NORWICH City Council

Committee name: Audit

Committee date: 23/09/2025

Report title: **Progress Report on Internal Audit Activity**

Portfolio: **Councillor Harper, Cabinet Member for Finance and Major Projects**

Report from: **Head of Internal Audit**

Wards: **All Wards**

OPEN PUBLIC ITEM

Purpose

1.1 This report reviews the work performed by Internal Audit in delivering the Internal Audit Plan for 2024/25.

1.2 **Recommendations:**

It is recommended that:

Members review progress with delivery of the 2024/25 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.

Introduction and background

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. 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;
- Any significant outcomes arising from completed audits where applicable; and
- 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 Internal Audit Standards.

Other options considered

7. Not applicable for this report.

Reasons for the decision/recommendation

8. The Committee is receiving this report to assure itself on the progress being made against planned audit activity.

Background papers: None

Appendices:

Appendix A - Progress Report 2024/25

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IN TRAN communication for all	If you would like this agenda in an alternative format, such as a larger or smaller font, audio or Braille, or in a different language, please contact the committee officer above.

Appendix A

EASTERN INTERNAL AUDIT SERVICES

NORWICH CITY COUNCIL

Progress Report 2024/25

Head of Internal Audit: Teresa Sharman

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Progress at a glance

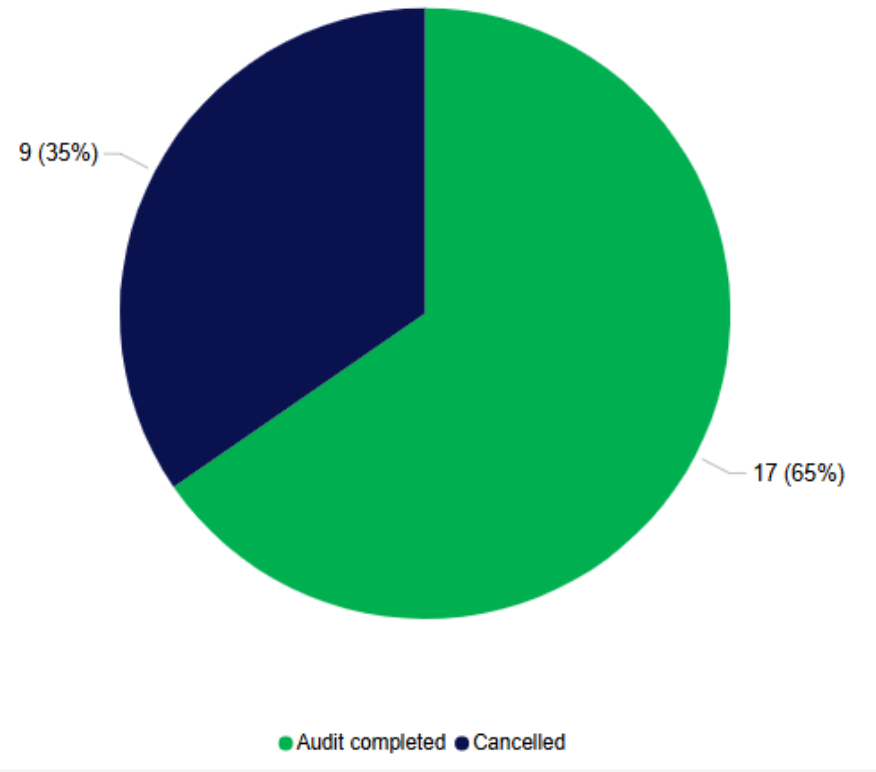
17
Audits in 2024/25 Audit Plan

2
Urgent Recs Raised

15
Important Recs Raised

21
Routine Recs Raised

2
OEMs Raised



20
Outstanding Recommendations
1 Urgent
8 Important
11 Routine

Oldest – 2023/24

Health & Safety Statutory Compliance – housing and non-housing assets
2 important, 1 routine

Housing Repairs and Void Management – NCSL
3 important, 3 routine

eias
Providing quality public sector internal audit

Executive Summary

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

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

Changes to the 2024/25 Audit Plan

Since the Internal Audit Plan was approved, the following changes have been made during the year: -

Audit	Nature of the change
Planned Housing Maintenance	This audit had been cancelled for 2024/25 because the contracts for this work are currently being procured. The audit was providing assurance that a programme of planned works had been established, procured and contracts were in place and being adequately monitored and managed for completion on time and to budget, and in terms of quality of work.
Application Audit – CRM	This audit had been cancelled for 2024/25 because the new CRM system has yet to go live. The audit was providing assurance on the governance of the new system, had it gone live.
Website Refresh Project	This audit had been cancelled for 2024/25 because only the workflows are being replaced this year, not the content. The audit was providing assurance on the replacement website project Phase 1. This audit was replaced with the Network Infrastructure audit.
Staff Wellbeing	This advisory work has been deferred to 2025/26, and they days are being used on the Planned Regulatory System (PRS) Digitalisation project.
Housing Repairs and Void Management – NCSL	This audit had been cancelled for 2024/25 to allow more time to implement the recommendations from the 2023/24 audit. The audit was providing assurance that repairs for voids (revenue expenditure) and urgent, emergency and routine repairs were being actioned timely and appropriately managed.

		Information Security & Data Protection Compliance	This audit had been cancelled for 2024/25 because the Sharepoint migration project had been rescheduled. The audit was providing assurance on the migration of data to Sharepoint to ensure that once in Sharepoint, data is held and retained in accordance with data protection regulations.
		Social Housing Delivery	This audit had been cancelled for 2024/25 whilst future decisions about housing projects are being made. The audit was providing assurance on the controls in place for capital projects to manage the build of houses to time and within budget.
		Housing Compliance	This audit had been cancelled for 2024/25 to allow more time to implement the recommendations from the 2023/24 audit. The audit was providing assurance that health and safety statutory compliance checks (gas, electrical, asbestos, water safety, fire) are being completed on time and are appropriately managed now that the Regulator's Notice has been lifted.
		Parking and Civil Enforcement	This audit has changed to an advisory audit challenging the proposals, new processes and controls associated with the outcomes of the strategic review. There was no time available to consult with this area regarding whether any advisory work was required.
		Housing Services – Tenancy Management	This audit was cancelled for 2024/25 due to a lack of client resource availability during the agreed testing period. The audit was providing assurance that the controls in place for Housing and Tenancy Management Services are adequate and effective.

Progress to date and audit outcomes

Progress with audit work

All of the audits due for completion as part of the 2024/25 internal audit plan have been completed, with final reports now issued.

Audit Outcomes - Final Reports

During the progress reporting period, the following final reports have been issued: -

Audit	Assurance Level	Urgent Recs	Important Recs	Routine Recs
Application Audit - ERP	Substantial	0	1	0
Risk Management	Reasonable	0	2	3
Non-Housing Commercial Property (Asset Management) Part 2	Reasonable	0	1	1
ERP Controls (for accounts payable, receivables, accountancy services and income) - Part 2	Reasonable	0	2	0
Network Infrastructure	Reasonable	0	1	1
Total	-	**0**	**7**	**5**

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

Recommendations in progress

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

Audit Year	Audit Name	1	2	3	Total Outstanding as at 5 Sep 25
2024/25	Corporate Health and Safety			2	**2**
	Democratic Services		1		**1**
	Development Management - Planning and Enforcement		2	3	**5**
	Human Resources (includes officer expenses & DBS checks)	1		2	**3**
	Total	**1**	**3**	**7**	**11**
2023/24	Health and Safety Statutory Compliance – housing and non-housing assets		2	1	**3**
	Housing Repairs and Void Management - NCSL		3	3	**6**
	Total		**5**	**4**	**9**
Total		**1**	**8**	**11**	**20**

The following audits in the table above were assigned a 'limited' or 'No Assurance' overall assurance opinion: -

- 2023/24 Housing Repairs and Voids (Limited)
- 2024/25 Democratic Services (Members Expenses) (Limited)
- 2024/25 Human Resources – DBS Checks (No)

As a result of audit recommendations raised, management agree action to ensure implementation within a specific timeframe and by a responsible officer. The management action subsequently taken is monitored by the Internal Audit Contractor on a regular basis and reported through to the Committee. Verification work is also undertaken for those recommendations that are reported as closed.

	Appendix 3 provides the Committee with details of urgent and important priority recommendations that are overdue for the year in which they were raised. Management responses and a new deadline, where available, have been indicated for each.

Progress with actions to Improve poor performance	Progress with actions being taken to improve contractor performance is outlined below: - **Another Team was appointed to deliver quarter 1 audits in 2024/25: -** this Team has now handed quarter 1 audits back to our core team for completion. **A Protocol, 'a ways of working together' and expectations of Council officers and the Contractor has been issued to ensure that audits are completed as planned in 2024/25 without delay, including timescales for responding and escalation action: -** this is in place and is being monitored jointly with the Internal Audit Contractor. Both parties have access to update the monitoring spreadsheet. **Consideration is being given to engaging with another contractor to complete some audits during 2024/25:** - a second contractor, Shared Internal Audit Services hosted by Hertfordshire County Council has been appointed to complete five audits across the Consortium. A further four audits have now also been assigned to BDO to complete across the Consortium in quarter 4. **The Contractor is appointing another Client Manager on the contract as one of the current managers is part time. This will help ensure that all audit work is progressed timely. In addition, more auditors are recruited: -** a new director has been assigned to us.

Summary of Audit Work 2024/25 Appendix 1

Audit Area	Status	Opinion	Total Recs	Urgent	Important	Routine	OEMs
ERP Controls (for accounts payable, receivables, accountancy services and income) Part 1	Audit completed	Substantial	1	0	0	1	1
Non-Housing Commercial Property (Capital Works) Part 1	Audit completed	Substantial	0	0	0	0	0
Application Audit - ERP	Audit completed	Substantial	1	0	1	0	0
Housing Benefits and Council Tax Reduction Scheme	Audit completed	Substantial	1	0	0	1	0
Key Controls and Assurance	Audit completed	Substantial	0	0	0	0	0
Network Infrastructure	Audit completed	Substantial	1	0	0	1	1
Safeguarding	Audit completed	Reasonable	2	0	1	1	0
Annual Governance Statement	Audit completed	Reasonable	6	0	2	4	0
Development Management - Planning and Enforcement	Audit completed	Reasonable	5	0	2	3	0
Equalities	Audit completed	Reasonable	2	0	1	1	0
CIL & S106 Agreements	Audit completed	Reasonable	2	0	1	1	0
Risk Management	Audit completed	Reasonable	5	0	2	3	0
Non-Housing Commercial Property (Asset Management) Part 2	Audit completed	Reasonable	2	0	1	1	0
ERP Controls (for accounts payable, receivables, accountancy services and income) - Part 2	Audit completed	Reasonable	2	0	2	0	0
Democratic Services (Members Expenses)	Audit completed	Limited	3	0	2	1	0
Human Resources - DBS Checks	Audit completed	No Assurance	5	2	0	3	0

Audit Area	Status	Opinion	Total Recs	Urgent	Important	Routine	OEMs
Corporate Health and Safety	Audit completed	Position Statement	-	-	-	-	-
Housing Services (inc. Housing & Tenancy Mgmt Services, Community Safety and Anti Social Behaviour)	Cancelled	-	-	-	-	-	-
Housing Repairs and Void Management - NCSL	Cancelled	-	-	-	-	-	-
Information Security & Data Protection Compliance	Cancelled	-	-	-	-	-	-
Social Housing Delivery	Cancelled	-	-	-	-	-	-
Website Refresh Project	Cancelled	-	-	-	-	-	-
Application Audit - CRM	Cancelled	-	-	-	-	-	-
Parking and Enforcement	Cancelled	-	-	-	-	-	-
Planned Housing Maintenance	Cancelled	-	-	-	-	-	-
Housing Compliance	Cancelled	-	-	-	-	-	-

Advisory Work	Status	Scope of Work
Corporate Strategy and Performance	Completed	Some time was spent meeting with those working on the new performance management system to discuss various matters but no specific work has been completed in 2024/25.
Payroll System Implementation	Completed	Work on the adequacy of controls established for the payroll system were reviewed.
Staff Wellbeing	Deferred	Days have been included in the 2025/26 Plan.
Parking and Civil Enforcement	Cancelled	This was planned as an audit originally but became advidory work; however, there has been no time available to complete any work in this area.
Planned and Regulatory Service (PRS) Digitalisation project	Completed	The days for 2024/25 have been completed attending project meetings, advising on matters with the Project Manager and testing online forms. Days have also been included in the 2025/26 Plan.

Grant Certifications	The following grants were certified by EIAS during 2024/25: - • Disabled Facilities Capital Grants P/e 2023/24 • Local Authority Delivery 3 P/e 31 March 2023

Executive Summary – NC2526 Application Audit - ERP

OVERALL ASSESSMENT

KEY STRATEGIC FINDINGS

Data Protection Impact Assessments for the ERP system are not up to date.

Single Sign On is in use to access the application. Users require an authorised Microsoft Entra ID account to access Unit4.

User training is in place and available to all ERP users. There are user guides in place for all colleagues, as well as those working in specific departments. Content is updated to align to process changes as required.

Information Asset Ownership has been formally defined.

Reports are output to the user who requests them and requests can only be made by those with the correct roles, helping to ensure appropriate confidentiality of data.

There is a user group in place that collates and discusses user feedback on the ERP system.

The application is cloud-hosted, thus helping to ensure service continuity.

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

The objective of the audit is to provide assurance on the adequacy, effectiveness and efficiency of the systems and controls in place to manage the Councils' ERP system.

GOOD PRACTICE IDENTIFIED

SCOPE
Assurance on the governance of applications (user access and sign on, role set up, Admin role, connections to the network, user account management, etc.)

ACTION POINTS			
Urgent	Important	Routine	Operational
0	1	0	0

Recommendation	Priority	Implementation Time
To ensure that Data Protection Impact Assessments are updated for data contained and processed within the ERP system. These should also include updated information mapping regarding system interfaces, classification of data handled and details of information protections in place.	2	31/07/2025

Executive Summary – NC2502 Risk Management

OVERALL ASSESSMENT	KEY STRATEGIC FINDINGS
	**The Risk Management Policy and Strategy requires updating and would benefit from the addition of best practice including reference to three lines of assurance and clarity on moderation, escalation and closing risks. A stand-alone Risk Appetite Statement should be considered. The Council have commissioned an external contractor to undertake a review of the risk management arrangements to ensure that these are fit for purpose, this includes updating the Risk Management Policy and Strategy.** **There is insufficient capacity and resilience in the risk team to manage risk management; this is particularly important, considering the manual nature of maintaining risk registers and the production of risk reports, in the absence of a risk/compliance system. A business case for risk support has been put forward the outcome of which was unknown at the time of audit.** **At present, the risk process only records the current and target risk ratings and not the inherent risk or existing controls. The Council should add these back into risk registers as the basis of controls assurance. Mitigating actions would benefit from being more precise with deadlines (SMART).** **The Corporate Risk Register is presented to the Audit Committee bi-annually and a summary presented to the Cabinet quarterly, although the reports have inconsistent information on sources and escalation of risks and no thematic risk review. The Assurance Board receives all the risk registers for review.**
ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE	**GOOD PRACTICE IDENTIFIED**
The audit has sought to provide assurance over the following key risk: "Failure to identify and manage risks, adversely impacting on the Council's ability to operate effectively".	**Notwithstanding the aforementioned, there is effective and timely updating and review of directorate risk registers and the Corporate Risk Register.**

SCOPE
The audit sought to provide assurance on the Council's new risk management framework which was scheduled for autumn of 2024 but has been delayed until April 2025.

ACTION POINTS			
Urgent	Important	Routine	Operational
0	2	3	0

Recommendation	Priority	Implementation Time
The Council to: 1.Update the Risk Management Policy and Strategy as soon as possible to include three lines of assurance, the need to review high frequency, low scoring risks across the breadth of the Council's business, and a clearer section describing the process of closing risks. 2.Develop a risk appetite statement, in line with best practice such as the Institute of Risk Management guide and HM Treasury's Orange Book, detailing the Council's risk appetite for specific categories with practical guidance on how to apply the risk appetite. 3.Add inherent risk scores and controls in place back into risk registers.	2	1. 30/07/2025 2. 30/11/2025 3. 30/11/2025
Ensure sufficient capacity/resilience in the team to support risk management processes across the organisation.	2	31/04/ 2026
Carry out a training needs analysis and provide the relevant training to managers and staff, reporting to Assurance Board on risk training compliance.	3	30/11/2025
Ensure all mitigating actions are SMART so impact on risk rating can be better tracked and risk registers are more dynamic.	3	30/11/2025
The Council to: •Ensure the risk report to Cabinet which accompanies the risk register includes more detail on risk provenance, risk themes, moderation and escalation. •Introduce quarterly reporting to the Audit Committee prior to Cabinet meetings which can provide the Cabinet with a view on the effectiveness of risk management and add risk reporting to the Audit Committee's annual work programme. •The executive Assurance Board should provide a formal moderation function of the Corporate Risk Register for the Audit Committee and Cabinet.	3	31/01/2026

Executive Summary – NC2514 Non-Housing Commercial Property – Part 2

OVERALL ASSESSMENT

KEY STRATEGIC FINDINGS

Under the Local Government Transparency Code 2015, the Council is required to publish annual data of all land and building assets. At the time of the review, the published data was not up to date, with the most recent information dated May 2023. In addition, the Code specifies that the following information must be published for each asset: Unique Property Reference Number (UPRN), unique asset identity, asset name, full address (including street number, name, post town, and post code), and map reference. The Council's current publication is limited to the address, post code and asset use.

The Council's Strategic Asset Management Framework (SAMF) was adopted in March 2022. This sets out the Asset Management Policy, Strategy and Action Plan for managing the non-housing property portfolio. In March 2024, a decision was made by Cabinet to revise the Asset Management Action Plan. In line with the advice from Jones Lang LaSalle (JLL), a global real estate and investment management company, a revised SAMF action plan was drafted to guide asset disposals as well as the proactive management of the remaining portfolio.

An Asset and Development Board has been set up to review the SAMF, Action Plan, and HRA Business Plan. This board has an agreed terms of reference and meets on a six-weekly basis (formerly monthly) to provide a strategic oversight and to make asset management decisions and provide oversight of recommendations to Cabinet.

The Council is currently in the process of transferring all its asset information from their asset register into the CIPFA system AssetManager.NET. A project plan is in place with the aim is to complete this in June 2026. This will enable focus on condition surveys and the main programme of work.

There is a national shortage of chartered surveyors. Consequently, the Council is attempting to address this with the newly created Estate Team Leader role. Due to the lack of management resilience within the service area, the Council is actively looking to recruit to this role to improve resilience within the service area with current market benchmarking being conducted.

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE
The audit will provide assurance over the delivery of the Action Plan and how this is being governed and monitored.

GOOD PRACTICE IDENTIFIED
No acquisitions had taken place during this period, as the Council's current focus is on prioritising disposals, in accordance with assets identified by JLL for disposal. A review of disposals for 2024/25 was conducted. Testing confirmed that all disposals were appropriately authorised and processed in line with the SAMF and delegated levels of authority.

SCOPE
The audit sought to seek assurance that governance arrangements are in place for administering the service, delivery of the Asset Management Action Plan, and the effectiveness of decision-making, reporting and monitoring processes. It also assessed the accuracy of commercial property asset records provided assurance that additions and disposals are processed in accordance with the Asset Management Policy and Strategy.

ACTION POINTS

Urgent	Important	Routine	Operational
0	1	1	0

Recommendation	Priority	Implementation Time
To comply with the Local Government Transparency Code 2015, the Council should publish the up-to-date data for 2024/25 regarding all land and building assets on the Council's website and continue to do so in future years, ensuring that all the required data is included (Unique Property Reference Number (UPRN), unique asset identity, asset name, full address (including street number, name, post town, and post code), and map reference),	2	27/06/2025
Management to continue to review single points of failure in the service and management resilience to enable the Council to fulfil its legal obligations, reduce the need to use interims and have a fully staffed service. to address any future gaps in management responsibilities.	3	07/11/2025

Executive Summary – NC2529 ERP Controls (Part 2)

OVERALL ASSESSMENT

KEY STRATEGIC FINDINGS

	Instances were identified of purchase requisitions appearing to be authorised outside of delegated authority. While there may be legitimate explanations for these exceptions, limitations of the audit trail within the system make it difficult to determine the reasons for them.
	Issues were identified with reconciliations during the past year. The accounts payable and accounts receivable reconciliations are completed and showed as balanced but these were not signed and dated each month and there was no evidence of independent review, this was rectified for later months. As of March 2025, the reconciliation pack includes a summary sheet which shows the differences for each period of the year. It also has a record of who completed and reviewed each reconciliation and the dates; therefore, no recommendation has been made. However, the suspense account has not been regularly reconciled and independently reviewed over the last 12 months.
	Controls are operating effectively in respect of accounts receivable, including raising of invoices and credit notes, debt write offs and daily income posting. The Council has over £7m of aged debt, although steps have been taken to reduce this. This includes appointment of a Corporate Debt Manager and Credit Control Officer to address the significant amount of aged debt that is currently held.
	Controls are operating effectively in respect of accounts payable for the payment of invoices, processing of BACS payments and supplier set up and amendments.

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE
Assurance was provided over the following key risk: "Reduction in financial control environment following the implementation of the Council's new ERP system.

GOOD PRACTICE IDENTIFIED
Controls are operating effectively in respect of accounts receivable, in particular the raising of invoices and credit notes, debt write offs and daily income posting.

SCOPE
The Council has recently introduced a new Enterprise Resource Planning (ERP) system, Unit4, which went live in February 2024. The purpose of this audit was to assess the effectiveness of the control environment within key modules through sample testing, in particular accounts payable, accounts receivable, accountancy services and income, as these functions represent pivotal components of financial operations. This audit was a follow up to an audit completed in Quarter 2 of 2024/25, which reviewed the design of the controls.

ACTION POINTS

Urgent	Important	Routine	Operational
0	2	0	0

Recommendation	Priority	Implementation Time
Implement an audit trail or other record of user approval limits over time, including leavers, to provide assurance that system controls are effective and that delegated authority is being adhered to.	2	15/06/2025
The suspense account should be reconciled monthly and independently reviewed.	2	15/06/2025

Executive Summary - NC2528 ICT-Network Infrastructure

OVERALL ASSESSMENT

ASSURANCE OVER KEY STRATEGIC RISK / OBJECTIVE

The review will assess the effectiveness, adequacy, and compliance of the organisation's network security measures to safeguard the confidentiality, integrity, and availability of information and data within the network infrastructure.

KEY STRATEGIC FINDINGS

There are a range of IT policies and procedures that reference network management as appropriate to the scope of those policies. A number of them require review.

There is an IT risk management process in place, which includes vulnerability risk management.

There are extensive processes in place for monitoring network activity across a large range of activity types. These include alerts related to locked accounts, network device issues and other technical events.

There are processes in place to document proposed changes to the network, although we note that not all such changes are recorded within the Service Desk.

GOOD PRACTICE IDENTIFIED

There are processes in place to ensure adequate staff training, which is managed using the staff appraisal process that identifies potential future training needs and match these to available staff.

There are appropriate Intrusion Prevention Systems in place.

The Council has all the expected controls in place to manage and safeguard its network effectively. Some examples are detailed in the Key Strategic Findings above.

SCOPE
This audit looked at: - • Network Management policies and procedures • Network Resource Management • User & Service Account Management • Password Policy, including MFA use • Endpoint Security Management, including AV/Malware, Intrusion Detection/Prevention • Network Activity Monitoring, including monitoring tools, alert & triage processes • Backups Management • Core and non-core software licence management • IT Risk Management

ACTION POINTS			
Urgent	Important	Routine	Operational
0	0	1	1

Recommendation	Priority	Implementation Time
The Council to review and finalise the patch management, access control and IT User security policies.	3	30/09/2025

Recommendations In Progress by Year Appendix 3

2023/24

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
NC2413 Health and Safety Statutory Compliance – Housing and Non-Housing Assets					
The Council to investigate whether a single system solution to monitor and manage compliance data would be a better option than integrating and automating this into NEC to reduce the strain on resources, make the process more efficient and better ensure the integrity of data reported. Risk: Where there is no integrated estates compliance management system in place, the Council is vulnerable to business continuity risks and data inaccuracy.	2	Head of Property & Building Safety	05/05/2025	31/03/2026	05/09/2025: Progress is continuing with our data build and verification: this is a necessary precursive activity prior to beginning our single reporting system procurement in earnest. 02/04/2025: NEC system is being utilised to store dates relating to compliance works i.e. Dates of gas servicing or electrical testing. These dates are provided directly from contractors and uploaded into NEC. Civica is being utilised to store certificates and documentation relating to this work as NEC has no file storage facility. These files are also received from contractors and uploaded. At the point of upload checks are carried out to ensure that certificates and documents received match the dates the contractor states work is carried out. Reporting is based on NEC and any discrepancies (of which there are very few) are investigated and resolved on a weekly basis. Both systems are kept up to date but are holding different elements of the data. This is linked to 281470 (regarding a new system) NO FURTHER UPDATE

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
The following should be actioned whilst the recommendation in finding 1 is being implemented and a new system procured (housing assets): - • An up-to-date remedial tracker to be put in place to effectively manage commercial electrical and gas safety remedial works to ensure critical works are actioned and monitored. • The FRA action log should be kept up to date with risk assessment recommendations. For non-housing assets, the same recommendation applies whilst an alternative system is being identified.	2	Head of Property & Building Safety	07/10/24	31/05/2025	05/09/2025: Work on the Power BI dashboard as the interim measure is progressing well. Improvements have been achieved in EICR and FRA whilst at this time asbestos is still manually calculated, plans are in place to automate this. The dashboard already reflects evidence-based reports in greater detail with an ability to "drill down" into figures for more in-depth understanding of any delays or concerns that have impeded performance. 02/04/25: We continue to work with Business Intelligence Team to enhance and improve reporting including that of remedials. An intense review of FRAs has revealed a number of issues currently being worked through a Service Improvement Plan for the contractors Tersus: amongst these issues are the remedials. Substantial work undertaken for the new procedure for managing and tracking FRA remedials includes a roll out to all internal colleagues under the banner ""Inter Departmental Meeting" with team Safety Leads being nominated and SLAs agreed for ownership of tasks and reporting on progress. For EICRs reporting has been increased to cover communal EICRs whereas with domestic all C1 & C2 remedials are completed on site. We are working intensely to track the number of Lift breakdowns and return to services, alongside LOLER recommendations to be shared with Lift contractors. Annual LRA and LGSR remedials

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
					carry minimal remediation tasks and as such are managed through the certification process, similar to EICR. Our revised target date is due to issues of dependency that need to be resolved prior to further improvement, and we are on track to complete reporting by end of May and full procedure by the end of Q1.On a weekly basis all FRAs will be reviewed, actions listed and assigned to agreed representatives of internal teams or contractors as appropriate. For Water, all assessment actions identified will be tracked on a spreadsheet by the Water Safety Manager. For Lifts, all LOLER actions will be passed to the Lifts Contractor to implement and report on progress / completion. The dates for all of this to be operational are advised as 31/03/2025.
NC2415 Housing Repairs and Void Management – NCSL					
Management to ensure that all twelve KPIs specified in the KPI Handbook support the service's strategic direction and are monitored and reported to provide a comprehensive performance overview. Implement regular reviews to verify the completeness and accuracy of the performance data.	2	NCC Repairs Contract Liaison Manager.	01/04/2025		05/09/2025: No update provided. 3/02/25 No change - KPI's regularly reviewed at monthly operational meeting, performance has improved on right to repairs, customer satisfaction. Property service continuing the development of the new KPI handbook to ensure alignment with house mark and consideration for redesign of the contract. New customer satisfaction dashboard created. Post inspection

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
					dashboard to be created but data is being feedback to NCSL.
The Council to ensure that both NCSL's Voids Admin Team and NCC Voids Manager record the necessary information regarding site visits, surveys, and inspections are date recorded on NEC constantly.	2	NCC Voids Manager	02/12/2024	01/09/2025	05/09/2025: S151 updated to confirm this recommendation has been completed but has not been closed. This is being investigated. 09/04/25: NEC updated by NCC Voids Manager and NCSL Void Team daily. Amendments made the void event codes and NEC to make this process more efficient, dashboard for reporting in current work in progress, completion was delayed due to priority of the damp and mould dashboard, extend deadline date to allow completion of dashboard.
Action should be taken as follows: - Establish a framework for monitoring NCSL's timely completion of voids work and in so doing: - • Set an appropriate timescale for the completion of minor and major voids work taking into account industry best practice and benchmark data. Compare the actual time taken versus the timescales set. • Understand the impact of rental loss where voids work exceeds the timescale set and why this has happened and take appropriate action.	2	NCC Repair Contract Liaison Manager and Void Manager	03/02/2025	28/09/2025	05/09/25: No further update 09/04/25: KPI handbook has been drafted as part of contract extension, this is still to be agreed and signed. However, KPI handbook and contract is being review as part of ARK consultancy work so further changes may be made extended deadline date to allow ARK review to take place.

2024/25

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
NC2511 - Development Management - Planning and Enforcement					
The Council to develop and maintain register of enforcement and stop notices. The register to be published on the Council's website so it is publicly available. Risk: Non-compliance with regulatory requirements.	2	David Parkin - Development Manager	30/06/2025	31/03/2026	05/09/25: We are intending to be live with public access for planning enforcement from October 2025.
A Planning Enforcement Policy should be developed.	2	David Parkin - Development Manager	31/03/2025	31/03/2026	29/08/25: Budget approval has been given for an additional staff member in the planning enforcement team. Priority will be given to recruitment to ensure officer time can then be dedicated to progressing audit recommendations. A DRAFT Enforcement policy is being produced for cabinet approval later in the year (scheduled for November 2025) as well as an annual report of planning enforcement activity being reported to Planning Applications Committee in September 2025 02/04/25: Added to tracker 2/4/25 - Budget approval has been given for an additional staff member in the planning enforcement team. Priority will be given to recruitment to ensure officer time can then be dedicated to progressing audit recommendations. In addition, a consultant has been brought in to review the planning enforcement service as a whole taking into account the audit recommendations, and to produce a wider improvement plan/service re-design. It is recommended that these

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
					recommendations are captured as part of that piece of work and time given to achieving new more efficient ways of working.
NC2501 – Democratic Services					
Members' Allowance Scheme to be reviewed and updated to include additional details such as: - • The Approved Duties that can be undertaken by Members for them to be entitled to claim travel and subsistence allowances and Dependants' Carers' Allowance. • The circumstances when travel and subsistence allowances and the Dependants' Carers' Allowance can be claimed by Members on Approved Duties.	2	Head of Legal and Governance / Monitoring Officer	30/06/2025	31/10/2025	22/08/25: The IRP has now been appointed and is currently undertaking a review those points have been raised with the IRP and will be incorporated in their report that will go to council in October for approval
NC2510 – Human Resources (Inc. officer expenses & DBS checks)					
The Council to: - 1) Address the outstanding IT issues with the DBS data migration as a matter of urgency. 2) Once the DBS information has been migrated to the new HR system, verify that the data is accurate and complete for posts and postholders.	1	Application & Product Manager / HR transactional team leader / Head of HR & OD	30/08/2025		05/09/25: Rec. 1: The data migration has been completed. There are no further issues relating to DBS records. All DBS records for employees have been updated and are added to the HR system when DBS certificates are issued. Rec. 2: All DBS data is correct and input into the HRIS system. New DBS data is updated in a timely way as and when the certificates are issued

Recommendation	Priority	Owner	Due Date	Revised Due Date	Latest Response
3) Record the IT issues as a risk on the Corporate Risk Register, including the inability to verify outstanding DBS checks. 4) Ensure there is only one process for DBS compliance (i.e. not a separate process for IG) which is overseen by HR.					through Staff vetting. (Umbrella company that process DBS applications on our behalf). Rec. 3: We can identify renewal dates for DBS checks (every 3 years) however for some basic DBS checks, some staff require an annual re-check to allow access to DWP systems. Rec. 4: The DBS process of compliance and updating should form part of the risk register? There is only one process for DBS compliance through Staff vetting. Comms went out earlier in the year to inform the organisation of the new process through Staff vetting. Further comms will be released to update on Policy review and process."

For your information — Appendix 4

Definitions

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

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

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