

STRATEGIC AND ANNUAL INTERNAL AUDIT PLANS 2023/24

Report Author: Faye Haywood,
Head of Internal Audit for Broadland District Council
tel: 01508 533873
e-mail:
faye.haywood@southnorfolkandbroadland.gov.uk

Portfolio Holder: Finance

Wards Affected: All

Purpose of the Report: This report provides an overview of the stages followed prior to the formulation of the Strategic Internal Audit Plan for 2023/24 to 2026/27 and the Annual Internal Audit Plan for 2023/24. It will also provide the basis for the Annual Audit Opinion on the overall adequacy and effectiveness of Broadland District Council's framework of governance, risk management and control.

Recommendations:

1. To note and approve:
 - The Internal Audit Charter for 2023/24;
 - The Internal Audit Strategy for 2023/24;
 - The Strategic Internal Audit Plans 2023/24 to 2026/27; and
 - The Annual Internal Audit Plan 2023/24.

1 SUMMARY

- 1.1 This report provides an overview of the stages followed prior to the formulation of the Strategic Internal Audit Plan for 2023/24 to 2026/27 and the Annual Internal Audit Plan for 2023/24. The Annual Internal Audit Plan will then serve as the work programme for the Council's Internal Audit Services contractor; TIAA Ltd. It will also provide the basis for the Annual Audit Opinion on the overall adequacy and effectiveness of Broadland District Council's framework of governance, risk management and control.

2 BACKGROUND

- 2.1 The Accounts and Audit Regulations 2015 require that 'a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector standards or guidance'.
- 2.2 Those standards are set out in the Public Sector Internal Audit Standards (PSIAS) which came into effect in April 2013.

3 CURRENT POSITION / FINDINGS

- 3.1 The attached report contains:
- The Internal Audit Charter outlining the Internal Audit Purpose, Authority and Responsibilities;
 - The Internal Audit Strategy, which is a strategic high-level statement on how the internal audit service will be delivered and developed in accordance with the charter and how it links to the organisational objectives and priorities;
 - The Strategic Internal Audit Plan, which details the plan of work for the next four financial years;
 - The Annual Internal Audit Plan, which details the timing and the purpose of each audit agreed for inclusion in 2023/24.

4 PROPOSED ACTION

- 4.1 For the Audit Committee to review and approve the Internal Audit Strategy and planned scope of work for the 2023/24 financial year for Internal Audit Services.

5 ISSUES AND RISKS

- 5.1 **Resource implications** – the Internal Audit Service is provided by way of a Partnership Agreement with South Norfolk Council, whereby South Norfolk

Council provide the role of the Contract Manager to Broadland District Council, and the service provision i.e. delivery of the audits, is provided through a contract with TIAA Ltd.

- 5.2 **Legal implications** – there are no legal implications arising from this report.
- 5.3 **Equality implications** – there are no equality implications arising from this report.
- 5.4 **Environmental impact** – there are no impacts on the environment arising from this report.
- 5.5 **Crime and disorder** – there are no impacts upon crime and disorder arising from this report.
- 5.6 **Risks** – the Risk Based Internal Audit approach will ensure that the Council's key risks are accurately reviewed and updated and thus the Internal Audit Service is adding value and auditing the key risk areas.

6 CONCLUSION

- 6.1 The attached report provides the Council with Internal Audit Plans that will ensure key business risks will be addressed by Internal Audit, thus ensuring that appropriate controls are in place to mitigate such risks and also ensure that the appropriate and proportionate level of action is taken.

7 RECOMMENDATIONS

- 7.1 The Audit Committee is requested to note and approve:
 - The Internal Audit Charter;
 - The Internal Audit Strategy;
 - The Strategic Internal Audit Plans 2023/24 to 2026/27; and
 - The Annual Internal Audit Plan 2023/24.

Background Papers

None

Eastern Internal Audit Services



BROADLAND DISTRICT COUNCIL

Strategic and Annual Internal Audit Plans 2023/24

Responsible Officer: Faye Haywood, Head of Internal Audit for Broadland District Council

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1. INTRODUCTION

- 1.1 The Accounts and Audit Regulations 2015 require that “a relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”.
- 1.2 The Public Sector Internal Audit Standards (PSIAS) mandate a periodic preparation of a risk-based plan, which must incorporate or be linked to a strategic high-level statement on how the internal audit service will be delivered and developed in accordance with the charter and how it links to the organisational objectives and priorities, this is set out in the Internal Audit Strategy.
- 1.3 The development of a risk-based plan takes into account the organisation's risk management framework. The process identifies the assurance (and consulting) assignments for a specific period, by identifying and prioritising all those areas on which objective assurance is required. This is then also applied when carrying out individual risk-based assignments to provide assurance on part of the risk management framework, including the mitigation of individual or groups of risks.
- 1.4 The following factors are also taken into account when developing the internal audit plan:
 - The risk profile and maturity of the Council;
 - Previous assurance gradings given in each area;
 - Any declarations to avoid conflicts of interest;
 - The requirements of the use of specialists e.g., IT auditors;
 - Striking the right balance over the range of reviews needing to be delivered, for example systems and risk-based reviews, specific key controls testing, value for money and added value reviews;
 - Allowing contingency time to undertake ad-hoc reviews or fraud investigations as necessary;
 - The time required to carry out the audit planning and delivery phases effectively;
- 1.5 In accordance with best practice the Audit Committee should ‘*review and assess the annual internal audit work plan*’.

2. INTERNAL AUDIT CHARTER

- 2.1 There is an obligation under the PSIAS for the Charter to be periodically reviewed and presented. This Charter is therefore reviewed annually by the Head of Internal Audit to confirm its ongoing validity and completeness, and presented to Senior Management and Audit Committee. The Charter is provided as part of this report for approval at **Appendix 1**. Please note that no significant changes have been made to the Charter since its approval in 2022.
- 2.2 As part of the review of the Audit Charter the Code of Ethics are also reviewed by the Head of Internal Audit, and it is ensured that the Internal Audit Services contractor staff, as well as the Head of Internal Audit and Internal Audit Trainee adhere to these, specifically with regard to: integrity, objectivity, confidentiality, and competency. Formal sign off to acceptance of the Code of Ethics is retained by the Eastern Internal Audit Services.

3. INTERNAL AUDIT STRATEGY

- 3.1 The purpose of the Internal Audit Strategy (**see Appendix 2**) is to confirm:

- How internal audit services will be delivered;
- How internal audit services will be developed in accordance with the internal audit charter;
- How internal audit services link to organisational objectives and priorities; and
- How the internal audit resource requirements have been assessed and how these will be enhanced.

4. STRATEGIC INTERNAL AUDIT PLAN

- 4.1 The overarching objective of the Strategic Internal Audit Plan (**see Appendix 3**) is to provide a comprehensive programme of review work over the next four years, with each year providing sufficient audit coverage to give annual opinions, which can be used to inform the organisation's Annual Governance Statement.
- 4.2 The coverage over the forthcoming four years has been discussed with the Corporate Leadership Team to ensure audits are undertaken at the right time, at a time where value can be added, as well as ensuring sufficient coverage for an Annual Opinion on the framework of governance, risk management and control. The discussions also went into greater detail in relation to the scope of the audits for the forthcoming financial year.

5. ANNUAL INTERNAL AUDIT PLAN

- 5.1 Having developed the Strategic Internal Audit Plan, the Annual Internal Audit Plan is an extract of this for the forthcoming financial year (**see Appendix 4**). The plan includes the areas being reviewed by Internal Audit, the number of days for each review, the quarter during which the audit will take place and a brief summary and purpose of the review.
- 5.2 The Annual Internal Audit Plan for 2023/24 totals 162 days in total, encompassing 16 Internal Audit reviews, two of which cover IT processes.
- 5.3 All 16 internal audit reviews will be carried out jointly with South Norfolk Council this year allowing Internal Audit to provide assurance that people and processes are working together for the same goal, supporting collaboration and that any inconsistencies can be remedied through formal recommendations where appropriate.
- 5.4 Audit verification work concerning audit recommendations implemented to improve the Council's internal control environment will also be undertaken throughout the financial year.
- 5.5 Depending on any changes to the control environment over the year, the annual internal audit plan may need to be revised to respond to emerging risks. The Head of Internal Audit will regularly review the Strategic Risk Register and report through to the Committee any necessary changes to the plan of work.

6. ASSURANCE MAPPING

- 6.1 The 2022/23 External Quality Assessment of the Internal Audit function has now concluded, and a report produced demonstrating the service is delivered in conformance with the Public Sector Internal Audit Standards. Assurance Mapping has been highlighted as an area requiring development.

- 6.2 Assurance mapping is an emerging area of internal audit practice which involves mapping a visual representation of assurance activities as they apply to a specific set of risks or compliance requirements facing an organisation.
- 6.3 This exercise is particularly useful to undertake as part of Internal Audit Planning as it allows Internal Audit to determine to what extent it can rely on and co-ordinate its activities with other assurance providers to enhance value and prevent duplication.
- 6.4 Following discussions with Senior Management, the Internal Audit team have been able to map the types of assurance available for the top five strategic risks facing the Council in each of the three assurance categories listed below.

6.5 **Three lines of defence**

1. The first line of defence (functions that own and manage risks)	2. The second line of defence (functions that oversee or who specialise in compliance o the management of risk)	3. The third line of defence (functions that provide independent assurance)
Assurances in this area are provided by managers and staff who are responsible for identifying and managing risk as part of their accountability for achieving objectives.	Assurances in this area are provided by those that monitor frameworks, enable risk and compliance to be managed in the first line. Second line assurance functions are often involved in monitoring the effectiveness in the first line ensuring risks are managed consistently.	Assurances at this level are typically provided by internal audit. Sitting outside the risk management processes of the first two lines of defence. The main role of this defence line is to provide an evaluation of the effectiveness of the organisations approach to governance, risk management and control.

- 6.6 The assurance map provided at **Appendix 5** of this report highlights what assurances are available in each of the three lines for the top 5 scoring strategic risks. This has been used to provide justification to the areas included within the strategic and annual internal audit plans.

APPENDIX 1 – INTERNAL AUDIT CHARTER

EASTERN INTERNAL AUDIT SERVICES

INTERNAL AUDIT CHARTER FOR 2023/24

1. Introduction

- 1.1 The Public Sector Internal Audit Standards (PSIAS) came into effect from 1 April 2013, these provide a consolidated approach across the public sector encouraging continuity, sound corporate governance and transparency.
- 1.2 The Standards require all internal audit services to implement, monitor and review an internal audit charter; this formally defines the internal audit's purpose, authority and responsibility, and is a mandatory document.
- 1.3 The charter also displays formal commitment to and recognises the mandatory nature of the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics and the Standards, i.e., the International Professional Practices Framework (IPPF).
- 1.4 This Internal Audit Charter is applicable to each of the following internal audit consortium members covered by Eastern Internal Audit Services (EIAS).

- Breckland District Council;
- Broadland District Council;
- Great Yarmouth Borough Council;
- North Norfolk District Council;
- Norwich City Council;
- South Norfolk Council; and
- Broads Authority.

- 1.5 The term Local Authority will be used to describe the above consortium members throughout the Charter.

1.6 Mission

Standards require the Internal Audit Function to articulate its overall purpose and summarise the way it will provide value to the organisation. The mission statement for EIAS is as follows:

“Protecting each of our consortium members ability to enhance value through the provision of independent risk-based assurance and advice”

- 1.7 This charter:

- Establishes the position and reporting lines of internal audit;
- Outlines provision for unrestricted access to information, officers, management and members as appropriate;
- Sets the tone for internal audit activities;
- Defines the nature and scope of internal audit services, in particular assurance and consultancy services; and
- Sets out the nature and scope of assurance provided to other parties.

- 1.8 The charter is to be periodically reviewed and presented to Senior Management and the Board for approval annually. The charter will be reviewed by the Chief Audit Executive to confirm its ongoing completeness and validity and presented to Senior Management and the Board.

2 Purpose, Authority and Responsibility

2.1 Purpose

- 2.1.1 Internal auditing is best summarised through its definition with the Standards, *“an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”*.

- 2.1.2 Internal audit will provide reasonable assurance to each member of the Internal Audit Consortium, that necessary arrangements are in place and operating effectively, and to identify risk exposures and areas where improvements can be made.

2.2 Authority

- 2.2.1 The Accounts and Audit Regulations (England) 2015, states that the relevant body must; *“undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance”*. The statutory requirement for internal audit is recognised in the Constitution of each Local Authority and the internal auditing standards in this regard are the Public Sector Internal Audit Standards.

2.3 Responsibility

- 2.3.1 The responsibility for maintaining an adequate and effective internal audit to evaluate risk management, control and governance processes lies with each Local Authority’s Chief Finance Officer (the Section 151 Officer or Section 17 Officer).

- 2.3.2 The Local Authority and its Members must be satisfied about the adequacy of the advice and support it receives from internal audit.

- 2.3.3 Internal audit is provided by Eastern Internal Audit Services, with the Chief Audit Executive being responsible for ensuring the internal audit activity is undertaken in accordance with the definition of internal auditing, the code of ethics and the standards for all consortium members.

- 2.3.4 Senior management are responsible for ensuring that internal control, risk management and governance arrangements are sufficient to address the risks facing the Local Authority. Accountability for responding to internal audit rests with senior management who either accept and implement the recommendations, or formally reject them. Any advice that is rejected will be formally reported to senior management and the respective Audit Committee.

3 Key Relationships and Position in the Organisation

- 3.1 The standards require the terms ‘Chief Audit Executive’, ‘Board’ and ‘Senior Management’ to be defined in the context of the governance arrangements in each public sector organisation in order to safeguard the independence and objectivity of internal audit. The following interpretations are applied within Eastern Internal Audit Services.

3.2 Chief Audit Executive

- 3.2.1 The Chief Audit Executive is based at South Norfolk Council and provides the Head of Internal Audit role to all consortium members.

At South Norfolk Council, the Chief Audit Executive reports to the Chief of Staff who reports to the Managing Director of South Norfolk and Broadland.

- 3.2.2 The Head of Internal Audit also report functionally to each Section 151 Officer or Section 17 Officer at all other members of the consortium.
- 3.2.3 The Head of Internal Audit has a direct line of reporting and unfettered access to each Chief Executive, the Senior Management Team at each Local Authority and the Chair of the Board at each Local Authority.
- 3.2.4 The delivery of the Annual Audit Plans for all consortium members and any specified ad-hoc assignments is provided by an external contractor, TIAA Ltd from 1 April 2022. The Head of Internal Audit manages this contract.

3.3 Board

- 3.3.1 In the context of overseeing the work of Internal Audit at each Local Authority, the 'Board' will be the Audit Committee (or equivalent) of the Local Authority, which has been established as part of the governance arrangements. The Audit Committee's responsibilities are discharged through each of the Local Authority's Constitution's and explicitly referred to in each terms of reference.

- 3.3.2 This functional reporting includes;

- Approving the audit charter, audit strategy and risk based annual plans on an annual basis;
- Receiving regular reports on the outcomes of internal audit activity and performance;
- Receiving regular reports on management action in relation to agreed internal audit recommendations;
- Receiving the Annual Report and Opinion of the Head of Internal Audit, alongside a conclusion as to the effectiveness of internal audit;
- Overseeing External Assessments of the Internal Audit Service, at least once every 5 years.

- 3.3.3 Internal Audit work closely with the chair and members of the Audit Committee to facilitate and support their activities, part of which includes facilitating a self- assessment and providing training.

3.4 Senior Management

- 3.4.1 'Senior Management' is those individuals responsible for the leadership and direction of the organisation, and are responsible for specific aspects of internal control, risk management and governance arrangements. There is effective liaison between internal audit and senior management to ensure that independence remains, and provides for a critical challenge.
- 3.4.2 The Internal Audit Manager meets regularly with the Section 151 Officer or Section 17 Officer to ensure organisational awareness is maintained, to discuss progress with the agreed Internal Audit Plan and to maintain a good working relationship. These arrangements facilitate

discussions in relation to the current and emerging risks and issues to ensure that the internal audit plan of work remains reflective and responds as required.

3.5 External Audit

3.5.1 Regular liaison is maintained with External Audit to consult on audit plans, and to discuss matters of mutual interest. The external auditors have the opportunity to take account of the work of internal audit where appropriate.

3.6 Other Internal Audit Service Providers

3.6.1 Where appropriate internal audit will liaise with other internal audit providers, where shared arrangements exist. In such cases, a dialogue will be opened with the Chief Audit Executive to agree a way forward regarding the auditing of such shared services. This is to ensure an efficient and effective approach, and enable reliance on each other's outcomes. Where formal arrangements are entered into, a protocol will be determined and agreed by both Chief Audit Executives.

3.6.2 Internal audit will also co-operate with all external review and inspection bodies that are authorised to access and evaluate the activities of the Local Authority, to determine compliance with regulations and standards. Assurances arising from this work will be taken into account where applicable.

4 Rights of Access

4.1 Internal audit, with strict accountability for confidentiality and safeguarding records and information, is authorised to have the right of access to all records, assets, personnel and premises and has authority to obtain such information and explanations as it considers necessary to fulfil its responsibilities. This access is full, free and unrestricted and is set out in each Local Authority's Constitution.

4.2 Such access shall be granted on demand and shall not be subject to prior notice, although in principle, the provision of prior notice will be given wherever possible and appropriate, unless circumstances dictate otherwise.

5 Objective and Scope

5.1 The provision of assurance services is the primary role of Eastern Internal Audit Services, thus allowing the Head of Internal Audit to provide an annual audit opinion on the adequacy and effectiveness of the Local Authority's framework of governance, risk management and control, together with reasons if the opinion is unfavourable.

5.2 Internal audit will also provide consultancy services, at the request of management. These reviews are advisory in nature and generally performed to facilitate improved governance, risk management and control. This work may contribute to the annual audit opinion.

5.3 Whichever role / remit is carried out by internal audit the scope is to be determined by internal audit, through discussions with senior management, however this scope will not be unduly bias nor shall it be restricted.

5.4 A risk based Strategic Internal Audit Plan will be developed each year to determine an appropriate level of risk based audit coverage required to generate an annual audit opinion. The plan will be derived from risk assessments, discussions with Senior Management and Audit Committee taking prior year's assurance results into account.

- 5.5 Each audit review will be designed to provide evidence based assurance over the management of risk and controls within that area. The results of each review will be shared with management so that any required improvements can be actioned to restore satisfactory systems of internal control.
- 5.6 It is management's responsibility to control the risk of fraud and corruption; however internal audit will be alert to such risks in all the work that is undertaken. In addition, the Head of Internal Audit are either responsible for, or is consulted on, related policy and strategy. These include for example; Counter Fraud, Corruption, Anti-Bribery, Whistleblowing, Anti-Money Laundering and includes the related promotion and training for officers and councillors.
- 5.7 Through the contract in place with TIAA Ltd, there are other services that can be provided, these include: fraud investigations, grant certification and digital forensics.

6 Independence and Objectivity

- 6.1 Internal Audit must be sufficiently independent of the activities that are audited to enable an impartial, unbiased and effective professional judgement. All internal auditors working within Eastern Internal Audit Services, annually confirm their adherence the Code of Ethics, which sets out the minimum standards for performance and conduct. The four core principles are integrity, objectivity, confidentiality and competency.
- 6.2 The Internal Audit Team at South Norfolk Council, consisting of the Head of Internal Audit and the Internal Audit Trainee do not have any responsibility or authority over any activities outside of Internal Audit.
- 6.3 As contractors the TIAA Internal auditors have no operational responsibility or authority over any of the activities which they are required to review. They do not engage in any other activity, which would impair their judgement, objectivity or independence.
- 6.4 If the independence or objectivity of the Head of Internal Audit is impaired, or appears to be, the details of the impairment will be disclosed to senior management. The nature of the disclosure will depend upon the impairment.

7 Professional Standards

- 7.1 The Internal Audit Service and all Internal Audit staff operate in accordance with all mandatory guidance within the PSIAS including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the Standards and Definition of Internal Auditing. Internal Auditors also have regard for the principles contained within the Standards of Public Life.

8 Internal Audit Resources

- 8.1 The Head of Internal Audit will be professionally qualified (CMIIA, CCAB or equivalent) and have wide ranging internal audit management experience to enable them to deliver the responsibilities of the role.
- 8.2 The Head of Internal Audit is supported by the Internal Audit Trainee in ensuring the Internal Audit Service has access through the contract to a team of staff who have the appropriate range of knowledge, skills and experience to deliver the audit service.

9 Audit Planning

- 9.1 The Internal Audit Manager develops a strategy, alongside a strategic and annual internal audit plan, using a risk-based approach.
- 9.2 The Internal Audit Strategy provides a clear direction for internal audit services and creates a link between the Charter, the strategic plan and the annual plan.
- 9.3 The annual internal audit plan of work, developed as per the Internal Audit Strategy, is derived using a risk-based approach, discussed with Senior Management and approved by the Audit Committee. The Internal Audit Manager is responsible for the delivery of the internal audit plan, which will be kept under regular review and reported to the Audit Committee.

10 Audit Reporting

- 10.1 On conclusion of each assurance review included within the annual internal audit plan, a report will be provided to management giving an opinion on the adequacy of controls in place to manage risk. This report will provide an assurance level and associated recommendations to ensure that risks are appropriately addressed.
- 10.2 Management can choose not to accept / implement the recommendations raised, in all instances this will be reported through to Senior Management and the Audit Committee, especially in instances whereby there are no compensating controls justifying the course of action.
- 10.3 A Progress Report is periodically presented to the Audit Committee which includes the Executive Summary of all final reports, any significant changes to the approved plan and the performance of the contractor relative to completing the agreed plan.
- 10.4 A Follow Up Report is also periodically produced for the Audit Committee showing management progress against the implementation of agreed recommendations arising from internal audit assurance reports. The Internal Audit Team will verify and obtain evidence to demonstrate recommendation completion from responsible officers.
- 10.5 An Internal Audit Annual Report and Opinion is produced for Senior Management and the Audit Committee following the completion of the annual audit plan each financial year.
- 10.6 This report includes a summary of all Internal Audit work carried out, details of recommendations that have been implemented by management and the Annual Opinion.
- 10.7 The Annual Opinion is based on the overall adequacy and effectiveness of the Local Authority's framework of governance, risk management and control during the financial year, together with reasons if the opinion is unfavourable. This opinion is reached by considering the results from assurance reviews undertaken throughout the year.
- 10.8 The report also highlights any issues that are deemed particularly relevant to the Annual Governance Statement (AGS) and the results of the review of the effectiveness of internal audit.

11 Quality Assurance and Improvement Programme

- 11.1 The standards require a quality assurance and improvement programme to be developed that covers all aspects of internal audit; including both internal and external assessments.

11.2 If an improvement plan is required as a result of the internal or external assessment, the Head of Internal Audit will coordinate appropriate action and report this to Senior Management and the Audit Committee, as part of the annual report and opinion.

11.3 Internal Assessment

11.3.1 Internal assessment includes the ongoing monitoring of the performance of the contractor through the performance measures. These form a key part of service management of the contract and are subject to quarterly reporting to the Head of Internal Audit for review.

11.3.2 On conclusion of audit reviews a feedback form is provided to the key officer identified during the audit process. Outcomes are reviewed and relevant improvements discussed with the contractor.

11.3.3 The standards also require periodic self-assessment in relation to the effectiveness of internal audit, the detail and outcomes of which are then forwarded to the Section 151 Officer or Section 17 Officer for their independent scrutiny, before the summary of which is provided to the Audit Committee as part of the annual report and opinion. This information enables the Committee to be assured that the internal audit service is operating in accordance with best practice.

11.4 External Assessment

11.4.1 External assessments must be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Organisation. This can be in the form of a full external quality assessment that involves interviews with relevant stakeholders, supported by examination of the internal audit approach and methodology leading to the completion of an independent report, or a validated self-assessment, which the Internal Audit Manager compiles against the PSIAS assessment tool, which is then validated by an external assessor/team. The full external quality assessment is the chosen option for Eastern Internal Audit Services.

11.4.2 An external assessment will:

- Provide an assessment on the internal audit function's conformance to the standards;
- Assess the performance of the internal audit activity in light of its charter, the expectations of the various boards and executive management;
- Identify opportunities and offer ideas and counsel for improving the performance of the internal audit activity, raising the value that internal audit provides to the organisation; and
- Benchmark the activities of the internal audit function against best practice.

11.4.3 In October 2022 Eastern Internal Audit Services was fully assessed by the Chartered Institute of Internal Auditors. The conclusion of the review was:

"EIAS conforms with the vast majority of the Standards, as well as the Definition, Core Principles and the Code of Ethics, which form the mandatory elements of the PSIAS and the Institute of Internal Auditors' International Professional Practices Framework (IPPF), the globally recognised standard of quality in Internal Auditing".

11.4.4 The next External Quality Assessment is scheduled for October 2027.

APPENDIX 2 – INTERNAL AUDIT STRATEGY



EASTERN INTERNAL AUDIT SERVICES

INTERNAL AUDIT STRATEGY FOR 2023/24

1. Introduction

- 1.1 The Internal Audit Strategy is a high-level statement of;
- how the internal audit service will be delivered;
 - how internal audit services will be developed in accordance with the internal audit charter;
 - how internal audit services links to the organisational objectives and priorities; and
 - how the internal audit resource requirements have been assessed.

The provision of such a strategy is set out in the Public Sector Internal Audit Standards (the standards).

- 1.2 The purpose of the strategy is to define the objectives, function, the approach, resources and processes needed to achieve Internal audit service, providing a clear link between the Charter and the annual plan.
- 1.3 Throughout this strategy the term 'The Authority' or 'Authority' references any member of the Eastern Internal Audit Services Consortium. The term 'Audit Committee' is used throughout to refer to each Authorities Audit Committee or equivalent.

2. How the internal audit service will be delivered

- 2.1 The Role of the Head of Internal Audit and contract management is provided by South Norfolk Council to; Breckland, Broadland, North Norfolk and South Norfolk District Councils, Great Yarmouth Borough Council, Norwich City Council and the Broads Authority. All Authorities are bound by a Partnership Agreement.
- 2.2 The delivery of the internal audit plans for each Authority is provided by an external audit contractor, who reports directly to the Head of Internal Audit at South Norfolk Council. The internal audit work is delivered by an outsourced provider, TIAA Ltd. The contract for this service commenced from 1 April 2022 ending 31 March 2027 with the option to extend for a further term of two plus two.

3. How internal audit services will be developed in accordance with the internal audit charter

3.1 Internal Audit objective and outcomes

- 3.1.1 Internal audit is an independent, objective assurance and consulting activity designed to add value and improve the Authority's operations. It helps the Authority accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

- 3.1.2 The outcomes of the internal audit service are detailed in the Internal Audit Charter and can be summarised as; delivering a risk-based audit plan in a professional, independent manner, to provide the Authority with an opinion on the level of assurance it can place upon the internal control environment, systems of risk management and corporate governance arrangements, and to make recommendations to improve these provisions, where further development would be beneficial.
- 3.1.3 The reporting of the outcomes from internal audit is through direct reports to senior management in respect of the areas reviewed under their remit, in the form of an audit report. The Audit Committee and the S151/S17 Officer also receive:
- The Audit Plans Report, which is risk based and forms the next financial year's plan of work; and
 - The Annual Report and Opinion on the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control.
- 3.2 Internal Audit Planning
- 3.2.1 A risk-based internal audit plan (RBIA) is established in consultation with senior management that identifies where assurance and consultancy is required.
- 3.2.2 The audit plan establishes a link between the proposed audit areas and the priorities and risks of the Authority considering:
- Stakeholder expectations, and feedback from senior and operational managers;
 - Objectives set in the strategic plan and business plans;
 - Risk maturity in the organisation to provide an indication of the reliability of risk registers;
 - Management's identification and response to risk, including risk mitigation strategies and levels of residual risk;
 - Legal and regulatory requirements;
 - The audit universe – all of the audits that could be performed; and
 - Previous Internal Audit plans and the results of audit engagements.
- 3.2.3 In order to ensure that the internal audit service adds value to the Authority, assurance should be provided that major business risks are being managed appropriately, along with providing assurance over the system of internal control, risk management and governance processes.
- 3.2.4 Risk based internal audit planning starts with the Authority's Business Plan, linking through to the priority areas and the related high-level objectives. The focus is then on the risks, and opportunities, that may hinder, or help, the achievement of the objectives. The approach also focuses on the upcoming projects and developments for the Authority.
- 3.2.5 The approach ensures; better and earlier identification of risks and increased ability to control them; greater coherence with the Authority's priorities; an opportunity to engage with stakeholders; the Committee and Senior Management better understand how the internal audit service helps to accomplish its objectives; and this ensures that best practice is followed.
- 3.2.6 The key distinction with establishing plans derived from a risk based internal audit approach is that the focus should be to understand and analyse management's assessment of risk and to base audit plans and efforts around that process.

3.2.7 Consultation with the S151/S17 Officer and Senior Management takes place through discussion during which current and future developments, changes, risks and areas of concern are considered and the plan amended accordingly to take these into account.

3.2.8 The outcome of this populates the annual internal audit plan, which is discussed with and approved by senior management prior to these being endorsed by the Audit Committee. In addition, External Audit is also provided with details of the plans.

3.3 Internal Audit Annual Opinion

3.3.1 The annual opinion provides Senior Management and the Audit Committee with an assessment of the overall adequacy and effectiveness of the Authority's framework of governance, risk management and control.

3.3.2 The opinion is based upon:

- The summary of the internal audit work carried out;
- The follow up of management action taken to ensure implementation of agreed action as at financial year end;
- Any reliance placed upon third party assurances;
- Any issues that are deemed particularly relevant to the Annual Governance Statement (AGS);
- The Annual Review of the Effectiveness of Internal Audit, which includes;
 - A statement on conformance with the Public Sector Internal Audit standards and the results of any quality assurance and improvement programme,
 - the outcomes of the performance indicators and
 - the degree of compliance with CIPFA's Statement on the Role of the Head of Internal Audit.

3.3.3 In order to achieve the above, Internal Audit operates within the standards and uses a risk based approach to audit planning and to each audit assignment undertaken. The control environment for each audit area reviewed is assessed for its adequacy and effectiveness of the controls and an assurance rating applied.

4. How internal audit services links to the organisational objectives and priorities

4.1 In addition to the approach taken as outlined in section 3.2 (Internal Audit Planning), which ensures that the service links to each Authorities objectives and priorities and thereby through the risk based approach adds value, internal audit also ensure an awareness is maintained of local and national issues and risks.

4.2 The annual audit planning process ensures that new or emerging risks are identified and considered at a local level. This strategy ensures that the planning process is all encompassing and reviews the records held by the Authority in respect of risks and issue logs and registers, reports that are taken through the Authority Committee meetings, and through extensive discussions with senior management.

4.3 Awareness of national issues is maintained through the contract in place with the external internal audit provider through regular "horizon scanning" updates, and annually a particular focus provided on issues to be considered during the planning process. Membership and subscription to professional bodies such as the Institute of Internal Auditors and the CIPFA on-line query service, liaison with External Audit, and networking, all help to ensure developments are noted and incorporated where appropriate.

- 4.4 Each Authorities risk profile will be evaluated throughout each year, and if required, amendments to the Internal Audit Plan will suggested for approval to ensure that Internal Audit coverage continues to focus on providing assurance over the Authorities key risks.
- 4.5 Coverage and testing plans for each audit are determined using the following principles:
- The number of days allocated to each review is considered based on the complexity of the area being audited factoring in audit scoping, testing time and quality assurance processes.
 - Key management assurance controls will be prioritised during testing to confirm that risks identified by the service area and internal audit during scoping are being monitored and managed.
 - Ordinarily, samples for each control tested will be selected to cover a 12-month period to ensure that internal audit coverage supports the annual internal audit opinion.
 - Testing sample sizes will ordinarily be based on the frequency of the control. By way of example; for each key financial control carried out weekly, a sample of four, one in each quarter across the year will be selected.
 - Testing samples will be selected randomly and objectively to provide a balanced view on the strength of the controls in place.
 - Where applicable data analytics will be used to test 100% of the available sample. The Internal Audit team will aim to increase the opportunities to adopt data analytics in their work to provide greater levels of assurance.

5. How internal audit resource requirements have been assessed

- 5.1 The in-house Internal Audit team at South Norfolk Council consists of the Head of Internal Audit who is a Chartered professional and an Internal Audit Trainee, currently training to become part qualified with the Chartered Institute of Internal Auditors.
- 5.2 These resources are used to contract manage the outsourced provider effectively, ensuring that the key performance measures of the service are met on behalf of consortium members. The team also provides Internal Audit management support to one other Council outside of the Consortium.
- 5.3 The Internal Audit Trainee has recently been appointed to enhance continuity arrangements and contribute towards building succession opportunities within the Consortium.
- 5.4 Through utilising a contractor, the risk based internal audit plan can be developed without having to take into account the existing resources, as you would with an in-house team, thus ensuring that audit coverage for the year is appropriate to the Authority's needs and not tied to a particular resource.
- 5.5 A core team of staff is provided by the contractor to deliver the audit plan, and these staff bring with them considerable public sector knowledge and experience. These core staff can be supplemented with additional staff should the audit plan require it, and in addition specialists, e.g. information technology auditors, contract auditor, fraud specialists, can be drafted in to assist in completing the internal audit plan and focusing on particular areas of specialism.
- 5.6 All audit professionals are encouraged to continually develop their skills and knowledge through various training routes; formal courses of study, in-house training, seminars and

webinars. As part of the contract with TIAA Ltd the contractor needs to ensure that each member of staff completes a day's training per quarter.

- 5.7 The recent External Quality Assessment has highlighted that that the internal audit service needs to invest in skills relating to Data Analytics to ensure audits are carried out to take full advantage of the benefits that can be realised from this audit technique.
- 5.8 In 2022/23, the team made the first steps to develop a data analytics strategy by undertaking training in this area. The contractor has also been developing data analytic capabilities within its auditing of financial key controls audits. A commitment has been made to ensure that by 2025/26 each internal audit review regardless of area will incorporate some data analytics testing. Where systems data is not available to support such tests, a recommendation will be highlighted with the aim of encouraging the development of data maturity.
- 5.9 In addition to the above, in order to support the internal audit function to deliver the service using the latest best practice from the internal auditing profession, subject matter leads have been assigned to each new subject area such as climate and sustainability, culture and AI Data Analytics. Each subject matter lead will proactively seek training and guidance for their assigned area and will be responsible for upskilling the rest of the team.
- 5.10 The above-mentioned arrangements ensure that the Internal Audit Service can respond effectively to the assurance needs of each Authority whilst ensuring that the core team used are sufficiently qualified and experienced.
and experience.

APPENDIX 3 – STRATEGIC INTERNAL AUDIT PLAN

Audit Area	Last review & assurance	Associated Risk	Justification	2023/24	2024/25	2025/26	2026/27
Annual Opinion / Governance audits							
Key Controls and Assurance	2021/22 - Reasonable 2022/23 - TBC		Annual assurance required for annual opinion	30	20	30	20
Corporate Governance inc GDPR	2019/20 - Reasonable 2020/21 - Reasonable		Regular assurance required for annual opinion.	20			18
FOIs and Complaints	New area		Regulatory and reputational risks associated with this area.	12			
Business Continuity, Emergency Planning	2022/23 - TBC					16	
Performance Management, Business Planning	2016/17 - Substantial 2021/22 - Reasonable				16		
Procurement and Contract Management	2020/21 Position Statement 2022/23 - TBC				30		
Project Management	New area			14			
Risk Management	2022/23 - Position Statement					24	
Covid-19 relief grants	2022/23 - TBC						
Counter Fraud and Corruption Framework	2021/22 - Limited				15		
Annual Governance Statement	2021/22 - Substantial						15
Collaboration Feasibility/Accommodation	New area	Medium risk - The Council is unable to take advantage of the benefits and opportunities from collaborative working and other key partners through autonomous policy decision-making	Review scheduled for 2024/25 to provide independent assurance covering the original benefits and opportunities identified.		20		
South Norfolk only - Big Sky	2022/23 - Position Statement						15
Broadland only - Broadland Growth	2019/20 Reasonable				10		
Corporate Health and Safety	2021/22 - Substantial					20	
Fundamental Financial Systems							
Accountancy Services - includes control accounts, banking, bank reconciliation, asset register, budgetary control and treasury management	2019/20 - Reasonable 2021/22 - Reasonable	Medium High Risk - Financial - the Council fails to anticipate and respond to large scale changes in the external environment that impacts on our ability to deliver our MTFP	Regular assurance provided on controls relating to budgeting, financial management of assets and treasury management.	30		30	
Accounts Payable (insurance)	2018/19 - Reasonable 2022/23 - Limited				20		20
Accounts Receivable/Income	2019/20 - Substantial 2021/22 - Limited			24		24	
Payroll and Human Resources	2018/19 Reasonable 2022/23 - TBC	Medium High Risk - Capability and capacity does not meet organisational requirements	Audit planned for 2024/25 covering recruitment and retention.		16		16
Council Tax and NNDR	2018/19 Substantial 2022/23 - TBC				24		30
Covid-19 Business Grants	2021/22 - Reasonable						
Housing Benefit and Local Council Tax Support	2018/19 Reasonable 2022/23 - Reasonable				24		30

Audit Area	Last review & assurance	Associated Risk	Justification	2023/24	2024/25	2025/26	2026/27
Service Area Audits							
Economic Growth							
Economic Development	2020/21 - Position Statement 2022/23 - TBC	High Medium Risk - The Council fails to take advantage and act quickly and proactively on the opportunities of Local Government Reform and devolution	Audit covering mitigation of this risk being completed for 2022/23.			20	
Housing Strategy Affordable Housing	2022/23 Deferred	High Medium - There is insufficient private and social housing stock to meet the demand of the Council, and temporary accommodation.	Audit covering Council's ability to manage homelessness and temporary accommodation in 2022/23. Review of Housing Strategy planned for 2024/25 once strategy has been re-defined to manage this risk.		14		
Environmental Strategy	New area				16		
Community Assets	2022/23 - Reasonable						18
Car Parking	New area		Management of car parking arrangements and income not reviewed before.	16			
Tourism and Market Towns	New area					20	
Chief of Staff							
Democratic Services, Training, Allowances & expenses	2013/14 - Reasonable 2016/17 - Position Statement						12
Communications and Marketing	New area					16	
Legal services	Not reviewed recently.		Management of legal services arrangements not reviewed recently.	20			
Elections and Electoral Registration	2015/16 - Substantial 2022/23 - Substantial						16
Regulatory							
Environmental - includes emergency planning, community safety, food safety, food Health and Safety enforcement, environmental protection, dog contract out of hours, licensing and pollution control - Deferred from 2020/21	2018/19 Reasonable 2021/22 - Reasonable	Medium Risk - Failure to provide a regulatory function that meets the demand and statutory requirements arising from a fast-changing external environment. Big resignation, labour market is shrinking, employee driven labour market	Regulatory compliance with surveillance highlighted as a risk.	14		20	

Audit Area	Last review & assurance	Associated Risk	Justification	2023/24	2024/25	2025/26	2026/27
Service Area Audits							
Community Services							
Waste Management - includes contract monitoring, income collection & monitoring, pest control, refuse collection, street cleansing, recycling, clinical waste, abandoned vehicles and grounds maintenance - Deferred from 2020/21	2016/17 - Reasonable Broadland 2019/20 - Reasonable South Norfolk	High Medium - Increasing energy costs for leisure and depot, plus unsecure or disruption to supply of fuel (gas/diesel/HVO) (South Norfolk ONLY)	A review of waste management arrangement is scheduled for both Councils in 2023/24.	24			
South Norfolk only - Leisure	2019/20 - Reasonable 2022/23 - TBC	High Medium Risk - The Council is unable to maintain memberships and income levels at its Leisure Centres as a consequence of Covid-19 South Norfolk ONLY High Medium Risk - Increasing energy costs for leisure and depot, plus unsecure or disruption to supply of fuel (gas/diesel/HVO) – South Norfolk ONLY	A review of Leisure is due to take place Q4 of 2022/23 covering income recovery and operational costs.			15	
Individuals and Families							
Community Activity including Leisure. Assets of Community Value and Early Help Hub.	2022/23 - Reasonable	High Medium Risk - As a consequence of the cost-of-living crisis, there may be a significantly increased demand for Council services	A review of arrangements for managing cost of living crisis is planned for 2023/24	20			18
Private Sector Housing - includes DFGs, grants and loans	2016/17 - Substantial 2019/20 - Substantial				20		
Safeguarding and Wellbeing	New area	High Medium - The safeguarding and welfare of Ukrainian refugees arriving in South Norfolk and Broadland. The reputational risk and extra strain on Council services if placements breakdown.	Discussions with service area indicate this risk has significantly reduced. Internal Audit to monitor and bring forward in plan if necessary.		16		
Homelessness, Home Options and Private Sector Leasing	2019/20 - Limited 2021/22 - Reasonable	High Medium - There is insufficient private and social housing stock to meet the demand of the Council, and temporary accommodation.	Review scheduled for 2023/24 to provide assurance on the management of temporary accommodation assets.	20			20

Audit Area	Last review & assurance	Associated Risk	Justification	2023/24	2024/25	2025/26	2026/27
Service Area Audits							
Planning							
South Norfolk only - CNC Building Control	2016/17 - Reasonable 2018/19 - Reasonable				12		
Planning and development management	2017/18 - Reasonable 2019/20 - Reasonable	High Medium - The inability to find Gypsy and Traveller sites to meet the need and enable the Greater Norwich Local Plan to be found sound.	Audit scheduled for 2023/24 to provide assurance on management of planning processes.	20		20	
Nutrient Neutrality	New area	Very High Risk - Nutrients Neutrality advice impacts all planning decisions for overnight accommodations	Position statement suggested for 2023/24 covering governance arrangements for new joint venture.	10		10	
ICT Audits							
Cyber Security	2018/19 Reasonable 2021/22 - Limited	High Medium - there is a heightened threat of a successful cyber attack in the current climate due to the volatile situation in Ukraine and the potential for state-sponsored attacks to NATO members, including in the UK	Security controls were evaluated as part of 2021/22 work and will be followed up in a review covering prevention and recovery in 2023/24 when the Council's system have migrated over to the Horizon Centre.	20		12	
Disaster Recovery	2019/20 - Reasonable 2021/22 - Limited					12	
Remote Access	2020/21 - Reasonable					10	
Service Desk	2020/21 - Reasonable			14			
Digital Strategy	New area				20		
Data Centre	2019/20 Position Statement						
Information management	New area				20		
Post-implementation Finance System	2022/23 - Position Statement						
IT audit reviews to be determined						18	28
Follow Up of audit recommendations							
Follow up of agreed audit recommendations				16	16	16	16
Total number of days				324	329	321	304

APPENDIX 4 - Annual Internal Audit Plan 2023/24

Audit Area	No of days	Q1	Q2	Q3	Q4	Joint	Notes
Annual Opinion Governance Audits							
Key Controls and Assurance	30				30	√	This is an annual review of key financial controls and informs the Head of Internal Audit's overall opinion on the control environment and feeds into the Statement of Accounts. For those systems not subject to a full audit review within the year, assurance will be provided.
Corporate Governance, incl. GDPR	20			20		√	Assurance is typically provided on corporate governance every other year to support the Internal Audit Opinion. The last review was undertaken in 2020/21 and a reasonable assurance grading was given. The Corporate Governance audit for 2023/24 will provide assurance that decision making is undertaken in accordance with each of the Councils' Constitutions and that Cabinet and the supporting committees are functioning adequately in line with their agreed terms of reference. This review will also provide high level assurance on the management of compliance with data protection legislation such as the reporting and investigation of breaches, and retention arrangements.
FOIs and Complaints	12		12			√	A review of this area has not been carried out at the Councils before. A review of Freedom of Information Requests and Complaints will be undertaken evaluate response times, validate performance information to provide assurance that the Councils' procedures, legislative requirements and the expectations of customers are being met.
Project Management	14		14			√	A review of this area has not been carried out at the Councils before. A Position Statement will be completed offering insight into the Councils project management framework covering the resourcing, approval, management and reporting of key projects. Arrangements will be evaluated against best practice and examples of other PMO's across the Consortium.
Fundamental Financial Systems							
Accountancy Services	30			30		√	This key financial system feeds into the Statement of Accounts and requires regular review to confirm the adequacy and effectiveness of controls in this area. The Councils have a medium strategic risk raised on failing to anticipate and respond to large scale changes in the external environment that would impact on the Councils' ability to deliver the MTFP. The Accountancy Services review will provide assurance that budgets are being managed robustly.
Accounts Receivable/Income	24				24	√	This key financial system feeds into the Statement of Accounts and requires regular review to confirm the adequacy and effectiveness of controls in this area.

Audit Area	No of days	Q1	Q2	Q3	Q4	Joint	Notes
Service area audits							
Car Parks	16			16		√	A review of this area has not been carried out at the Councils before. Subject to potential revisions to car parking charges, this review will provide assurance over the application of car parking fees and charges and provide assurance over the arrangements for managing car parking income.
Legal Services	20	20				√	This area has not been reviewed at the Councils before. This audit will provide assurance that legal services' budgets are well managed, legal services are instructed in accordance with agreed procedures and that the SLAs between the Councils and each provider are being upheld.
Surveillance and Investigatory Powers	14	14				√	A review of this area has not been carried out at the Councils before. A Medium Risk has been raised relating to non compliance with regulatory requirements due to resourcing/skills constraints brought about from a fast-changing external environment. The Councils are likely to be subject to a RIPA inspection in 2023/24. In preparation for this, the audit will provide assurance that the Councils are able to demonstrate that they are adhering to the newly revised RIPA policy and its requirements and that staff are well informed of their obligations under the Act.
Waste Management	24			24		2 separate reports to be produced reflecting different arrangements	<p>This area has not been covered at Broadland since 2016/17. A high medium strategic risk has been raised at SNC in regards to increasing energy costs for the depot; and disruption to supply of fuel. In addition to this, a new depot is required at SNC to safeguard the resilience of the service in the long term and to adhere to Health and Safety Requirements. An audit will be carried out covering waste management arrangements separately for both SNC and BDC.</p> <p>For Broadland there will be focus on the robustness of contract management arrangements and at South Norfolk, service management along with a review of management information to support the effectiveness of commercial waste collection services.</p> <p>Both audits will cover the Council's preparedness for any changes that may be required as part of the governments waste consultation.</p>
Early Help Hub	20		20			√	A high medium strategic risk has been raised in the strategic risk register in relation to the cost of living crisis and increased demand for Council services. This review will provide assurance over the measures that have been put in place during winter of 2022/23 to help residents tackle the impacts of cost of living, as well as any lessons learned.

Audit Area	No of days	Q1	Q2	Q3	Q4	Joint	Notes
Service area audits							
Homelessness and Home Options	20	20				√	A high medium strategic risk has been raised in the strategic risk register in relation to insufficient private and social housing stock to meet the demands of the Councils and temporary accommodation. This is due to the impacts from the pandemic, cost of living and Homes for Ukraine initiative. A review was last carried out in 2021/22, resulting in a reasonable assurance grading. An audit will be carried out to review whether the service is being delivered in accordance with statutory obligations such as action taken to prevent homelessness. The audit will also evaluate the Councils management of newly acquired temporary accommodation, providing assurance that Health and Safety obligations are being met.
Planning and Development Management	20				20	√	This area was last reviewed in 2019/20 and was given a reasonable assurance grading. A high medium strategic risk has been raised in the strategic risk register in relation to an inability to find Gypsy and Traveller sites to meet the need and enable the Greater Norfolk Local Plan to be found sound. A new planning system is also due to be in place in the new financial year. This audit will provide assurance that the Councils' planning processes are efficient, effective and consistent across both Councils. We will provide assurance on the management of pre application fees, Committee reporting and decisions, and performance in relation to determining applications within the statutory timeframes. The audit will provide assurance to the progress in mitigating risks raised regarding the identification of new Gypsy and Traveller sites.
Nutrient Neutrality	10				10	√	A very high scoring risk has been identified relating to Nutrients Neutrality advice impacting all planning decisions for overnight accommodation. A Position Statement is proposed to be carried out in the event that a Joint Venture company is set up to mitigate the impact of this risk by supporting local development. The audit will evaluate the robustness of governance arrangements for the new joint venture.
ICT Audits							
Cyber Security and Disaster Recovery	20			20		√	A high medium scoring risk has been raised in the strategic risk register relating to a heightened threat of a successful cyber attack. Both Cyber Security, and Disaster Recovery were last reviewed in 2021/22, resulting in a limited assurance grading. A follow up review will be undertaken providing assurance on any improvements made the Council's ability to prevent and recover IT systems in the event of an incident following the move to the Horizon Centre.
Service Desk	14	14				√	A review of service desk was last carried out in 2020/21, resulting in Reasonable assurance. Our review will provide assurance that the service desk able to demonstrate that it delivers assistance to the Councils in accordance with the SLA for the timely management and resolution of incidents.
Follow Up of audit recommendations							
Follow up of agreed internal audit recommendations Broadland and South Norfolk	16	4	4	4	4	√	Bi-monthly follow up of agreed recommendations and evidence of closure verified.
Total number of days	324	72	50	114	88		
Total number of days Broadland	162						
Total number of days South Norfolk	162						

APPENDIX 5 – Assurance Map Top 5 Strategic Risks 2023/24

Risk	First Line Assurance	Second Line Assurance	Third Line Assurance
<p>Risk – Nutrients Neutrality advice impacts all planning decisions for overnight accommodations.</p> <p>Consequence – Potential adverse impact upon the ability to demonstrate delivery of sites in Five Year Land Supply leading to speculative development pressures outside of the affected catchment area.</p>	<p>The Council is working on mitigating this risk with local planning authorities. A partnership has been set up to explore the options of a joint venture.</p> <p>Regular updates to members and portfolio holder.</p> <p>Options paper to be presented to Council for decision.</p>	<p>Regular updates on progress to mitigate the nutrient neutrality risk are discussed with Natural England through the partnership.</p> <p>Strategic risk monitored at senior management level and at Committee level.</p> <p>Legal advice is received by the Council on the set up of the joint venture.</p>	<p>A position statement is proposed for later in 2023/24 to provide assurance over the set up of and governance arrangements for a joint venture arrangement if this progresses.</p>
<p>Risk - There is insufficient private and social housing stock to meet the demand on the Council, and temporary accommodation</p> <p>Consequence - Unable to provide housing which results in blockages within temporary accommodation. This will result in increased costs and poorer outcomes for vulnerable residents.</p>	<p>Performance measured; Percentage successful intervention to prevent or relieve homelessness for customers who are homeless or at risk of becoming homeless. In Q3 this measure was in green status.</p> <p>Close monitoring of temporary accommodation budget which is overspent in 2022/23.</p> <p>Team looking viability of purchasing temporary accommodation.</p>	<p>A peer review on Temporary Accommodation has been carried out by Steve Williams in Waste Services regarding Health and Safety. The report has not highlighted any major issues.</p> <p>A best practice group is set up which is attended by staff representatives. Information is also regularly passed on from the LGA.</p>	<p>Independent assurance to be provided covering the management arrangements of temporary accommodation with a particular focus on Health and Safety in 2023/24.</p>
<p>The inability to find Gypsy and Traveller sites to meet the need and enable the Greater Norwich Local Plan to be found sound</p> <p>Consequence- The local plan will not be found sound which leaves the Council without an adopted local plan and open to speculative development</p>	<p>Regular progress updates provided to Cabinet.</p>	<p>Working with Greater Norwich partners to identify appropriate G&T sites.</p> <p>The Council's are working with the Planning Inspectorate to understand how potential sites will be considered through Main Modifications, and the impact this will have on the timetable for adoption of the plan.</p>	<p>Planning and Development Management will be reviewed by Internal Audit in 2023/24. An update on local plan consultation arrangements will be provided.</p>

Risk	First Line Assurance	Second Line Assurance	Third Line Assurance
<p>As a consequence of the cost-of-living crisis, there may be a significantly increased demand for Council services</p>	<p>Performance measure reported against - Numbers of vulnerable residents supported by our discretionary prevention services. This measure was in green status for Q3 2022/23.</p> <p>Programme manager is in post to manage the council's humanitarian and community response to the cost-of-living crisis.</p>	<p>A report will be taken to Scrutiny Committee in August/September 2023, to outline outcomes/successes/lessons learned from the measures that have been put in place over winter 2022/23 to help residents tackle impacts of cost of living.</p>	<p>A review is due to be carried out in 2023/24 to support the September 2023 lessons learned work covering the cost of living interventions over winter 2022/23.</p>
<p>Risk - Capability and capacity does not meet organisational requirements. Consequence - Poor standards of service delivery, service disruption, slow or minimal transformation and inability to meet savings targets as a result. This could also lead to budget underspends if the lack of capacity leads to projects being delayed.</p>	<p>Management, Leadership Training and Development in progress.</p> <p>Regular Budget Monitoring.</p> <p>Performance measures regularly reported against for; Percentage of the organisations workforce who are apprentices and graduate entry roles. Retention, staff satisfaction, absence/sickness reporting also produced for CLT and Cabinet.</p>	<p>Independent staff surveys carried out regularly to take temperature of workforce.</p> <p>Local authority benchmarking across the region and wider to ensure pay and benefits on a role specific basis remain comparable and competitive.</p>	<p>Bi-annual review of HR and Payroll undertaken. Audit scheduled for 2024/25 covering retention/recruitment practice.</p>