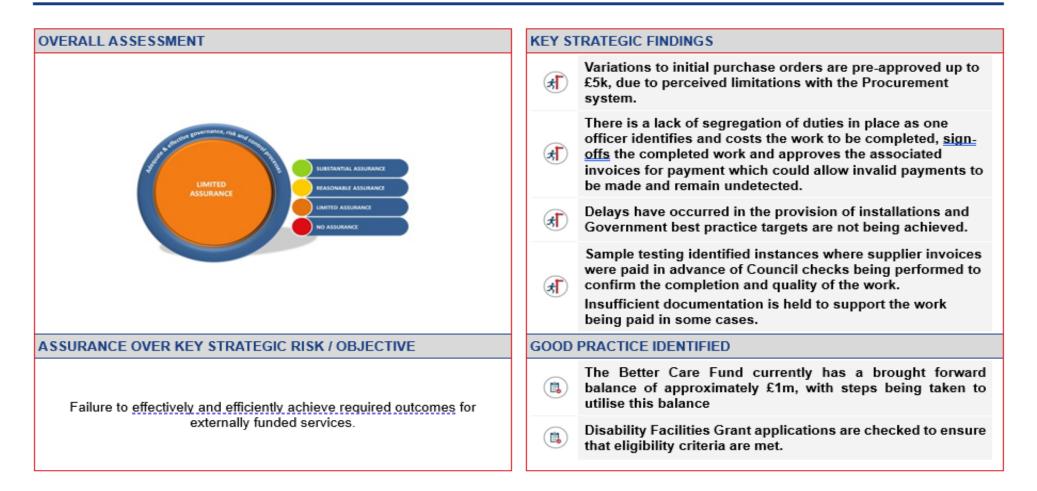
APPENDIX 1 – PROGRESS IN COMPLETING THE AGREED AUDIT WORK

| Audit Area | Audit Ref | No. of days | Revised Days | Days Delivered | Status | Assurance Level | | Recomme | endations | | Date to Committee |
|---|--------------|----------------|-----------------|-------------------|--|-----------------------|--------|-----------|--------------------|---------------|----------------------|
| | | | | | | | Urgent | Important | Needs Attention | Op Matters | |
| Quarter 1 | | | | | | | | | | | |
| Housing Benefits | NC2310 | 15 | 15 | 15 | Final report issued on 22 September 2023. | Reasonable | 1 | 0 | 3 | 1 | Oct-23 |
| Planned Maintenance - Investigation | NC2414 | 10 | 15 | 15 | Final report issued 30 January 2024 | N/a | 0 | 0 | 0 | 0 | Mar-24 |
| Anti-Social Behaviour | NC2416 | 12 | 12 | 12 | Final report issued on 3 August 2023. | Reasonable | 0 | 8 | 0 | 0 | Oct-23 |
| TOTAL | | 37 | 42 | 42 | | | | | | | |
| Quarter 2 | | | | | | | | | | | |
| Information Security and Data Compliance | NC2403 | 12 | 12 | 12 | Final report issued on 25 September 2023. | Reasonable | 0 | 2 | 6 | 4 | Oct-23 |
| Procurement and Contract Management | NC2405 | 15 | 15 | 15 | Final report issued 24 January 2024 | Reasonable | 0 | 3 | 1 | 2 | Mar-24 |
| Income - cash and bank | NC2408 | 10 | 10 | 10 | Final report issued 10 January 2024 | Substantial | 0 | 3 | 4 | 1 | Jan-24 |
| Business Continuity and Emergency Planning | NC2410 | 10 | 10 | 10 | Final report issued 7 November 2023. | Reasonable | 0 | 2 | 3 | 0 | Jan-24 |
| Housing Repairs and Void Management - NCSL | NC2415 | 15 | 15 | 13 | Draft issued 21 June 2024. | Limited | 3 | 3 | 5 | 0 | |
| Disabled Facilities Grants | NC2418 | 10 | 10 | 10 | Final report issued 18 March 2024. | Limited | 3 | 2 | 2 | 0 | Jul-24 |
| Parking and Civil Enforcement | NC2420 | 12 | 12 | 12 | | Reasonable | 0 | 4 | 5 | 0 | Jul-24 |
| Environmental Sustainability | NC2421 | 10 | 10 | 10 | Final report issued 5 February 2024 | Position Statement | N/a | N/a | N/a | N/a | Mar-24 |
| TOTAL | | 94 | 94 | 92 | | | | | | | |

| Waste Management - Biffa Contract | NC2419 | 10 | 10 | 10 | Final report issued 20 June 2024. | Substantial | 0 | 0 | 2 | 0 | Jul-24 |
|------------------------------------|---------|----|----|----|------------------------------------|-------------|---|-----|----------|----------|--------|
| Customer Contact Team | NC2423 | 12 | 12 | 12 | Final report issued 19 April 2024. | Reasonable | 0 | 2 | 2 | 0 | Jul-24 |
| Equalities | NC2422 | 10 | 0 | 0 | | Descention | 0 | 0 | | | |
| · | NC2422 | 10 | 0 | 0 | Deferred to 2024/25 | | | | | | |
| Management | 1102412 | 12 | v | 0 | | | | | | | |
| Non-Housing Capital Programme | NC2412 | 12 | 0 | 0 | Deferred to 2024/25 | | _ | | _ | | |
| Private Sector Housing Enforcement | NC2411 | 12 | 12 | 10 | Draft report issued 16 May 2024. | Limited | 2 | 4 | 2 | 1 | |
| Accounts Receivable | NC2407 | 10 | 10 | 8 | Draft report issued 11 June 2024. | Reasonable | 0 | 3 | I | 2 | |
| | | | - | | | Peacenable | 0 | 2 | 1 | 2 | |
| Accountancy Services | NC2406 | 16 | 0 | 0 | Deferred to 2024/25 | | | | | | |
| Key Controls and Assurance | NC2404 | 15 | 15 | 13 | Draft report issued 2 July 2024. | Reasonable | 1 | 3 | 2 | 0 | |
| | | | | | | Decemble | 4 | 2 | | | |
| Corporate Governance | NC2401 | 10 | | 6 | Fieldwork in progress. | | | | | | |
| | NC2401 | | 10 | 6 | | | | | | | |
| | | | | | | | | | | | |
| Staff Wellbeing | NC2312 | 12 | 0 | 0 | Deferred to 2024/25 | | | | | | |
| | NC0040 | 10 | 0 | 0 | Deferred to 2024/25 | | | | | | |
| Quarter 4 | | | | | | | | | | | |
| | | VI | | | | | | | | + + | |
| OTAL | | 57 | 47 | 44 | | | | | | | |
| · · · | | | | | | | | | | ↓ | |
| Homelessness and Housing Register | 1102417 | 12 | 12 | 12 | - mar oport 135000 20 0000 2024. | Substantial | v | ' ' | <u> </u> | l V | Jul-2 |
| lousing Needs, Allocations, | NC2417 | 12 | 12 | 12 | Final report issued 28 June 2024. | Substantial | 0 | 1 | 2 | 0 | Jul-24 |
| lousing Compliance | NC2413 | 20 | 20 | 17 | Draft report due to be issued | | | | | | |
| | | | | | | Reasonable | v | 1 | · · | , T | wal-2 |
| Council Tax and NNDR | NC2409 | 15 | 15 | 15 | Final report issued 1 March 2024 | Reasonable | 0 | 1 | 0 | 4 | Mar-2 |
| Risk Management | NC2402 | 10 | 0 | 0 | Deferred to 2024/25 | | | | | | |

APPENDIX 2 – FINAL AUDIT REPORT EXECUTIVE SUMMARIES

Executive Summary – Disabled Facilities Grants (DFG)

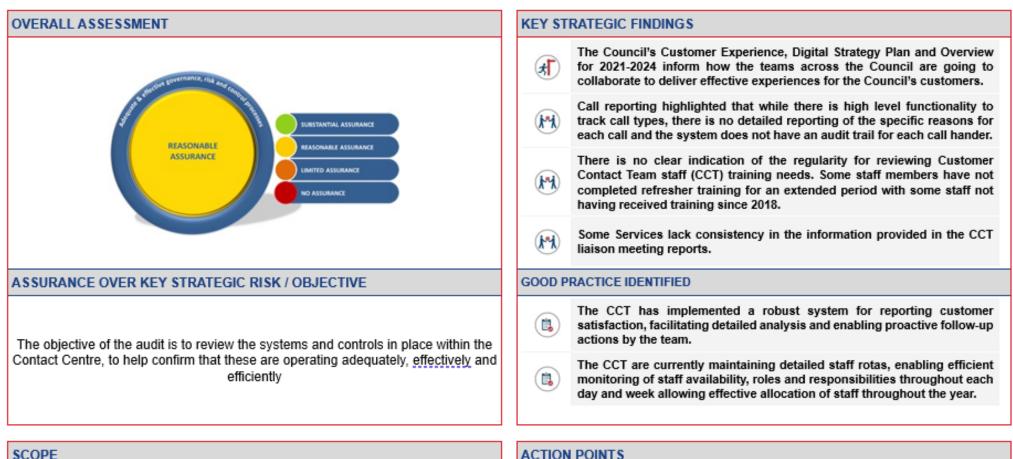


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A detailed review of the management of the DFG grant was undertaken covering the timeliness of assessment, approval, delivery and reporting of cases. Management of the grant budget was also assessed.

| ACTION POINTS | | | | | | | | |
|---------------|-----------|-----------------|-------------|--|--|--|--|--|
| Urgent | Important | Needs Attention | Operational | | | | | |
| 3 | 2 | 2 | 0 | | | | | |

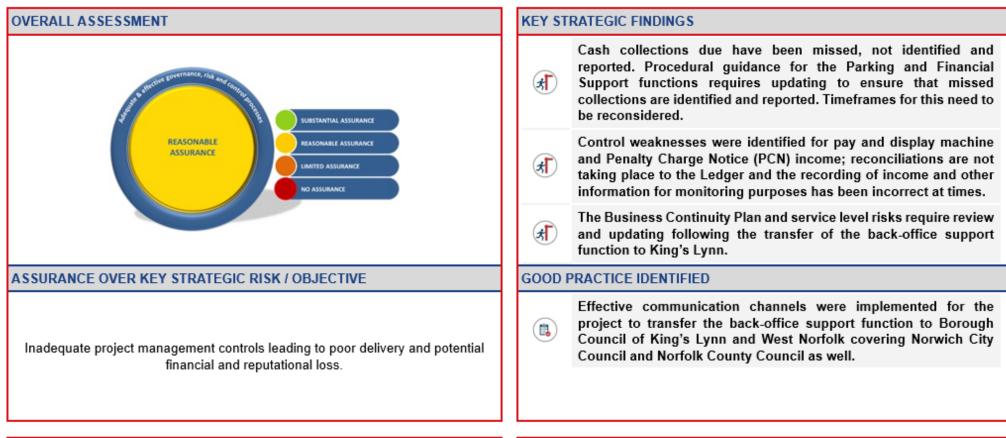
Executive Summary – Customer Contact Team



| 5 | c | U | P | E | |
|---|---|---|---|---|---|
| - | _ | _ | _ | _ | _ |

A corporate level risk has been raised in relation to the cost-of-living crisis impacting the demand for council services of which the customer contact team is impacted. This audit will provide assurance that the team is able to respond to an increase in demand, that customer calls are dealt with in accordance with the Council's documented expectations and that there is a culture of continuous improvement embedded in processes. UrgentImportantRoutineOperational0220

Executive Summary NC2420 Parking and Civil Enforcement

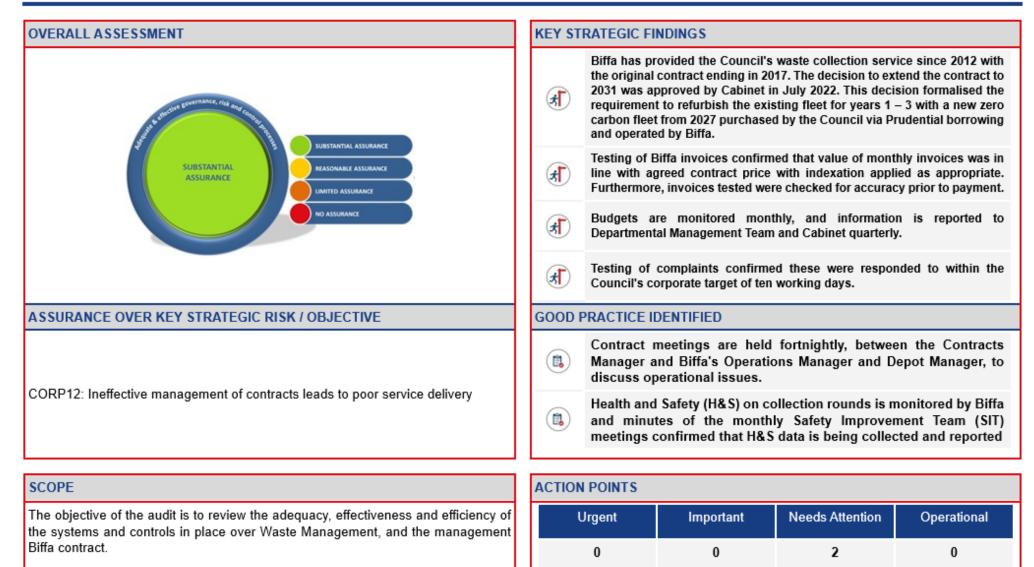


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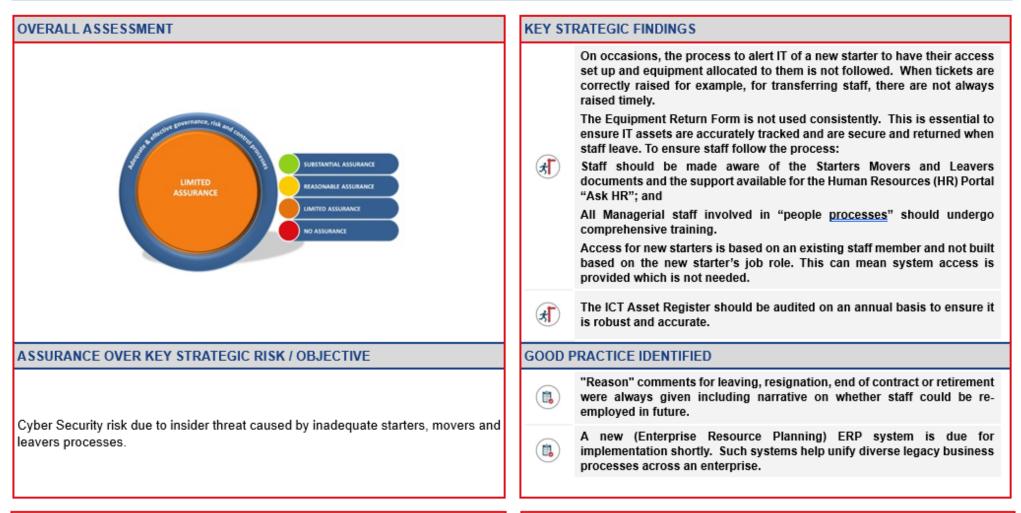
The objective of the audit is to review the systems and controls in place to help confirm that these are operating adequately, effectively and efficiently. The audit will provide assurance over the management of the project to transfer the car parking enforcement back-office systems to Borough of King's Lynn and West Norfolk. This will also include Project Planning; Performance Reporting/Monitoring; Risk

| ACTION POINTS | | | | | | | | |
|---------------|-----------|-----------------|-------------|--|--|--|--|--|
| Urgent | Important | Needs Attention | Operational | | | | | |
| 0 | 4 | 5 | 0 | | | | | |

Executive Summary – NC2419 Waste Management



Executive Summary - NC2424 Starters Movers Leavers

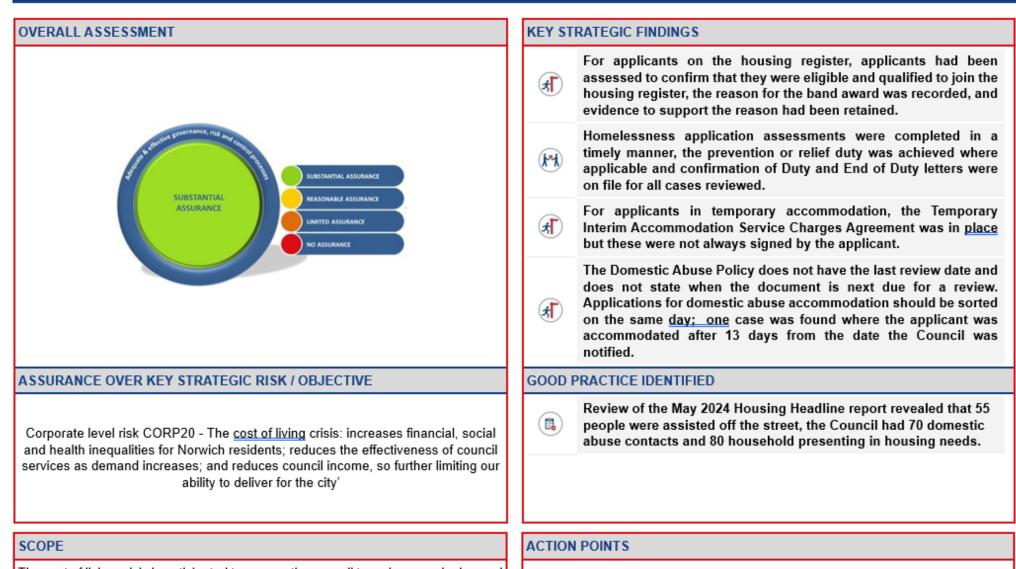


SCOPE

A corporate level risk has been raised relating to cyber security and highlights insider threat as a risk. The starters, movers & leavers process has not been reviewed recently. This audit looked at whether the IT department is given information in a timely manner to enable them to add, remove or update staff access to Council systems.

| ACTION POINTS | | | | | | | | |
|---------------|-----------|-----------------|-------------|--|--|--|--|--|
| Urgent | Important | Needs Attention | Operational | | | | | |
| 0 | 7 | 2 | 0 | | | | | |

Executive Summary – NC2417 Housing Needs, Allocations, Homelessness & Housing Register



The <u>cost of living</u> crisis is anticipated to expose the council to an increase in demand for this service. A corporate level risk has been raised covering this. This audit will provide assurance that the council is managing its homelessness obligations effectively, that performance information is robust and will review the councils approach to managing the housing register.

Urgent

0

Important

1

Operational

0

Need Attention

2

APPENDIX 3 – STATUS OF AGREED INTERNAL AUDIT RECOMMENDATIONS

| Audit Year | Audit Name | 1 | 2 | 3 | Total Outstanding as at 21/6/24 |
|------------|---|---|----|----|---------------------------------------|
| 2022/23 | Housing Benefits | 1 | | 1 | 2 |
| | Leasehold Management | | 1 | 1 | 2 |
| | Leisure | | | 1 | 1 |
| | Markets | | 2 | 1 | 3 |
| | Safeguarding | 1 | 1 | 1 | 3 |
| | Total | 2 | 4 | 5 | 11 |
| 2023/24 | Anti Social Behaviour | | 5 | | 5 |
| | Income - cash and bank | | | 1 | 1 |
| | Information Security and Data Protection Compliance | | 2 | 6 | 8 |
| | Parking and Civil Enforcement | | 1 | 2 | 3 |
| | Total | | 8 | 9 | 17 |
| Total | | 2 | 12 | 14 | 28 |

The following audits in the table above had a 'limited' assurance opinion: -

• Safeguarding 2022/23

APPENDIX 4 - OUTSTANDING 'URGENT' INTERNAL AUDIT RECOMMENDATIONS – ALL YEARS

| Job | Recommendation | Priority | Responsible Officer | Due Date | Revised Due Date | Status | Latest Response |
|------------------------------|---|----------|--|-------------|------------------------|-------------|--|
| Safeguarding 22/23 | It is suggested that a review of roles requiring a DBS check is carried out as a priority, with referral to the DBS for advice, if required, to determine legal eligibility, with non-responsive services escalated to SLT. Results of the review to inform a formally agreed Corporate Policy for initial and renewal checks. Assurance to be provided to SLT that all checks required are completed or brought up to date, with evidence of completion retained. | Urgent | Dawn Bradshaw, Head of HR, and OD | 31/07/2023 | N/A | Outstanding | Internal Audit have confirmed No.1 of the recommendation. 20 Jun 24 - List of posts, policy and evidence of monitoring by SLT to be sent to TIIA to close recommendation. |
| Housing Benefits 22/23 | Ensure a one-off reconciliation between the housing benefits system and the general ledger is completed, procedure notes are developed, and the reconciliation is carried out monthly going forward. | Urgent | Finance Manager (revenue) with delivery by service accountants responsible for their specific area. | 31/12/2023 | 01/04/2024 | Outstanding | 17 Jun 24 - Walkthrough for EY completed. Work is progressing to design a reconciliation pulling together existing reconciliations, data sources and resourcing. |

APPENDIX 5 - OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2022/23

| Job | Recommendation | Priority | Responsible Officer | Due Date | Revised Due Date | Status | Latest Response |
|----------------------------------|--|-----------|---|-------------|------------------------|-------------|--|
| Markets 22/23 | Maintain a record of gas and electrical safety checks for stalls | Important | Head of Environment Services | 31/03/2024 | N/A | Outstanding | 15 Feb 24 - Fire risk assessments complete and about to be reviewed. Gas and electrical assessments have been requested from stallholders and programme of approval in place as part of refreshed approach to management of leases. Control of contractors procedure in place for external contractors carrying out work on behalf of stall holders. Internal risk assessments being developed by markets team for all health and safety hazards on the market. 17 Jun 24: Gas and Water safety checks completed. Electrical safety checks are in progress. |
| Markets 22/23 | Create a Norwich City Council Market risk register to capture all the risks that are facing the service, which includes associated mitigations. | Important | Head of Environment Services | 31/03/2024 | N/A | Outstanding | 17 Jun 24: Risk register is completed. Copy to be provided to TIAA. Awaiting evidence. |
| Leasehold Management 22/23 | Review the method of calculating the horticultural maintenance charges to ensure full costs applicable are included in the leasehold service charges in the future. | Important | Gemma Mitchell – Housing Outcomes Manager | 01/09/2023 | 31/08/2024 | Outstanding | 06 Jun 24: Further meeting booked with the head of housing, tenancy services manager and housing income manager on Monday 10th June 2024 to discuss the way forward. |
| Safeguarding 22/23 | When the mandatory safeguarding adults and safeguarding children courses have been updated, management to implement monitoring controls going forward to ensure mandatory e-learning courses and renewals at defined intervals are completed by relevant staff. | Important | Dawn Bradshaw, Head of HR and OD | 31/07/2023 | N/A | Outstanding | 20 Jun 24: Evidence of SLT report detailing monitoring of mandatory training to be provided to close recommendation. |

APPENDIX 6 - OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2023/24

| Job | Recommendation | Priority | Responsible Officer | Due Date | Revised Due Date | Status | Latest Response |
|--|--|-----------|--------------------------------------|-------------|------------------------|-------------|---|
| Anti-Social Behaviour 23/24 | Management to review the appropriateness of current key performance measures, ensuring they are aligned with the revised Anti-Social Behaviour Policy. | Important | ASB Manager | 30/11/2023 | 30/09/2024 | Outstanding | 7 Jun 24: Due to the general election, June cabinet has been cancelled.Now scheduled for July Cabinet - still on track for revised due date |
| Anti-Social Behaviour 23/24 | Management to develop appropriate management reports, and introduce evidenced, monthly checking of such reports. | Important | ASB Manager | 31/01/2024 | 30/09/2024 | Outstanding | 7 Jun 24: Civica D360 is unable to manage ASB cases efficiently. We are working with our Digital Business Partner Jen Smithson to produce a bespoke case handling solution, incorporating reporting. Test build still underway and expect first iteration available summer 2024. |
| Anti-Social Behaviour 23/24 | Management to promptly issue the revised the Anti-Social Behaviour Policy, including appropriate reference to the requirements of The Charter for Social Housing Residents (Social Housing White Paper), and ensure that supporting process documentation reflects the revised Policy. | Important | Community Safety Manager | 31/10/2023 | 31/07/2024 | Outstanding | 7 Jun 24: Due to the general election, June cabinet has been cancelled. Now scheduled for July Cabinet - Please revise due date to 31 July 2024 |
| Anti-Social Behaviour 23/24 | Management to introduce a formal, monthly, quality checking process with results documented and fed back to team members for development purposes. | Important | ASB Manager | 31/10/2023 | 30/09/2024 | Outstanding | 7 Jun 24: Quality checking is taking place as part of officers 1-1s on a monthly basis. Once new system has been implemented, we will devise a form that can be completed in the system to provide more rigour. |
| Anti-Social Behaviour 23/24 | Management to promptly analyse the results of Post-Closure Complainant Satisfaction Surveys and develop an Action Plan to address the key concerns identified. | Important | ASB Manager | 30/09/2023 | 30/06/2024 | Outstanding | 21 Jun 24: Awaiting evidence for Recommendation to be closed as complete due to becoming BAU |
| Information Security and Data Protection Compliance 23/24 | Annual information governance statement to SLT and Cabinet / Members be produced, presented by the SIRO and DPO. | Important | Information Governance Manager | 31/12/2023 | 30/09/2024 | Outstanding | 20 Jun 24: Agreed with Monitoring Officer that this statement will be included within Annual Governance Statement. Evidence to be sent to TIAA. |
| Information Security and Data Protection Compliance 23/24 | Information Asset Register and Record of Processing Activities be reviewed to ensure that all processing purposes are correctly captured, and that all elements of the Article 30 requirements are included. | Important | Information Governance Manager | 31/12/2023 | 30/09/2024 | Outstanding | 20 Jun 24: ROPA and IAR have been updated. |
| Parking and Civil Enforcement 23/24 | The cash collection schedule and cash input spreadsheet to be fully updated for both on and off-street parking to ensure that cash collection is documented accurately. | Important | Head of Environmental Services | 22/04/2024 | 30/09/2024 | Outstanding | 17 Jun 24: Work in progress against the recommendation. |