



**Committee Name: Audit**

**Committee Date: 23/11/2021**

**Report Title: Internal Audit Q2 Update**

<b>Portfolio:</b>	Cllr Paul Kendrick, cabinet member for resources
<b>Report from:</b>	Internal Audit Manager – Norwich City Council
<b>Wards:</b>	‘All Wards’
<b>OPEN PUBLIC ITEM</b>	

### **Purpose**

This report reviews the work performed by Internal Audit in delivering the Annual Internal Audit Plan for 2021/22 during the period 10 September 2021 to 12 November 2021.

This report also provides the committee with details of any high or medium priority outstanding internal audit recommendations.

### **Recommendation:**

It is recommended that members note the progress in delivering the internal audit plan of work within this period and management progress against delivering outstanding high and medium priority internal audit recommendations.

### **Policy Framework**

The Council has three corporate priorities, which are:

- People living well
- Great neighbourhoods, housing and environment
- Inclusive economy

This report helps to meet all above corporate priorities.

## **Report Details**

1. The Audit Committee receive updates on progress made against the annual internal audit plan. This report forms part of the overall reporting requirements to assist the council in discharging its responsibilities in relation to the internal audit activity.
2. The Public Sector Internal Audit Standards require the Chief Audit Executive to report to the Audit Committee the performance of internal audit relative to its agreed plan, including any significant risk exposures and control issues. To comply with the above the report identifies:
  - (a) Any significant changes to the approved Audit Plan;
  - (b) Progress made in delivering the agreed audits for the year; and,
  - (c) Where applicable will provide any significant outcomes arising from completed audits.
3. 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. The frequency of reporting and the specific content are for the council to determine.
4. This report therefore provides the committee with details of high and medium priority recommendations that are outstanding.

## **Consultation**

Not applicable for this report.

## **Implications**

### **Financial and Resources**

Any decision to reduce or increase resources or alternatively increase income must be made within the context of the council's stated priorities, as set out in its Corporate Plan 2019-22 and Budget. There are no proposals in this report that would reduce or increase resources.

## **Legal**

None 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.	Reductions in 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

Not applicable for this report.

### Reasons for the decision/recommendation

The Committee receives this report in conformance with the Public Sector Internal Audit Standards.

**Background papers:** None

**Appendices:** Appendix 1 Internal Audit Quarter Two Update.

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# Appendix 1 - Internal Audit Q2 Update

## Eastern Internal Audit Services



Norwich City Council

Progress Report on Internal Audit Activity

Period Covered: 10 September 2021 to 12 November 2021

Responsible Officer: Faye Haywood – Internal Audit Manager Norwich City Council

### Table of Contents

1. INTRODUCTION.....	2
2. SIGNIFICANT CHANGES TO THE APPROVED INTERNAL AUDIT PLAN .....	2
3. PROGRESS MADE IN DELIVERING THE AGREED AUDIT WORK .....	2
4. THE OUTCOMES ARISING FROM OUR WORK .....	2
5. FOLLOW UP .....	3
5.2 Status of agreed actions .....	3
6. FRAUD AND ANTI CORRUPTION.....	4
APPENDIX 1 – PROGRESS IN COMPLETING THE AGREED AUDIT WORK.....	6
APPENDIX 2 – AUDIT REPORT EXECUTIVE SUMMARIES.....	8
APPENDIX 3 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS.....	10
APPENDIX 4 – OUTSTANDING RECOMMENDATIONS 2019-20 .....	11
APPENDIX 5 – OUTSTANDING RECOMMENDATIONS 2020-21 .....	13
APPENDIX 6 - HOUSING REPAIRS & MAINTENANCE RECOMMENDATIONS.....	15

## 1. INTRODUCTION

- 1.1 This report is issued to assist Norwich City Council in discharging its responsibilities in relation to the internal audit activity.
- 1.2 The Public Sector Internal Audit Standards also require 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. The frequency of reporting and the specific content are for the Council to determine.
- 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 those audits where applicable.

## 2. SIGNIFICANT CHANGES TO THE APPROVED INTERNAL AUDIT PLAN

- 2.1 At the meeting on 9 March 2021, the Annual Internal Audit Plan for the year was presented to the Audit Committee. Since that meeting, there have been no significant changes made to the agreed plan.

## 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 119 days of programmed work has been completed, equating to 25% of the Internal Audit Plan for 2021/22.
- 3.3 The Internal Audit team has been working on concluding work from quarter two and is beginning to schedule quarter three work for completion.

## 4. THE OUTCOMES ARISING FROM OUR WORK

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

Opinion		Definition
Substantial Assurance		Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Reasonable Assurance		Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Limited Assurance		There are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.
Minimal Assurance		Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

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

Risk Priority	Definition
High	Recommendations represent fundamental control weaknesses, which expose the organisation to a high degree of unnecessary risk.
Medium	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.
Low	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.

4.3 During the period covered by the report one report has been issued:

Audit	Assurance	High	Medium	Low
Risk Management	Reasonable	0	5	1

The Executive Summary of the report is attached at **Appendix 2**; a full copy of the report can be requested by members of the Committee.

4.4 As can be seen in the table above as a result of the audit a total of six recommendations have been raised.

## 5. FOLLOW UP

5.1 The Public Sector Internal Audit Standards 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. The frequency of reporting and the specific content are for the Council to determine.

### 5.2 Status of agreed actions

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 team on a regular basis and reported through to this Committee. Verification work is also undertaken for those recommendations that are reported as complete.

5.3 At the request of the Audit Committee Chair, progress against medium priority recommendations will be reported to the Committee in addition to any that are high priority. An exercise has been undertaken to obtain updates for all outstanding internal audit recommendations contained within the database from each service area.

**Appendix 3** to this report shows the current position in relation to the implementation of the agreed recommendations. This appendix also reflects the year in which the audit was undertaken to enable the Committee to easily identify historical outstanding recommendations. The table also identifies outstanding recommendations that have previously been reported to this Committee and then those which have become outstanding within the period covered by the report.

5.4 We have provided in **Appendix 4** and **Appendix 5** details of any high and medium recommendations that remain outstanding, split by the year they were raised. An update is provided from the responsible officer with a new deadline date. The Corporate Leadership Team (CLT) have reviewed responses provided. We will now continue to report any outstanding high or medium audit recommendations and the reasons for delays in implementation to CLT and the Audit Committee for their oversight.

- 5.5 For 2018/19 a total of two low priority recommendations remain outstanding.
- 5.6 For 2019/20 a total of nine audit recommendations (one high, six medium and two low) are outstanding. A total of 13 recommendations have been recorded as completed. All high and medium priority recommendations can be found at **Appendix 4** to the report.
- 5.7 A meeting was held with the Executive Director Community Services to review 14 outstanding recommendations, one high, seven medium and six low in relation to the 2019/20 Contract Management, Housing Repairs and Maintenance report. This exercise has highlighted that 13 of the recommendations require review considering the current management actions in progress and therefore no management update has been provided - see **Appendix 5** for the high and medium recommendations. Internal Audit will utilise its consultancy days to work proactively with the management team to provide assurance that lessons learned from the current contract are incorporated into the future contractual arrangements. The outcomes will be reported to the Audit Committee as part of the regular internal audit updates. One medium recommendation remains outstanding in relation to wider contract management arrangements and an update is provided at **Appendix 4**.

Total	35	
Complete	13	37%
Under review	13	37%
Outstanding	9	26%

- 5.8 For 2020/21 a total of 13 audit recommendations (nine medium and four low) are outstanding. 10 are currently within deadline. A total of 21 recommendations have been recorded as completed within this period. All medium priority recommendations can be found at **Appendix 5** to the report.

Total	44	
Complete	21	47%
Outstanding	13	30%
Within deadline	10	23%

## 6. FRAUD AND ANTI CORRUPTION

- 6.1 The council participates fully in a national data matching exercise known as the National Fraud Initiative (NFI) which is run by the Cabinet Office to prevent and detect fraud. Data matching, between public and private sector bodies, flags up inconsistencies in data that may indicate fraud and error and helps Councils to complete proactive investigations.



The NFI is conducted every two years and involves data matching across a number of datasets from over 1,200 participant organisations from across the public and private sectors. A data extraction exercise has been undertaken. Data matches have been received and are reviewed by service leads on a risk basis.

Additional datasets were requested in respect of the various (1st tranche) government business support grants, paid to businesses to alleviate the effects of Covid-19, as a drive to identify illegitimate grant claims and errors. 51 data matches have been received so far from NFI and are being reviewed on a risk basis.

As a result of post payment assurance work, a number of cases have been referred to the Anglian Revenue Partnership Fraud team for further review. Recovery or referral actions have and will be taken in line with the recovery guidance issues by BEIS.

The Internal Audit Team has been alerted to a payroll fraud attempt. In response, an Audit Planning Memorandum has been devised to provide assurance over payroll mandate controls and this is currently with the Head of HR and Organisational Development for review.

One whistleblowing concern has been raised within this period, at this stage it is felt that the matter can be handled within the service area it was raised and therefore no Internal Audit involvement has been commissioned.

## 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 Committee
							High	Medium	Low	
<b>Quarter 2</b>										
Risk Management	NC2206	15	15	15	Draft report issued 9 November 2021	Reasonable	0	5	1	Nov-21
Corporate Health & Safety	NC2204	15	15	12	Draft report stage					
IR35 Compliance	NC2205	10	10	6	APM issued 24.8.21 Testing in progress.					
Grants assurance DFG	NC2201	5	5	5	Completed signed certification issued					n/a
Business Support Grants	NC2203	20	20	19	Draft report stage					
<b>TOTAL</b>		<b>65</b>	<b>65</b>	<b>57</b>						
<b>Quarter 3</b>										
Housing Rent/Arrears	NC2208	15	15	3	APM issued 8 October 2021					
Housing Benefits	NC2209	15	15	0	Scheduled					
Council Tax	NC2210	10	10	0	Scheduled					
National Non Domestic Rates (NNDR)	NC2211	10	10	0	Scheduled					
Accounts Payable	NC2215	10	10	0	Scheduled					
Debt Recovery	NC2216	10	10	0	Scheduled					
Treasury Management	NC2212	10	10	1	APM issued 22 October 2021					
Environmental Services	NC2213	20	20	0	Scheduled					
New Financial Management Code	NC2220	10	10	0	Scheduled					
Grants assurance Green Homes	NC2202	5	5	0	Scheduled					
<b>TOTAL</b>		<b>115</b>	<b>115</b>	<b>4</b>						
<b>Quarter 4</b>										
Grants assurance Green Homes	NC2202	10	10	2	Scheduled					
Payroll	NC2207	10	10	0	Scheduled					
Capital Accounting and Programme Management	NC2214	30	30	1	Capital Accounting and Programme Management Audit Combined. APM with CLT for approval.					
Social Housing Delivery Programme	NC2217	20	20	0						
Towns Fund Deal	NC2218	20	20	0						
<b>TOTAL</b>		<b>70</b>	<b>70</b>	<b>1</b>						

<b>Consultancy</b>									
Anti Fraud and Corruption - NFI		20	20	0					
Anti Fraud and Corruption - Investigations		10	10	0	None raised for IA attention				
Information Governance Group		5	5	1	Ongoing support				
Resources, Performance & Delivery Board		5	5	1	Meeting attended, information provided.				
Joint Ventures Insourcing		45	45	0					
New Housing System		10	10	2	IT support provided on reconciliation controls.				
Consultancy Contingency		15	15	7	BSG Support				
Risk Management		15	15	6	Preparing Q1 update papers				
Data Breach Response		5	5	0	None raised for IA attention				
Annual Governance Statement		10	10	8	Supporting the preparation of the AGS.				
Audit Management Duties		45	45	12	Ad hoc advice, reports reviews				
<b>TOTAL</b>		<b>185</b>	<b>185</b>	<b>37</b>					
<b>Follow Up</b>									
Follow Up		20	20	10					
<b>TOTAL</b>		<b>20</b>	<b>20</b>	<b>10</b>					
<b>TOTAL</b>		<b>485</b>	<b>485</b>	<b>119</b>			0	5	1
<b>Percentage of plan completed</b>				25%					

## APPENDIX 2 – AUDIT REPORT EXECUTIVE SUMMARIES

### Risk Management Maturity Assessment – DRAFT

#### 1. Executive summary

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3.1 We have been able to provide an opinion of **Reasonable assurance**<sup>1</sup> over the controls operating within the area under review.

3.2 Following the guidance of the Institute of Internal Auditors the assessment has indicated that the council's current level of risk maturity is 'risk defined'. The Council can demonstrate that a policy is in place and is communicated and that its risk appetite is defined.

3.3 Audit sample testing has given assurance over the controls for:

- The Council's objectives are defined.
- A scoring system for assessing risk has been defined
- All corporate risks have been collected into one list and allocated to specific job titles.
- Risks are regularly reviewed by the organisation and methods have been set up to monitor the proper operation of key processes, responses and action plans.
- Senior managers provide assurance on the effectiveness of their risk management through directorate team meetings, the corporate leadership team meetings and the self-assessments for the annual governance statement.
- Job descriptions include responsibilities for risk management.

3.4 Improvements have been identified in the following areas;

A total of five medium priority recommendations have been raised and are as follows;

- A risk management training programme to be developed for relevant council staff, highlighting roles and responsibilities and to give practical tips for the identification and articulation of risk.
- The CRR and Directorate Risk Registers require updating to ensure they adhere to the guidance contained within the Risk Management Policy and Strategy.
- The Risk Management Policy and Strategy to be reviewed to clarify the following - includes details about when risks should be de-escalated and specifies responsibilities for risk control action owners.
- Ensure that projects use the standard corporate risk register template and scoring system to enable comparison and sufficient risk management.

- Ensure that project risks above the risk appetite are escalated appropriately for consideration to CLT.

One low priority recommendation was raised in the following area.

- Consideration be given to risk management arrangements post April 2022 when the Internal Audit team joins the consortium arrangement and risk management no longer forms part of their responsibilities. The Internal Audit Charter to be reviewed as a result to ensure that the nature of all Internal Audit activities is clearly defined and safeguards to protect independence where appropriate are included.

### 3.5 Action summary

Risk priority	Definition	No.	Ref(s)
High	Recommendations represent fundamental control weaknesses, which expose the organisation to a high degree of unnecessary risk.		
Medium	Recommendations represent significant control weaknesses which expose the organisation to a moderate degree of unnecessary risk.	5	4.1, 4.2, 4.5. 4.6, 4.7
Low	Recommendations show areas where we have highlighted opportunities to implement a good or better practice, to improve efficiency or further reduce exposure to risk.	1	4.8

### APPENDIX 3 – OUTSTANDING INTERNAL AUDIT RECOMMENDATIONS

		Completed between 21 September and 12 November 2021			Under review per paragraph 5.7			Previously reported to Committee as outstanding			(New) Outstanding			Total Outstanding	Not Yet Due for implementation		
		High	Medium	Low	High	Medium	Low	High	Medium	Low	High	Medium	Low		High	Medium	Low
Audit Area	Assurance Level																
<b>2018/19 Audits</b>																	
Procurement Compliance	Compliance: Satisfactory												2	2			
<b>2019/20 Audits</b>																	
Contract management - Housing repairs & responsive maintenance	Controls: Limited Compliance: Limited				1	6	6					1		1			
Commercial Property Investment Strategy	Controls: Good Compliance: Substantial			5										0			
Information Security and GDPR	Controls: Satisfactory Compliance: Limited	2	2	1				1				3	1				
Payroll	Control: Satisfactory Compliance: Substantial											2	1	3			
Scheme of Delegation compliance	Controls: Good Compliance: Substantial		2	1										0			
<b>2020/21 Audits</b>																	
Contract Management - Waste Services	Limited		2	1								5	1	6			
Equality Duties	Limited		4	1								2	3	5			
High level cyber security check	Reasonable		1	7										0			
Key Policies & Procedures	Limited													0		6	3
Licensing	Reasonable		2									2		2			
Northgate pre-implementation (Core phase)	Reasonable		2	1										0		1	
		<b>2</b>	<b>15</b>	<b>17</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>8</b>	<b>19</b>	<b>0</b>	<b>7</b>	<b>3</b>

## APPENDIX 4 – OUTSTANDING RECOMMENDATIONS 2019-20

Report	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Information security and GDPR	The Council should push to replace software that prohibits the adherence to the schedule of processing retention rules with their IT partners.	High	Data Protection Security Team Leader and LGSS IT	Q4 2020/21	Q2 2022	Outstanding	<p>Ongoing – An extensive programme of work is in place to replace and refresh legacy systems, details are contained within IT roadmap, which sets out projects and timelines over the medium term.</p> <p>It is recognised that the Records of Processing Activity register requires a review to better reflect our current processes. This is scheduled to commence in Q2 2022.</p>
Information security and GDPR	The Council should ensure all suppliers deemed to be high risk or high impact in the aforementioned review sign up to the amended terms and conditions.	Medium	Procurement team	2019/20	March 2022	Outstanding	This is currently in progress. The number of contracts which have not included a deed of variation for GDPR terms has now been reduced to 5, of which one contract expires at the end of the financial year. It is intended to work with services to conclude this work.
Information security and GDPR	The Council should complete the schedule such that all fields contain the relevant considerations.	Medium	Data Protection Security Team Leader	Q4 2020/2021	Q1 22/23	Outstanding	Has been put as agenda item for all CIAG meetings to review for completion and updates. Once the IAR work is complete, we will start the Schedule of processing. Not yet commenced.
Information security and GDPR	The Council should develop a training needs analysis that outlines GDPR training requirements for all Council staff.	Medium	Data Protection Security Team Leader	Q3 2019/20	Q1 22/23	Outstanding	This is in progress. Corporate wide training launched 04/10/21 CLT approved the concept of advanced/tailored training on 29/11. Data Protection Officer will commence work on writing appropriate resources in the new year once the Training Platform has been confirmed (Learning Pool contract is due for renewal)

Report	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Payroll	Complete the signing of the co-operation agreement with Sefton.	Medium	Head of HR and learning	January 2020	Q3 21/22	Outstanding	The draft co-operation agreement has been returned by the Sefton Borough Council legal team with some additional comments and has been referred to Nplaw for consideration. The service continues to operate to the service standards agreed. It is anticipated that formal signing of the co-operation agreement will be concluded by the end of November 2021
Payroll	Continue to liaise with Sefton to obtain evidence of robust controls over their payroll IT system and processes.	Medium	Head of HR learning	January 2020	Q3 21/22	Outstanding	Sefton Borough Council have changed their payroll software solution in 2021 and use MHR iTrent. MHR are accredited to ISO 27001 and 9001, CiSP and SOC 2. A requirement to provide evidence of robust controls over the payroll IT system and processes will be incorporated into the co-operation agreement and will be provided going forward.
Contract Management – Housing repairs & responsive maintenance	The council to conduct a review of other contracts to ensure that they have the recommended controls in place detailed in this report.	Medium	Director of corporate and commercial services		June 2022	Outstanding	<p>At the time the audit work was undertaken, the Council had in place a contract management strategy and a process for monitoring key contract delivery that had been in operation for some time. This required officers with oversight for higher risk contracts to complete a checklist, providing evidence where appropriate. However, there is a concern that this process was not adequately highlighting where there may be areas of significant risk of non-compliance.</p> <p>The Corporate Leadership Team have been considering the actions necessary to ensure that in future, robust contract management is consistently employed across the Council.</p>



## APPENDIX 5 – OUTSTANDING RECOMMENDATIONS 2020-21

Report	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Equality Duties	Create a data bank of relevant equality data collected by the council that everyone can access for evidence when drawing up a proposal/EIA.	Medium	Strategy Manager	June 2021	January 2022	Outstanding	This is being developed but due to resource issues is not yet complete. Two management trainees started in October and this will form part of their work programme.
Equality Duties	Ensure outstanding actions from the EIAs are followed up and reported to CLT appropriately. Reports could also include key findings and recommendations from HR staff analysis.	Medium	Strategy Manager	June 2021	December 2021	Outstanding	A formal reporting and monitoring process has not been fully implemented due to resource issues. Two management trainees joined in October and this will form part of their work programme.
Licensing	Complete the review of the Licensing Policy and schedule a further update to include the CIA, and for regular reviews thereafter.	Medium	Public protection (licensing) team leader	June/July 2021	November 2021	Outstanding	This matter is now on the forward agenda for the next available Full Council meeting of the 30th November 2021.
Licensing	Complete a review of fees and obtain authorisation from licensing committee for implementation 2021-22	Medium	Public protection (licensing) team leader and Public protection manager	April 2021	April 2022	Outstanding	Due to delays caused by Covid and other matters being prioritised this has not been completed. This has been highlighted to the new HOS
Contract Management – waste services	Ensure evidence is retained of the annual year-end contract discount which returns the achieved and applicable savings to the council. This should include supporting document of the savings achieved.	Medium	Environmental services manager	May 2021	May 2022	Outstanding	The Council is currently considering the position with regards this contract and the potential for efficiencies and savings with the contractor, supported by external consultancy. It is intended to conclude this work by March 2022.
Contract Management – waste services	Prepare a retrospective service plan document for 2020 which summarizes information about the agreed performance indicators incl. their targets and their consequences by non-compliance and how this is monitored by the council. Ensure a full service plan for 2021 is prepared with the contractor.	Medium	Environmental services manager	February 2021	January 2022	Outstanding	Since the impacts of the pandemic commenced in March 2021 the principle performance focus was to maintain services to residents. Remarkably, Biffa Norwich did not lose a single day of any service to COVID in 2020 – waste, recycling, clinical waste, garden waste and bulky items. This was one of the few collection contracts to achieve this in the whole of the UK and places this key performance indicator at 100% for 2020.

Report	Recommendation	Priority	Responsible Officer	Due Date	Revised Due Date	Status	Latest Response
Contract Management – waste services	Review the arrangements for the reporting of performance data in line with the contract requirements. Ensure that appropriate actions are taken and documented.	Medium	Environmental services manager	February 2021	December 2021	Outstanding	This item remains a strategic board action – the new Head of Environment Services appointed during 2021 is liaising with the Regional Director on targets for the future, including financial targets, which are linked to the consultant’s review. This is also a matter for the new CSM (from 01/11/21).
Contract Management – waste services	Ensure that service performance data provided by the contractor are verified and independently checked by the council to prime records.	Medium	Environmental services manager	February 2021	December 2021	Outstanding	Due to personnel changes within Biffa the senior admin/finance officer has subsequently been recruited to the role of Business Manager. A new admin officer has been appointed in October '21. The new CSM (from 01/11/21) will be responsible for checking data at source.
Contract Management – waste services	Ensure that high-level meetings and decisions are documented and files are held in an accessible place.	Medium	Environmental services manager	December 2020	December 2021	Outstanding	The new meeting structure commenced on 20/10/21 with a new fortnightly operational meeting, which will ultimately be managed by the new CSM (from 01/11/21).

## APPENDIX 6 – HOUSING REPAIRS & MAINTENANCE RECOMMENDATIONS

As per paragraph 5.7, these high and medium recommendations have not been updated and are subject to further review.

Report	Recommendation	Priority
Contract Management – Housing repairs & responsive maintenance	Review the current suite of KPIs and agree appropriate performance measures and targets in line with current and ongoing requirements. Ensure that the escalation procedures are applied.	Medium
Contract Management – Housing repairs & responsive maintenance	Ensure that all KPI results are shared between all parties, and agree who will be responsible to take any required action.	Medium
Contract Management – Housing repairs & responsive maintenance	Depending on the KPI results for the years in question, confirm whether or not the contractor is entitled to a share of the savings detailed above.	Medium
Contract Management – Housing repairs & responsive maintenance	Agree the total due to the council and collect these monies.	Medium
Contract Management – Housing repairs & responsive maintenance	Clarify the contract details in respect of dates and whether or not the contractor will be entitled to a share of any savings beyond August 2017 (after year five). Agree any new arrangements with the contractor.	Medium
Contract Management – Housing repairs & responsive maintenance	There should be an independent annual internal audit open book review to provide assurance that payments made to the contractor are fully in line with the contract and are supported by prime records. In addition, this audit should give assurance that the governance arrangements expected for effective contract management are being undertaken to drive best value throughout the contract.	Medium
Contract Management – Housing repairs & responsive maintenance	The council should introduce sample check processes in-house, including drilling down to source data and confirming competitiveness of rates, to validate reports provided by NPSN, or alternatively obtain independent verification.	High