



# NORWICH City Council

**Committee Name: Audit**

**Committee Date: 23/01/2024**

**Report Title: Progress Report on Internal Audit Activity 2023/2024**

**Portfolio:** Councillor Kendrick, cabinet member for resources

**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.

### **Recommendation:**

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:

- People live independently and well in a diverse and safe city.
- Norwich is a sustainable and healthy city.
- Norwich has the infrastructure and housing it needs to be a successful city.
- The city has an inclusive economy in which residents have equal opportunity to flourish.
- Norwich City Council is in good shape to serve the city.

This report helps to meet all above corporate priorities.

## Report Details

1. The Audit Committee receives 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.

## Legal

5. There are no specific legal implications arising from this report.

## Statutory Considerations

<b>Consideration:</b>	<b>Details of any implications and proposed measures to address:</b>
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

6. Not applicable for this report.

### Reasons for the decision/recommendation

7. 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:

None


### Appendices:

**Appendix 1** - Progress report on Internal Audit Activity for the period 1 Oct to 31 Dec 23

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## Eastern Internal Audit Services



### Norwich City Council

#### Progress Report on Internal Audit Activity

Period Covered: 1 October to 31 December 23

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## 1. INTRODUCTION

- 1.1 This report is issued to assist the Authority in discharging its responsibilities in relation to the internal audit activity.
- 1.2 The Public Sector Internal Audit Standards (PSIAS) 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 In accordance with the PSIAS, the annual internal audit plan should be reviewed on a regular basis and adjusted, when necessary, in response to changes on the organisation's business risks, operations, programmes, systems and controls.
- 2.2 Since the approval of the plan in March 2023, five audits have been deferred as detailed in the table below.

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.

### 3. PROGRESS MADE IN DELIVERING THE AGREED AUDIT WORK

3.1 The current position in completing audits to date within the financial year is shown in **Appendix 1**.

3.2 In summary 154 days of programmed work have now been completed, equating to 53% 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, Internal Audit has issued two final reports:

Audit	Assurance	P1	P2	P3
NC2405 Business Continuity and Emergency Planning	Reasonable	0	2	3
NC2408 Income - Cash and Bank	Substantial	0	3	4

The Executive Summary of this report is attached at **Appendix 2**.

- 4.5 As can be seen in the table above, as a result of this audit 12 recommendations have been raised. One Operational Effectiveness Matter has been proposed to management for consideration.
- 4.6 The recommendations from the formal investigation relating to the Social Housing Decarbonisation, Sustainable Warmth Competition and LAD1b grants received by the Council are associated with the inappropriate signing of contracts and use of the Council's seal by an unauthorised staff member. More details and progress with these will be provided to the Audit Committee by the S151 Officer at the meeting.

## 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.
- 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 78 (six urgent, 45 important and 27 needs attention) recommendations are currently outstanding. Twenty-three of the 78 outstanding recommendations are now deemed implemented by the Council and await auditor review and closure. A further 25 recommendations are not yet due for completion.
- 5.5 **Appendices 4, 5, 6 and 7** provide the committee with details of urgent and important priority recommendations that are overdue by the year in which they were raised. Management responses and a new deadline have been indicated for each where possible.

## 6. PROPOSAL

- 6.1 The Audit Committee are requested to receive the Progress Report. In doing so the Committee is ensuring that the Internal Audit Service remains compliant with professional auditing standards.



6.2 The Audit Committee are asked to receive the position in relation to the completion of agreed audit recommendations.

**7. RECOMMENDATIONS**

7.1 That the Audit Committee receive the final report on progress in relation to the completion of the Internal Audit Plan for 2023/24.

7.2 That Audit Committee discuss the position in relation to the completion of agreed internal audit recommendations as at 31 December 2023.

## APPENDIX 1 – PROGRESS IN COMPLETING THE AGREED AUDIT WORK

Audit Area	Audit Ref	No. of days	Revised Days	Days Delivered	Status	Assurance Level	Recommendations				Date to Committe
							Urgent	Important	Needs Attention	Op Matter	
<b>Quarter 1</b>											
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	14	Draft report issued 25 October 2023.						
Anti-Social Behaviour	NC2416	12	12	12	Final report issued on 3 August 2023.	Reasonable	0	8	0	0	Oct-23
<b>TOTAL</b>		<b>37</b>	<b>42</b>	<b>41</b>							
<b>Quarter 2</b>											
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	13	Draft report issued 1 November 2023.						
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	0	Audit being scoped.						
Disabled Facilities Grants	NC2418	10	10	8	Draft report in preparation.						
Parking and Civil Enforcement	NC2420	12	12	7	Fieldwork in progress.						
Environmental Sustainability	NC2421	10	10	8	Draft report issued 27 November 2023.						
<b>TOTAL</b>		<b>94</b>	<b>94</b>	<b>68</b>							



## APPENDIX 2 – EXECUTIVE SUMMARIES 2023/24

### Executive Summary – NC2410 Business Continuity and Emergency Planning





#### OVERALL ASSESSMENT





#### ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

This audit has sought to provide assurance over the following strategic risk:  
CORP06 - Failure to respond to a critical, business continuity or emergency planning event.

#### KEY STRATEGIC FINDINGS

-  Norwich County Council (NCC) is in the process of undergoing an Emergency Management Remediation Programme (EMRP), to be completed by 31st August 2024.
-  NCC also have a plan in place in connection with the EMRP, which includes milestones for key elements of delivery.
-  New Business Continuity Plans (BCPs) are in the process of being produced as part of the EMRP, to be completed by end of April 2024.
-  A testing timetable needs to be put in place and followed once Departmental BCPs have been produced.

#### GOOD PRACTICE IDENTIFIED

-  Control of Major Accident Hazards Regulations (COMAH) site - Briar Chemicals - has an up-to-date Norfolk Resilience Forum (NRF) External COMAH BCP in place.
-  NCC have access to and use the NRF Flood Response Plan 2022, which is due for review in December 2024.

## SCOPE

A corporate level risk has been raised regarding a failure to respond adequately to unexpected events. This audit was undertaken to provide assurance over the Council's preparedness for an emergency incident as a Category 1 responder. The audit focused on scenario planning, emergency response plans, stakeholder engagement and provides assurance that requirements of the Civil Contingencies Act 2004 have been met.

## ACTION POINTS

Urgent	Important	Needs Attention	Operational
0	2	3	0

## Executive Summary - NC2408 Income - Cash and Bank

### OVERALL ASSESSMENT



### ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

The audit has sought to provide assurance over the following key risk: "Non-compliance with key financial controls".

### KEY STRATEGIC FINDINGS



The Council should implement a regularly review process of access to restricted rooms to ensure only appropriate officers have access. This is currently not undertaken.



An agreement is in place with Royal Mail to deliver the mail at a certain time; however, mail is often delivered earlier and left in front of the postal room, exposing it to all staff. The Council should ensure the agreement is adhered to.



A Business Impact Analysis and Business Continuity Plan has been drafted; however, further development is required before it is signed off.



Further low priority recommendations have been raised relating to formalising procedure notes, strengthening controls for bank reconciliations, and ensuring appropriate resilience for key activities.



The overall assurance opinion is based on the control outcomes from testing of income, cash and banking controls. It does not reflect 'Important' recommendations 1 and 2 below, as these relate to control weaknesses outside of this area, but which still have an impact on the areas related to staff access and any finance postal mail received.

### GOOD PRACTICE IDENTIFIED



In the last few years, the Council has significantly reduced the number of cash and cheques received, thus increasing the amount of income received through more secure methods.



A new finance system is due to be implemented later this financial year. The new system will enable stronger built-in controls and automation.

### SCOPE

These key financial systems feed into the Head of Internal Audit Opinion and Statement of Accounts and require regular review to confirm the adequacy and effectiveness of controls. Where reviews are undertaken in earlier quarters, top up testing will be completed if required in the key controls audit to provide adequate coverage.

### ACTION POINTS

Urgent	Important	Needs attention	Operational
0	3	4	1

### APPENDIX 3 – STATUS OF AGREED INTERNAL AUDIT RECOMMENDATIONS

Audit Year	Audit Name	1	2	3
2020/21	TPR-Equality Duties			1
	TPR-Payroll		1	
	<b>Total</b>		<b>1</b>	<b>1</b>
2021/22	TPR-Accounts Payable		2	
	TPR-Capital Programme Management and Accounting	2		
	TPR-Environmental Services Audit of NCSL Contract 21/22		2	
	TPR-Health & Safety		6	1
	TPR-National Non Domestic Rates			1
	TPR-Off Payroll Working Compliance			2
	TPR-Risk Maturity Assessment		2	
	<b>Total</b>	<b>2</b>	<b>12</b>	<b>4</b>
2022/23	Anti Fraud and Corruption		2	1
	Buildings at Risk		3	1
	Contaminated Land and Air Quality		3	2
	FOI and Complaints		1	2
	Garden Waste Service		1	1
	Housing Benefits	1		1
	ICT-Cyber Security		1	2
	ICT-Disaster Recovery		2	
	Key Controls and Assurance	2	3	5
	Leasehold Management		1	3
	Leisure		1	
	Payroll		1	2
	Safeguarding	1	1	1
	Trees and Playground Equipment		5	1
	<b>Total</b>	<b>4</b>	<b>25</b>	<b>22</b>
2023/24	Anti Social Behaviour		7	
	<b>Total</b>		<b>7</b>	
<b>Total</b>		<b>6</b>	<b>45</b>	<b>27</b>

The following audits' recommendations are deemed implemented by the Council and await auditor review and closure: -

- Environmental Services 2021/22 (Limited assurance opinion) – 2 important recommendations
- Capital Accounting and Mgmt 2021/22 (Limited assurance opinion) – 1 urgent recommendation
- Buildings at Risk 2022/23 (Reasonable assurance opinion) – 1 important recommendation
- Leisure 2022/23 (Reasonable assurance opinion) – 1 important recommendation
- Payroll 2022/23 (Reasonable assurance opinion) - 1 important recommendation
- Anti-Fraud and Corruption 2022/23 (Reasonable assurance opinion) - 1 important recommendation
- Trees and Playground Equipment 2022/23 (Reasonable assurance opinion) - 3 important recommendations



- Cyber Security 2022/23 (Reasonable assurance opinion) - 1 important recommendation
- Disaster Recovery 2022/23 (Reasonable assurance opinion) - 2 important recommendations
- Key Controls & Assurance 2022/23 (Reasonable assurance opinion) - 2 important recommendations
- Garden Waste 2022/23 (Reasonable assurance opinion) - 1 important recommendation
- FOI & Complaints (Reasonable assurance opinion) - 1 important recommendation
- Anti-Social Behaviour 2023/24 (Reasonable assurance opinion) - 1 important recommendation.

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

- Environmental Services 2021/22
- Health and Safety 2021/22
- Capital Accounting & Management 2021/22
- Safeguarding 2022/23
- All the other audits had a 'reasonable' assurance opinion.

#### APPENDIX 4 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2020/21

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Payroll	Complete the signing of the co-operation agreement with Sefton.	Important	Dawn Bradshaw, Head of HR and OD	31/7/2022	30/9/2022	Outstanding	The Schedule of Variations from the agreement has been provided, which includes "Addition of requirement to provide assurance statement to evidence robust controls over payroll IT systems and processes."

#### APPENDIX 5 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2021/22

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Risk Maturity Assessment	A risk management training programme to be developed for relevant Council staff, highlighting roles and responsibilities and give practical tips for the identification and articulation of risk.	Important	Neville Murton, Interim Head of Finance, Audit and Risk	30/09/2022	31/1/2024	Outstanding	10 Jan 24 - New Head of Finance and Head of Internal Audit to meet January 2024 to discuss and agree way forward.  This will be addressed once the new Head of Internal Audit is in post by the end of December 2023.
Risk Maturity Assessment	The Risk Management Policy and Strategy to be reviewed to clarify the following points: 4.5.1 Review the wording of the updated Risk Management Policy & Strategy and ensure that it includes details about when risks should be de-escalated.4.5.2 The council should specify responsibilities for risk control action owners.	Important	Neville Murton, Interim Head of Finance, Audit and Risk	30/09/2022	31/3/2024	Outstanding	11 Jan 24 – new revised due date.  5/6/23: Policy updated but approval for SLT not expected till June 28th, hence revised target date of end July.
Accounts Payable	The council's 'No PO, no Pay' policy to be formally documented and re-launched with staff and suppliers.	Important	Neville Murton, Interim Head of Finance, Audit and Risk	31/10/2022	1/02/2024	Outstanding	10 Jan 24 - Revised Go Live now confirmed for 1st February 2024.
Accounts Payable	As part of formalising the 'No Purchase Order No Pay' policy, an 'Exceptions' List be created, listing the instances in which a PO is not required prior to purchasing.	Important	Neville Murton, Interim Head of Finance, Audit and Risk	31/10/2022	1/02/2024	Outstanding	10 Jan 24 - Revised Go Live now confirmed for 1st February 2024.

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Environmental Services	An annual timetable is prepared and shared with NCSL, so that contract requirements that require reviews and documentation by either party are visible and monitored.	Important	Andy Summers, Head of Environment Services	31/07/2023	N/A	Implemented awaiting review and closure	10 Jan 24 - Implemented, awaiting auditor confirmation and closure.
Environmental Services	The Corporate Health & Safety Board to receive a Health and Safety report from NCSL and include a set of metrics for agreement. In future years to be presented and agreed in line with the provisions of the contract, which is "the Parties shall agree a set of such Metrics not more than four (4) weeks before the anniversary of the Service Commencement Date".	Important	Andy Summers, Head of Environment Services	30/04/2023	31/7/2023	Implemented awaiting review and closure	10 Jan 24 - Implemented, awaiting auditor confirmation and closure.
Health and Safety	The Council to ensure that all reportable Health and Safety incidents/accidents and near misses from other areas of the business such as the Norman Centre and the Halls are provided to the Health and Safety Officer so that these can be included within the Council's overall statistics and reported to the H&S boards and JCNC.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	30/04/2023	31/03/2024	Outstanding	Action plan in place following an independent audit by Human Applications, a company specialising in H&S. They came up with 11 or 12 recommendations. The action plan goes to Board every meeting (every 6 weeks) and is a standing item. Actions are being worked through depending on priority and risk. Revised due date - end of March 2024
Health and Safety	The approach to general risk assessments and office inspections as well as the completion of the office inspection checklists should be documented and implemented within the Health and Safety policy and communicated to staff.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	31/03/2023	31/03/2024	Outstanding	As above.
Health and Safety	Develop a system to ensure that risk assessment actions are adhered to and compliance reported to the H&S Officer.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	31/03/2023	31/03/2024	Outstanding	As above.
Health and Safety	Develop a system to ensure that the office inspections are regularly undertaken and supported by a Health and Safety trained individual. A log should be kept of outcomes and identified actions should be followed up. Consider whether to reinstate annual walkarounds with a member of Unison around City Hall. Ensure that:- A log is kept of the findings and resulting actions- Outcomes are reported to the H&S Board.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	31/03/2023	31/03/2024	Outstanding	As above.

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Health and Safety	The Health and Safety officer to quarterly request data from the L&D team for the mandatory introductory e-learning H&S module. This data to be sorted by directorate and presented to H&S quarterly and CLT annually for awareness and to prompt an improvement in uptake. Overall uptake figures to be included within H&S performance statistics provided to the JCNC for monitoring.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	31/03/2023	31/03/2024	Outstanding	As above.
Health and Safety	Develop measurable objectives for improvement of H&S at the council. Such as: • number of reported accidents and incidents per employee • Lost time injury incidence rate • Actions taken to address/reduce in future.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	31/01/2023	31/03/2024	Outstanding	As above.
Capital Accounting and Management	Minutes of meetings to discuss capital project progress are taken and include agreed actions, with a link to any supporting reports from Property Services. Reports to include highlights, risks and issues as appropriate.	Urgent	Resources, Performance and Delivery Board	30/11/2022	31/7/2023	Outstanding	See update below.
Capital Accounting and Management	All capital projects for the year are monitored for delays in works, to ensure the expenditure to date is reasonable for the works that have been completed, records are retained as to reasons with agreed actions to be taken, and that for each capital project, on the schedule included in the performance reports to Cabinet, there is a brief comment relating to progress and budget as appropriate.	Urgent	Neville Murton, Interim Head of Audit, Finance and Risk	30/11/2022	30/06/2024	Implemented awaiting review and closure	11 Jan 24 - A Capital Board has been established, which will provide the basis for a regular review of both business cases for new investment and monitoring of the delivery and slippage of existing projects. Capital monitoring is reported as a discreet part of the quarterly report to Cabinet, with appendices providing additional information about individual projects and proposals for additions or changes to the overall programme. This recommendation can be closed down.  Implemented, awaiting auditor confirmation and closure.

## APPENDIX 6 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2022/23

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Buildings at Risk	A process to be implemented which monitors progress on agreed actions assigned to Officers arising from HAR meetings. In addition, it is suggested that a mechanism should be developed for monitoring when properties have last been inspected/contacted.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	30/11/2022	30/11/2023	Outstanding	Action points for individual Officers have been noted in the minutes taken at the 08 September meeting, the monitoring process for these action points and the proposed recording and monitoring of building inspections and owner/tenant contact remains to be devised. The Heritage at Risk portfolios for individual Officers will be drawn up when the full Conservation & Design Team are assembled in October/November 2023. Each individual Officer will then be responsible for recording and monitoring building inspections, contact with owners/tenants and comments received from the public. The overall register will be monitored by the Conservation & Design Team Leader.
Buildings at Risk	Set up Heritage and Risk meeting timetable with all relevant stakeholders.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	30/11/22	30/9/2023	Implemented awaiting review and closure	Recommendation changed to implemented, awaiting auditor confirmation and closure.
Buildings at Risk	To produce internal procedures that complement and expand upon the external policies produced by Historic England. Consideration given to the following: - Standard means of applying and documenting rationale for allocated risk level and priority- Outline process for inspections/outreach with owners, including risk-based timescales, and reference to the Heritage England guide for enforcement actions - Requirements for evidence retention and file management.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	31/05/2023	31/12/2023	Outstanding	Procedures will be discussed at the September 2023 meeting, following which this recommendation will be completed.
Leisure	Finalise and sign the contract for Riverside Leisure Centre.	Important	Helen Chamberlin, Head of Strategy, Engagement and Culture	31/01/2023	31/7/2023	Implemented awaiting review and closure	11 Jan 24 - This recommendation has been completed and the contract is now signed. Evidence has been sent to internal Audit to demonstrate this.

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
							Implemented, awaiting auditor confirmation and closure.
Payroll	Management to ensure that the Payroll Control Account is reconciled within 30 working days of the month end, with all reconciling entries promptly investigated and actioned. The reconciliations should be signed and dated by the preparer and an evidenced reviewer performed by an appropriate officer.	Important	Gareth Robinson, Interim Head of Finance	30/06/2023	N/A	Implemented awaiting review and closure	10 Jan 24 - The payroll account has been reconciled for the first two quarters. The development of procedure notes and a formal process for signing off the reconciliation is being finalised to reflect the new system. This can be closed down.  Implemented, awaiting auditor confirmation and closure.
Anti-Fraud and Corruption	Prepare an annual fraud plan and obtain approval from Audit Committee. The plan to cover all areas of the local authority's business and include activities undertaken by contractors and third parties or voluntary sector activities. All activity such as prevention, detection, investigation, sanctions and redress to be covered.	Important	Neville Murton, Interim Head of Audit, Finance and Risk	31/07/2023	N/A	Implemented awaiting review and closure	10 Jan 24 – This has been prepared.  Implemented, awaiting auditor confirmation and closure.
Anti-Fraud and Corruption	For the working Group to confirm that the RIPA and CCTV action plan has been completed and that the first report has been provided to members covering requirements of the Home Office Covert Surveillance and Property Interference Code of Practice	Important	Neville Murton, Interim Head of Audit, Finance and Risk	31/07/2023	N/A	Outstanding	New update required.
Leasehold Management	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	Bob Granville, Interim Head of Housing & Community Safety	01/09/2023	N/A	Outstanding	No update received.
Contaminated Land and Air Quality	Management to ensure that an authorised end to end, version controlled, process document is established for the identification and management of Contaminated Land, and for the measurement and statutory reporting of Air Quality. Regular reviews should be performed to ensure that the process document remains accurate.	Important	Sarah Ashurst, Head of Planning and Regulatory Services	30/09/2023	31/12/2023	Outstanding	Several documents require reviewing and updating, a few of which are already in review stages. Due to staffing and workloads, this has not yet been completed. It is aimed that the remainder of the documents will be updated by end of December 2023.
Contaminated Land and Air Quality	Management to ensure that the Contaminated Land New Prioritisation List is: - comprehensively reviewed to ensure that it is complete and accurate, with correct risk ratings applied to all entries;	Important	EP Team Leader / EH Manager / EP Officer	31/12/2023	N/a	Outstanding	No update received.

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
	-password protected to avoid unauthorised access.						
Contaminated Land and Air Quality	Management to ensure that, once resource allows: - a programme of inspections of potentially contaminated sites is established, initially focussing on sites deemed high risk; - comprehensive, dated, records are retained of all desk based reviews and site visits, with performance against the established programme monitored at regular intervals.	Important	EP Officer / EP Team Leader	31/12/2023	N/a	Outstanding	No update received.
Safeguarding	<ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Assurance to be provided to SLT that all checks required are completed or brought up to date, with evidence of completion retained.</li> </ol>	Urgent	Dawn Bradshaw, Head of HR and OD	31/07/2023	N/A	Outstanding	Internal Audit have confirmed No.1 of the recommendation but No.2 has yet to be confirmed as completed,
Safeguarding	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	Communication to workforce to complete mandatory e-learning by 31 July 2023. Report to be provided to share with SLT re last stats of those completed/outstanding.
Trees and Playground Equipment	Management should implement controls to ensure that: all open defects categorised as high risk on the Defect Tracking Summary Report, are promptly reviewed and actioned as necessary; the Defect Tracking Summary Report contains sufficiently detailed notes to allow effective monitoring of all open defects; all necessary reactive maintenance identified is completely and accurately recorded on the Defect Tracking Summary Report; evidenced review is periodically performed of the Defect Tracking Summary Report; the Play Service Management and Safety Procedure is enhanced to provide greater detail on the process to be undertaken for the recording and	Important	Andy Summers, Head of Environment Services	31/07/2023	N/A	Implemented awaiting review and closure	<p>10 Jan 24 - Completed.</p> <p>All high-risk items identified are reviewed monthly at play safety meeting to ensure actioned within agreed time frames and sufficient details of action are recorded.</p> <p>Play service management and safety procedure has been updated to provide further detail on the process of identifying and actioning reactive work. Document signed off by ROSPA.</p>

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
	actioning of necessary reactive maintenance identified						Implemented, awaiting auditor confirmation and closure.
Trees and Playground Equipment	Management should discuss with NCSL the adoption of the dedicated Ezetreev module to manage tree work orders.	Important	Andy Summers, Head of Environment Services	31/07/2023	31/03/2024	Outstanding	12 Jan 24 – Incomplete. Work still ongoing with Ezytreev and NCSL.  Aim to have complete by 31.3.24
Trees and Playground Equipment	Management to clarify and confirm the responsibility for undertaking tree inspections in council owned residential and commercial properties and ensure that appropriate risk assessments are undertaken.	Important	Andy Summers, Head of Environment Services	31/03/2023	31/03/2024	Outstanding	10 Jan 24 - Ongoing. Policy being reviewed by consultant. Aim to have complete by 31.3.24
Trees and Playground Equipment	Management should develop a master list of play equipment sites, detailing necessary inspection frequencies, which is agreed to the working lists maintained by the various inspection teams at defined intervals.	Important	Andy Summers, Head of Environment Services	31/12/2023	N/A	Implemented awaiting review and closure	10 Jan 24 - Completed. Routine and operational inspections detailing frequencies within the same document.  Implemented, awaiting auditor confirmation and closure.
Trees and Playground Equipment	Management should implement controls to ensure that all play equipment sites recorded on the NCSL play equipment quarterly inspection schedule are reviewed for correct categorisation of inspection frequency, amended as necessary, with required physical inspections promptly performed, and that all joint inspections are undertaken at the scheduled time.	Important	Andy Summers, Head of Environment Services	31/12/2023	N/A	Implemented awaiting review and closure	10 Jan 24 - Completed. Operational and routine inspections reviewed at monthly meeting, NCSL provide completion data and summary highlighting any issues with necessary action determined in meeting. Outcomes from joint inspection reviewed monthly at meeting to ensure action, time frames etc. next inspection scheduled in with relevant officers.  Implemented, awaiting auditor confirmation and closure.
Cyber Security	The Council to investigate utilising a service offered by the brokers, Cyber Assist (or similar).Risk: Recovery costs incurred following a Cyber incident far exceed insurance premiums and excess.	Important	IT Infrastructure, Security & Support Manager	22/12/2023	N/A	Implemented awaiting review and closure	10 Jan 24 - Complete. Report provided by AJG (third party assessor). This is now closed.  Implemented, awaiting auditor confirmation and closure.
Disaster Recovery	The Business Continuity Steering Group to carry out a review of disaster recovery plans to ensure information contained therein is up to date, reliable	Important	IT Infrastructure Manager	31/12/2023	N/A	Implemented awaiting	10 Jan 24 - Complete. The Resilience Officer meets the Executive Leadership Team.



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	<p>and is fully approved by the organisation. The Council to ensure that these be distributed as necessary.</p> <p>Mgmt comments: - Following discussions, it has been decided that the BC Steering Group will not continue to meet. Therefore, the Resilience Officer and IT Infrastructure Manager will co-ordinate a meeting with key stakeholders to discuss the draft Disaster Recovery Plans. Once agreed, the plans will be discussed at CLT which will act as final approval.</p>					review and closure	Implemented, awaiting auditor confirmation and closure.
Disaster Recovery	The Council to establish logs of contractor visits to enable auditing of the Disaster Recovery site access.	Important	Facilities Management	30/11/2023	N/a	Implemented awaiting review and closure	Implemented, awaiting auditor review or evidence and closure.
Housing Benefits	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	10 Jan 24 - A new reconciliation has been designed to reconcile the HFI rents system output to the General Ledger. The reconciliation has been used to reconcile the first two quarters of FY 2023/24. The procedure notes for the new reconciliation process are in the process of being developed.
Key Controls and Assurance	Develop a corporate approach on the collection of debt for the Council to strengthen it and ensure processes align, especially where customers have debt in multiple areas of the Council. The policy should include the processes for write-offs and provide clarification regarding how delegated limits are to be applied to multiple concurrent write-offs for the same debtor. Once developed, provide training for relevant officers. The Council to review, update and approve financial procedures making all relevant staff aware of requirements included within. In addition, any Council Tax cases which are paused on request of Council members need to be regularly reviewed with the reasons for continuing the pause documented.	Urgent	Head of Finance, Audit & Risk	31/12/2023	30/06/2024	Outstanding	10 Jan 24 - The Council takes debt recovery seriously and has embarked on a project to not only improve collection but to look at future opportunities to streamline processes, with the intention to bring debt recovery into a central team. A Debt Management project is currently underway having commenced with the discovery phase in mid-September. One of the project deliverables is to produce a Council-wide Debt Recovery policy which will include authorisation limits and a write-off policy. This will be delivered in Phase 2 of the project, which will commence after the majority of the as-is processes are mapped. It is anticipated phase 2 will run alongside phase 1 and is likely to commence no later than

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							June 2024. Once the new ERP system is fully up and running new process maps will be completed to complement the system training notes/videos currently being prepared. Of the 2 NNDR cases noted, one has been resolved with the appeal being successful, and the second case is still waiting to be heard. Recovery action on all Council Tax and NNDR debts has recommended fully.
Key Controls and Assurance	Ensure the one-off reconciliation between the housing rent system and the general ledger is completed, procedure notes are developed, and the reconciliation is carried out monthly going forward.	Urgent	Senior Finance Business Partner	31/12/2023	01/03/2024	Outstanding	10 Jan 24 - A new reconciliation has been designed to reconcile the HFI rents system output to the General Ledger. The reconciliation has been used to reconcile the first two quarters of FY 2023/24. The procedure notes for the new reconciliation process are in the process of being developed.
Key Controls and Assurance	Ensure reconciliations are reviewed and signed off by an independent officer. For daily reconciliations, implement a rota to ensure potential errors are identified in a timely manner.	Important	Corporate Finance Business Partner / Finance Business Manager	31/12/2023	30/04/2024	Outstanding	10 Jan 24 - Treasury Management reconciliation amended to include sign off by a separate officer. The implementation of the new ERP provides the ideal opportunity for the revision of business processes ahead of the new financial year 2024/25.
Key Controls and Assurance	Remind staff of the importance of segregation of duties when raising and authorising purchase orders. For the new system, implement controls which prevent self-authorisation of purchase orders	Important	Strategic Procurement Manager and Head of Finance, Audit & Risk	31/12/2023	N/A	Implemented awaiting review and closure	10 Jan 24 - Complete 12.1.24. Implemented, awaiting auditor review or evidence and closure.
Key Controls and Assurance	Review the list of set up Direct Debits and confirm that they should still be active. Ensure that supporting evidence of their set up and authorisation is held at the Council.	Important	Corporate Finance Business Partner	30/9/2023	N/A	Implemented awaiting review and closure	10 Jan 2024 - Eighteen Direct debits have been identified as active against the Councils General Account. Work to verify the direct debits has been undertaken and is almost complete. There remains four direct debits where the final verification work is required and this has been chased with the Budget Holder. No new direct debits will be set up without approval from the

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							<p>S151 officer going forward. On this basis the recommendation has been implemented and should be closed down.</p> <p>Implemented, awaiting auditor review or evidence and closure.</p>
Garden Waste	The Council to ensure that contractually required joint inspections are taking place weekly.	Important	Head of Environment Services	31/12/2023	N/A	Implemented awaiting review and closure	<p>10 Jan 24 - Complete 12.1.24.</p> <p>Implemented, awaiting auditor review or evidence and closure.</p>
FOI & Complaints	The Customer Experience Lead to consider the following activities with a view to further improve the Councils approach to responding to FOI/EIR and Complaints; Lean process review to understand whether the current process can be streamlined as the new CRM platform (Civica D360) is deployed. Providing training/guidance for service areas responding to complaints (complaints handling) to outline how complaints should be responded to in accordance with the council's values. A sample check of complaints regularly undertaken to highlight themes for lessons learned. Where responses are consistently not provided by service area in accordance with the agreed timeframes, this to be formally escalated to CLT.	Important	Customer Experience Lead	31/3/2023	30/9/2023	Implemented awaiting review and closure	<p>The new lean processes for complaints, FOI/EIR have been developed in the council's new CRM, Civica D360. Training for these processes has been rolled out and is due to go live the end of October 23.</p> <p>Complaint handling/best practice training is rolled out each year and this is provided by the ombudsman. We have two sessions run this year in Feb and Oct.</p> <p>Reports of performance are taken to SLT on a regular monthly basis, and this includes themes and trends for services areas to address. We will progress this once we have the new process and reporting in place. Lessons learnt reporting has been developed in the new system and will enable better analysis for all complaints (not just sample), and the findings will be incorporated within the updates to SLT.</p> <p>Implemented, awaiting auditor review of evidence and closure</p>

## APPENDIX 7 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS – 2023/24

Audit	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Anti-Social Behaviour	Management to review all cases over 80 days old to ensure that appropriate action has been taken and that they are valid to remain open	Important	Bob Granville, Interim Head of Housing & Community Safety	31/08/2023	N/A	Outstanding	<p>23/08: In respect of the over 80 day report, our triage officer who will be running these reports is on leave this week, but these will be run on his return and monthly thereafter.</p> <p>29/08: We should be able to forward proof regarding the reporting being completed later this week, the responsible officer has been asked to produce the reports at the end of each month.</p> <p>Comment audit: Informed service that it can be closed once evidence is provided.</p>
Anti-Social Behaviour	Management to develop an Action Plan to facilitate delivery of key supporting elements to the revised Anti-Social Behaviour Policy in a controlled and effective manner.	Important	Bob Granville, Interim Head of Housing & Community Safety	31/08/2023	N/A	Outstanding	23/08: The Action plan is under draft and should be completed this next week, however the policy is taking slightly longer to re-draft than expected due to operational requirements. The first draft to be completed in the Autumn now.
Anti-Social Behaviour	Management to promptly analyse the results of Post-Closure Complainant Satisfaction Surveys and develop an Action Plan to address the key concerns identified.	Important	Bob Granville, Interim Head of Housing & Community Safety	30/09/2023	N/A	Outstanding	11 Jan 24 - Analysis underway and action plan under construction
Anti-Social Behaviour	Management to ensure that tenant consultation is performed on the draft, revised, Anti-Social Behaviour Policy and results are reflected in the Policy prior to finalisation.	Important	Bob Granville, Interim Head of Housing & Community Safety	30/09/2023	N/A	Implemented awaiting review and closure	<p>11 Jan 24 - Consultation undertaken with TIP, Police, Safer Norwich Board and via website. Can now be marked as completed.</p> <p>Implemented, awaiting auditor review or evidence and closure.</p>
Anti-Social Behaviour	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	30/06/2024	Outstanding	11 Jan 24 - Revised ASB Policy implementation has been delayed. Therefore, new KPI implementation also delayed. Expected at June Cabinet.
Anti-Social Behaviour	Management to promptly issue the revised the Anti-Social Behaviour Policy, including appropriate reference to the requirements of The	Important	Community safety manager	31/10/2023	30/06/2024	Outstanding	11 Jan 24 - ASB Policy not yet approved.

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	Charter for Social Housing Residents (Social Housing White Paper), and ensure that supporting process documentation reflects the revised Policy						Consultation completed, with few suggestions for improvement and will now go to Cabinet in June.
Anti-Social Behaviour	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	30/03/2024	Outstanding	11 Jan 24 - Team Leaders are piloting quality checks across team. Period extended to allow for sufficient numbers to ensure fit for purpose