

Governance & Audit Committee

Date: **Monday 28 November 2022**

Time: **10am**

Venue: **Council Chamber, County Hall, Martineau Lane,
Norwich NR1 2DH**

Membership

Cllr Ian Mackie (Chairman)
Cllr Robert Savage (Vice Chairman)

Cllr Terry Jermy
Cllr Mark Kiddle-Morris
Cllr Saul Penfold
Cllr Tony White

Advice for members of the public:
This meeting will be held in public and in person

It will be live streamed on YouTube and members of the public may watch remotely by clicking on the following link: [Norfolk County Council YouTube](#)

However, if you wish to attend in person it would be helpful if you could indicate in advance that it is your intention to do so as public seating will be limited. This can be done by emailing committees@norfolk.gov.uk

The Government has removed all COVID 19 restrictions and moved towards living with COVID-19, just as we live with other respiratory infections. However, to ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

A g e n d a

1 To receive apologies and details of any substitute members attending

2 Minutes

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To confirm the minutes of the meeting held on 28th July 2022.

3 Members to Declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
 - Exercising functions of a public nature.
 - Directed to charitable purposes; or
 - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4 To receive any items of business which the Chair decides should be considered as a matter of urgency

5 Terms of Reference for the Governance and Audit Committee
Report by Director of Governance

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6 Monitoring Officer Annual Report 2021-22
Report by the Director of Governance

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7	Anti-Fraud, Bribery and Corruption Report for the Quarter ending 30 September 2021 Report by the Director of Governance	Page 50
8.	External Audit Update Report by the Executive Director of Finance & Commercial Services	Page 60
9	External Auditors Update: Norfolk Pension Fund Audit Results Report Report by the Executive Director of Finance & Commercial Services	To follow
10	Yearly Update of the Audit Committee Report by the Executive Director of Finance & Commercial Services	Page 63
11	Norfolk Audit Services Quarterly Report for the Quarter ended September 2022 Report by the Executive Director of Finance & Commercial Services	Page 69
12	Norfolk Audit Services' Terms of Reference (Charter) and Code of Ethics 2021/22 Report by the Executive Director of Finance & Commercial Services	Page 82
13	Risk Management Quarterly Report to November 2022 Report by the Executive Director of Finance & Commercial Services	Page 101
14	Audit Committee Work Programme Report by the Executive Director of Finance & Commercial Services	Page 147

Tom McCabe
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Date Agenda Published: 18 November 2022



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Audit Committee

Minutes of the Meeting held in Council Chamber, County Hall on Thursday 28 July 2022 at 2pm

Present:

Cllr Ian Mackie – Chairman
Cllr Terry Jermy
Cllr Mark Kiddle-Morris
Cllr Robert Savage – Vice-Chairman
Cllr Saul Penfold
Cllr Tony White

Substitute Members Present:**1 Apologies for Absence**

- 1.1 All members were present.

2 Minutes

- 2.1 The minutes from the Audit Committee meeting held on 23 April 2022 were agreed as an accurate record and were signed by the Chairman.

3 Declaration of Interests

- 3.1 Cllr Robert Savage declared an “Other Interest” as he is a Member of the Norfolk Pension Fund scheme.

4 Items of Urgent Business

- 4.1 The Chairman advised that following constitutional changes agreed by Full Council on 19th of July 2022 the Audit and Standards Committee have merged. Further details and training would be available to members as and when matters were agreed.

5 Norfolk County Council and Norfolk Pension Fund External Audit Plan 2021-22

- 5.1 Mark Hodgson, External Auditor Ernst & Young LLP presented the report to the committee and advised that all audit risks were consistent and in line with the discussions held in April 2022. One new risk had been added as Infrastructure and Assets, as alluded to in April 2022. The risk relating to Covid 19 grants had been removed and downgraded to an inherent risk. There was one new inherent risk concerning group consolidation as the Council’s subsidiary Repton Property Developments was to be consolidated into the audit process for the first time. The value for money assessment, to be considered before the audit plan is approved, has not changed since April 2022. Due to rotation requirements this was the last year of Mark Hodgson’s involvement in the audit process as a signing partner, following a two-year extension and that this

disclosure was covered in the report. The pension fund audit followed the same process and risks were consistent with discussions in April 2022. The Chairman on behalf of the committee thanked Mark Hodgson for all his hard work, advice and support given to the Council in his tenure as External Auditor.

5.2 In response to questions from the Committee, the following points were noted:

- There was already a lot of corporate reporting statutory requirements relating to sustainability and climate change / carbon emission and carbon footprints. Although this did not currently apply to local government this will likely be a requirement in the future. The Council was already including a lot of this detail in its decision making and was leading in this area, albeit the learning curve was steep and there was still more work to be done.
- Audit sampling was sufficient to allow an audit opinion to be formed, however specific details of the testing cannot be provided to ensure no prior warning was given to officers as to what areas were being audited.
- The risk profiles for the Council as a whole were consistent with other local authorities and were not of additional concern.
- The audit process ensured that value for money processes existed and were appropriate. The audit itself would not provide comment on whether value for money was being attained.

5.4 The Committee considered the report and **RESOLVED** to:

- Note and **agree** the Norfolk County Council Initial External Audit Plan and the Norfolk Pension Fund Provisional External Audit Plan for 2021-22 .

6 Norfolk Pension Fund Governance Arrangements 2021-22

6.1 The Committee received the report by the Executive Director of Finance & Commercial Services and the Director of the Norfolk Pension Fund outlining the ongoing governance arrangements of the Norfolk Pension Fund.

6.2 Alex Younger, Head of Funding & Investment, Norfolk Pension Fund undertook a presentation that can be found on the [committee's website pages](#).

6.3 In response to questions the following points were noted.:

- The Pension Oversight Board provides oversight of the fund commenting on the processes involved ensuring that policies and procedures for administration, investment and governance are followed. They do not directly influence investment decision making.
- The pension fund was 99% funded as at 31 March 2019, when the last triannual valuation was undertaken. Financial markets expect current high inflation levels to return to more normalised levels in the next 3 years, although it was acknowledged that high inflation does pose a risk to those proportions of the scheme that had benefits that relate directly to the inflation (CPI index linked).
- The pension oversight board had elected scheme member representatives as well as guaranteed seats for unions and different employer types.
- A consultation is due shortly on TCFD (Taskforce on Climate Related Financial Disclosures) for the LGPS. This will increase formal climate

reporting and target setting across the LGPS sector. The Norfolk Fund already reports key climate metrics across its quoted equity portfolios.

6.4 The Committee considered the report and **RESOLVED** to:

- **Agree** the report, which detailed to the Committee the Norfolk Pension Fund governance arrangements, which are fully compliant with legislative requirements, regulatory guidance and recognised best practice.

7 Senior Information Risk Officer Annual Report 2021-22

7.1 The Committee received the report by the Executive Director of Strategy and Transformation and it was presented by Nigel Gollop Head of Information Governance Service.

7.2 The report provided the annual assurance statement to confirm adequate systems and processes are in place around Information Governance and that activity had taken place to ensure a robust information governance culture.

7.3 Activity in the previous 12 months had included:

- Strong emphasis on training with 95% of staff having undertaken the Information Governance and Online Security mandatory training.
- 94% of Freedom of Information (FOI) requests had been responded to within the 20 day statutory timescale. The remaining 6% were usually more complex cases and ongoing discussions happen with the requestor.
- Paper records are being centralised in to one location with careful consideration given to access and disposal dates.
- Electronic records were in the process being transferred from file share storage to Sharepoint which also has an auto deletion date facility to ensure data is not held beyond the agreed retention period.
- Scanning services have reduced time by a third by centralising locations where scanning is undertaken in relation to Subject Access Requests.
- Eight breaches had been reported to ICO with initial actions being sufficient, with no further action being required.

7.4 The following points were noted in response to questions from the committee:

- Data on complaints relating to Information Governance were not included within the report although it was suggested these could be added in the future and are known to be low based on recent analysis.
- Training continues to be undertaken around paper and electronic information to ensure colleagues are aware of their responsibilities while working at home. Monitoring continues through our breach reporting process within no concerns to note.
- 12k boxes of paper information have been moved from other locations to a centralised facility at Scottow. These have been assessed to ensure they comply with agreed retention and there is a longer term plan to assess viability to digitise.

7.5 The committee considered the report and **RESOLVED** to:

1. Agree the SIRO's annual statement on Information Governance and that appropriate actions had been taken and a clear plan for further improvement was in place.
2. Agree that the SIRO role, as described in the Council's Information Governance Framework, had been adequately discharged.
3. Request that data concerning complaint levels was added to future reports.

8 Norfolk County Council's Insurance Strategy

8.1 The Committee received the report by the Executive Director of Finance and Commercial Services which formally provided the Council with a strategy for insurance procedures and practice. The strategy had been reviewed and compared against other similar local authorities to ensure industry standards are maintained. This has provided the Council with an assurance that competency around procurement and delivery of insurance services was in place.

8.2 In response to member's questions the following points were discussed and noted:

- The document will be reviewed in three years' time and will be considered by the committee before formal adoption.
- Other than for the most catastrophic of issues the council self-insured property using the council's own in-house resources or subsidiaries to carry out any repair work. Insuring externally for all property claims would likely push the premium above what is likely to be claimed for.
- The report did not include claims data as this is reported annually to the committee in a separate report.

8.3 The Committee considered the report and **RESOLVED** to agree the following:

- That the Insurance Strategy provided proper insurance provision for the Council and subsidiary companies.
- The strategy to be reviewed in three years' time.
- The strategy will be considered by the committee before approval and adoption.

9 Norfolk Audit Services Annual Report for 2021/22 and Quarterly Report for period ending 30 June 2022

9.1 The Committee received the report by the Executive Director of Finance and Commercial Services setting out the work carried out to support the County Council's vision and strategy and reporting measures.

9.2 The Chief Internal Auditor confirmed that the system of internal control, that included the management of risk, during 2021/22 was acceptable and therefore considered sound. In addition, the inclusion of new tracker software to ensure when recommendations had been completed and closed down was now in place. This had made the process easier to monitor and to control the workflow.

9.3 The following points were noted in response to questions from the Committee:

- The information on timescales for recommendations in progress will be provided to committee members in due course. The new software monitoring this area has only been in place for a relatively short while and was being updated.
- Display screen assessments data would be due at the end of July. This would be made available to the committee when completed. Home assessments for hybrid workers were in place and guidance had been given to line managers. The Health and Safety and Wellbeing Manager would be asked to provide an update.
- During the pandemic the Council had provided financial assistance for employees to obtain the necessary equipment to ensure safe home working.

9.4 The Committee considered the report and **RESOLVED** to agree:

- The opinion on the overall adequacy and effectiveness of the County Council's framework of risk management, governance and control for 2021/22 and for the quarter ending 30 June 2022 is 'Acceptable'.
- The audit service provided by NAS continues to conform with the International Standards for the Professional Practice of Internal Auditing (Public Sector Internal Auditing Standards (PSIAS)) and complies with the Accounts and Audit Regulations 2015 (as amended).
- The Annual Governance Statement (AGS) for 2021/22 will refer to this report and will be reported to this Committee in October 2022 for its approval.
- The impact of Covid-19 for ongoing ways of working including hybrid working, internal controls, risks and governance were continually monitored and managed and assurance was provided to the Committee through regular reporting.
- That the Committee continue to review information on the effectiveness of the management processes and corporate control functions (legal, financial, information, health and safety and human resources services performed) as provided by internal audits, self-assessment, customer feedback and any existing external performance reviews.

10 Risk Management Annual Report 2021/22

10.1 The Committee received the report by the Executive Director of Finance & Commercial Services. The report outlined the key messages for risk management from the last financial year and looked at the current financial year for the risk management function.

The Risk Management Officer advised that the quarterly report was not available since the corporate risk register was undergoing a strategic review.

10.2 The Committee considered the report and **RESOLVED** to agree:

The key messages from the Annual Risk Management 2021/22 Report (Appendix A):

- The overall opinion on the effectiveness of Risk Management for 2021/22 is 'Acceptable' and therefore considered 'Sound' (part 3 of the report)
- The Risk Management Function complies with the Accounts and Audit (England) Regulations 2015 (as amended in 2020) and recognised Public Sector Internal Audit standards.
- Risk management has continued to play a prominent role in the Council's response to the pandemic over the last financial year, in considering risk-based decisions at every level of the Council.
- The Annual Governance Statement for 2021/22 will refer to this report and will be reported to this Committee in October 2022 for its approval.

11 Annual Anti-Fraud, Bribery and Corruption Report 2021-22

11.1 The Director of Governance had sent her apologies and the report was presented by the Chief Internal Auditor. The Committee received the report by the Director of Governance summarising the internal governance work carried out in 2021-22 that provided assurance that the organisation's control environment, in the areas which are the responsibility of the Monitoring Officer was adequate and effective.

11.2 The Chief Internal Auditor confirmed that the Council does have a robust strategy and robust action plans to tackle fraud. The Chairman thanked the Director of Governance and Monitoring Officer for her work, in her absence and was pleased to note the assurance of an adequate and effective governance environment. In response to members questions the committee discussed and noted the following:

- The report, due to confidentiality reasons and ongoing investigation, can not provide explicit details of cases but provides an overview of types and effects of cases of fraud and similar.
- The numbers of fraud cases is considered extremely low in comparison to numbers of employees and financial transactions.
- The council is very alert to the possibility of fraud and has checks and balances in place.
- Due to pressures in the Crown Prosecution Service and the Police some cases are taking longer to work through the system than was anticipated.
- Prevention work in the area of fraud, bribery and corruption was being restricted due to the uneven nature of workflow of cases requiring investigation. It is hoped once the current work pattern slows down officers can reprioritise the prevention work.
- Robust controls are in place for access to information systems and any inappropriate searching is quickly identified and dealt with in accordance with the procedures.

- Whistleblowing disclosures vary and some are more related to personal grievances and those are signposted to the relevant grievance procedures.
 - Data analysis measures were being used to spot any potential fraud within the Norfolk Assistance Scheme (NAS).
- 11.3 The Committee considered the report and **RESOLVED** to agree:
- The key messages featured in the Annual Report at Appendix A, that the work and assurance are satisfactory, effective and meet their requirements; and advised if further information was required.

12 Work Programme

- 12.1 The Committee received the report by the Executive Director of Finance & Commercial services.
- 12.2 The Committee considered and noted the report and agreed to the programme. The Chairman requested that the Director of Governance and Assistant Director of Governance (Audit) considers how items relating to the Standards committee will be placed on the forward work programme and any potential committee needs or training that arise.

The meeting ended at 3.51 pm



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Governance and Audit Committee

Item No:5

Report Title: Terms of Reference for Governance & Audit Committee

Date of Meeting: 28 November 2022

Responsible Cabinet Member: Cllr Andrew Proctor (Leader and Cabinet Member for Strategy & Governance)

Responsible Director: Helen Edwards Director of Governance

Is this a Key Decision? No

Executive Summary / Introduction from Cabinet Member

Full Council agreed changes to its Constitution at its meeting on 19 July 2022. This included abolishing a separate Standards Committee and incorporating the Council's obligations in respect of standards for elected members into the Audit Committee's terms of reference, renaming it the Governance & Audit Committee. This will be the first time that the committee has met since the changes to its terms of reference, and it is therefore important that it considers its terms of reference to ensure that members are aware of and understand the revisions and considers whether it wishes to make any suggestions for amendment to Council.

The committee is also being asked to consider the procedure for dealing with standards hearings previously agreed by Standards Committee and consider whether it wishes to make any amendments. This would not need a decision of Council as the procedure is not part of the Constitution.

Recommendations:

- 1. Endorse the terms of reference agreed by Council on 19 July 2022 set out in Appendix A and suggest to Council that the Committee be titled, 'Audit and Governance Committee', as that is recognisable and more easily searched by interested parties who wish to find reports, particularly relating to matters of public interest such as the approval of the accounts**
- 2. Endorse the current procedure for dealing with standards hearings set out in Appendix B**

3. **Establish a hearings sub-committee as set out at 4.3 (2) (f) of its terms of reference to be selected from committee members trained in dealing with standards hearings**
4. **Note nplaw's guidance for carrying out standards investigations (Appendix C)**

1. Background and Purpose

- 1.1 Under s27 Localism Act 2011 a local authority has a duty to promote and maintain high standards of conduct. It is not required to have a separate Standards Committee to do so, and the responsibilities previously within the remit of the Standards Committee have been brought into the remit of the previous Audit Committee, now renamed the Governance and Audit Committee. It is intended that the Committee should be able to consider and advise on standards matters and through a sub-committee, be able to determine and decide on alleged breaches and sanctions.

2. Proposal

- 2.1 Full Council has agreed the terms of reference for the renamed committee, set out at Appendix A. The committee is asked to consider its terms of reference and endorse them, or, alternatively, make recommendations for changes to its terms of reference to be considered by full Council.
- 2.2 The former Standards Committee agreed a procedure for dealing with standards hearings. This is on the council's website but is not part of the Council's Constitution. The procedure is set out in Appendix B. The Committee is being asked to endorse the procedure or make recommendations for change (which need not be referred to Council for decision). The document attached contains track changes to show the amendments necessary to reflect the change of Committee. Any further amendments required may be made by this Committee before the revised version is uploaded on the website.
- 2.3 The Committee is also being provided with nplaw's guidance for carrying out standards investigations (Appendix C) for information only as to process. Nplaw uses this guidance both for internal standards investigations and for investigations it is instructed to carry out on behalf of other local authorities as stakeholders or external clients.
- 2.4 It is necessary for the Committee to establish a sub-committee to consider alleged breaches of the code of conduct following investigation and referral to them. Members may not sit on the sub-committee until they have received training in standards matters. To assist in dealing with complaints promptly it is intended that when it is necessary to convene a sub-committee it should be made up of any three members of the Committee that have received appropriate training and it has previously been agreed that the sub-committee

should consist of 3 non-cabinet members drawn from at least two political parties and where possible gender balanced.

3. Impact of the Proposal

- 3.1 The proposal will enable the Council to properly fulfil its duty under the Localism Act.

4. Evidence and Reasons for Decision

- 4.1 The Council is required to meet its duties under the Localism Act, and the proposals ensure the Governance & Audit Committee will be able to do so. 4.2

5. Alternative Options

- 5.1 The Council could have a separate Standards Committee, but is not required to do so, and in the interests of efficiency has previously decided to bring the responsibilities into the remit of this Committee.

6. Financial Implications

- 6.1 None

7. Resource Implications

- 7.1 Staff: None

- 7.2 Property: None

- 7.3 IT: None

8. Other Implications

- 8.1 Legal Implications: The proposals allow the Council to fulfil its legal duty under s27 Localism Act 2011

8.2 Human Rights Implications: The proposals allow a fair process for any councillor accused of a breach of the code of conduct.

8.3 Equality Impact Assessment (EqIA) (this must be included): Not applicable

8.4 Data Protection Impact Assessments (DPIA): None

8.5 Health and Safety implications (where appropriate): None

8.6 Sustainability implications (where appropriate): None

8.7 Any Other Implications:

9. Risk Implications / Assessment

9.1 None

10. Select Committee Comments

10.1 Not applicable

11. Recommendations

- 1. Endorse the terms of reference agreed by Council on 19 July 2022 set out in Appendix A and suggest to Council that the Committee be titled, 'Audit and Governance Committee', as that is recognisable and more easily searched by interested parties who wish to find reports, particularly relating to matters of public interest such as the approval of the accounts**
- 2. Endorse the current procedure for dealing with standards hearings set out in Appendix B**
- 3. Establish a hearings sub-committee as set out at 4.3 (2) (f) of its terms of reference to be selected from committee members trained in dealing with standards hearings**
- 4. Note nplaw's guidance for carrying out standards investigations (Appendix C)**

12. Background Papers

12.1 None

Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

Officer name: Helen Edwards

Telephone no: 01603 493627

Email: helen.edwards2@norfolk.gov.uk



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Part 8A: Composition, Terms of Reference of Regulatory and Other Committees

4. Governance and Audit Committee

4.1 Composition

7 Members of the Council, on a politically balanced basis. Cabinet members may not be members of this Committee. No more than 1 Scrutiny Committee Member to serve on this Committee but may not serve as Chair. The functions of the former Standards Committee are added to the former Audit Committee to form the Governance and Audit Committee.

4.2 Terms of Reference for dealing with Audit issues.

A. Governance

1. Consider the Annual Governance Statement, and be satisfied that this statement is comprehensive, properly reflects the risk and internal control environment, including the System of Internal Audit, and includes an agreed action plan for improvements where necessary.

B. Internal Audit and Internal Control

1. With Chief Officers, to provide proactive leadership and direction on audit governance issues and champion audit and internal control throughout the Council.
2. Consider annually the effectiveness of the system of internal audit including internal audit's strategy, plan and performance and that those arrangements are compliant with all applicable statutes and regulations, including the Public Sector Internal Audit Standards and the Local Authority Guidance Note of 2013 and any other relevant statements of best practice.
3. Consider an annual report and quarterly summaries of internal audit reports and activities which include an opinion on the adequacy and effectiveness of the Council's internal controls including risk management, any corporately significant issues arising, and receive assurance that action has been taken as necessary.
4. Consider reports showing progress of all clients against the audit plan and proposed amendments to the Council's audit plan.
5. Ensure there are effective relationships between internal audit and external audit, other inspection agencies and other relevant bodies and that the value of the audit process is actively promoted.

C. Risk Management

1. Provide proactive leadership and direction on risk management

governance issues and champion risk management throughout the council and ensure that the full Council is kept sufficiently informed to enable it to approve the Council's risk management Policy and Framework and that proper insurance exists where appropriate.

2. Consider the effectiveness of the system of risk management arrangements.
3. Consider an annual report and quarterly reports with respect to risk management including, an opinion on the adequacy and effectiveness of the Council's risk management, any corporately significant issues arising, and receive assurance that action has been taken as necessary.
4. Receive assurances that action is being taken on risk related issues identified by both internal and external auditors and other inspectors.
5. Independent scrutiny of the authority's financial and non-financial performance to the extent that it affects the authority's exposure to risk.
6. Report annually to full Council as per the Financial Regulations.

D. Anti-Fraud and Corruption

1. Provide proactive leadership and direction on Anti-Fraud and Corruption and champion Anti-Fraud and Corruption throughout the Council.
2. Consider the effectiveness of the Council's Anti-Fraud and Corruption arrangements.
3. Consider an annual report on activity with respect to Anti-Fraud and Corruption performance and receive assurances that action is being taken where necessary.

E. Annual Statement of Accounts

1. Consider the external auditor's reports and opinions, relevant requirements of the International Standards on Auditing and any other reports to Members with respect to the Accounts, including the Norfolk Pension Fund, Norfolk Fire-fighters' Pension Fund and approve the Accounts on behalf of the Council and report required actions to the Council. Monitor management action in response to issues raised by the external auditor.
2. Consider the External Auditors' Annual Governance Report and approve the Letter of Representation with respect to the Accounts and endorse the action plan contained in this Report.

F. External Audit

1. Consider reports of external audit and inspection agencies.

2. Ensure there are effective relationships between external audit and internal audit.
3. Consider the scope and fees of the external auditors for audit, inspection and other work.

G. Norfolk Pension Fund

1. Following presentation to the Pensions Committee and with due regard to any comments and observations made, consider the draft Accounts of the Norfolk Pension Fund.

H. Treasury Management

1. Consider the effectiveness of the governance, control and risk management arrangements for Treasury Management and ensure that they meet best practice.

I. Administration

1. Review the Committee's own terms of reference no less frequently than annually and where appropriate make recommendations to the Council for changes.
2. Ensure Members of the committee have sufficient training to effectively undertake the duties of this committee.
3. Consider the six monthly and Annual Reports of the Chair of the Committee.

4.3 Terms of reference as for dealing with Standards issues.

1. The general functions of the Committee are to:
 - (a) promote and maintain high standards of conduct by Members and co-opted Members of the Council.
 - (b) assist Members and co-opted Members of the Council to observe the Council's Code of Conduct.
2. The specific functions of the Committee are to:
 - (a) advise the Council on the means of carrying out the general functions in para 1.
 - (b) advise the Council on the adoption and revision of codes of conduct for Members and officers.
 - (c) monitor the operation of the Council's Code of Conduct.
 - (d) advise and arrange training for Members of the Council and co-opted Members on matters relating to the Council's Code of Conduct for Members.
 - (e) arrange for Councillors and co-opted Members to receive dispensations to

- speak on, and participate in matters in which they have a prejudicial interest.
- (f) convene sub-Committees of three non-Cabinet Council Councillors (drawn from at least two political parties and where possible, gender balanced) to hear complaints against Councillors relating to conduct, ethics and propriety referred to them by the Director of Governance. Such sub-Committees to have power to take no further action or such actions as are necessary and permitted under arrangements for dealing with standards allegations which are published on the Council's website.

Governance and Audit Committee: Rules of Procedure for Hearings

This is the procedure for dealing with Standards Committee hearings. The Standards Committee has agreed a process for handling investigations into complaints that a member is in breach of the Code of Conduct. This process does not form part of the Constitution but is available on the Council's website [here: https://www.norfolk.gov.uk/what-we-do-and-how-we-work/have-your-say/compliments-and-complaints/councillor-complaints](https://www.norfolk.gov.uk/what-we-do-and-how-we-work/have-your-say/compliments-and-complaints/councillor-complaints)

Arrangements for dealing with standards allegations

1 Context

- 1.1 These Arrangements set out how a complaint may be made that a member of this Council has failed to comply with the Code of Conduct and sets out how the Council will deal with allegations of a failure to comply with the Code of Conduct. Under Section 28(6) and (7) of the Localism Act 2011, the Council must have in place “arrangements” under which allegations that one of its members (elected or co-opted) has failed to comply with the Code of Conduct can be investigated and decisions made on such allegations.
- 1.2 The arrangements must provide for the Council to appoint a Monitoring Officer and at least one Independent Person, whose views must be sought by the Council before it takes a decision on an allegation which it has decided shall be investigated, and whose views can be sought by the Council at any other stage, or by a member against whom an allegation has been made.

2 The Code of Conduct

- 2.1 The Council has adopted a Code of Conduct for members, which is included at Part 3B of the Council’s Constitution, available on the Council’s website.

3 Making a complaint

- 3.1 The Council regards complaints concerning the Code of Conduct very seriously and before invoking the formal procedure a complainant might wish to consider an informal meeting with the Monitoring Officer to discuss other options available. The Council encourages a process of informal resolution and the Monitoring Officer is always willing to assist with this whenever possible but cannot be asked to determine the validity of a complaint in such a process, this can only be decided after following the procedures set out below. Complaints that a member of this Council has failed to comply with the relevant authority’s Code of Conduct, should be made in writing to the Monitoring Officer at Katrina.hulatt@norfolk.gov.uk or at County Hall, Martineau Lane, Norwich, NR1 2DH.
- 3.2 Any complaint should be submitted using the Council’s complaint form, which can be downloaded from the Council’s website, next to the Code of Conduct. This will ensure all relevant information is provided. Written complaints that are not on the Council’s form will be accepted if the relevant information is provided. The complainant’s name and a contact address should be provided, so that receipt of the complaint can be acknowledged, and information on the progress of the complaint provided. If a complainant wishes to keep their name or address confidential this should be indicated in the space provided on the complaint form, in which case the Council will not disclose the name and address to the member against whom the complaint is made, without the complainant’s prior consent. The Council does not normally investigate anonymous complaints (where no name has been provided), unless there is a clear public interest in doing so.

- 3.3 The Monitoring Officer will acknowledge receipt of the complaint within five working days of receiving it and will keep the complainant informed of the progress of the complaint thereafter.
- 3.4 The Monitoring Officer is a senior officer of the authority who has statutory responsibility for maintaining the register of members' interests and who is responsible for administering the arrangements in respect of complaints of member misconduct.
- 3.5 The Monitoring Officer has the right to delegate these functions to a nominated deputy, or to an independent investigator, in the event of any conflict of interest or as the Monitoring Officer considers necessary.

4 How will the complaint be dealt with?

- 4.1 The Monitoring Officer will review every complaint received and shall undertake an initial assessment of the complaint to determine whether the complaint is admissible, and may then consult with the Independent Person before taking a decision as to whether:
- 4.1.1 it may be suitable for alternative resolution without investigation or,
 - 4.1.2 it warrants investigation, or
 - 4.1.3 it does not warrant any further action.
- 4.2 For the complaint to be admissible it must be in a legible format, relate to an existing member or co-opted member of the Council and be a complaint, which if proven, would be a breach of the applicable Code of Conduct. The Monitoring Officer will notify the complainant in writing of the outcome of the initial review giving reasons for the determination.
- 4.3 In determining whether an admissible complaint should be recommended for investigation or alternative resolution the Monitoring Officer will have regard to a range of factors including the following:
- 4.3.1 Whether there is enough information upon which to base a decision;
 - 4.3.2 Whether the complaint has already been the subject of an investigation or other action relating to the Code of Conduct or the subject of an investigation by other regulatory authorities;
 - 4.3.3 The seriousness of the alleged action by a Member;
 - 4.3.4 Does the complaint appear to be simply malicious or vexatious;
 - 4.3.5 Did the action complained of occur recently or not? A complaint that has not been received within 3 months of the alleged misconduct is not likely to be recommended for investigation or alternative resolution unless there are exceptional circumstances e.g. allegation of bullying or harassment;
 - 4.3.6 Does it appear that there can be no breach of the Code of Conduct because for example, the matter relates to the member's private life (without any relevance to their council duties), something the member has done in a private capacity or is about dissatisfaction with a decision of the authority?

- 4.3.7 Taking account of the member's response to the complaint when notified of it, for example whether the member has apologised or admitted the error
 - 4.3.8 Whether the matter is considered suitable for alternative resolution and either the subject member or the complainant is not prepared to undertake alternative action.
- 4.4 It should be noted that the complaint process will be confidential. The investigation and draft report will be shared only with the subject member, and the complainant, on a confidential basis. Papers issued to any sub-committee will be published as exempt papers. The formal decision notice of the committee, at the end of the process, will be a public notice.
- 4.5 An initial decision on how the complaint will be dealt with will normally be taken within 14 days of receipt and the complainant will be informed, in writing, of the decision and next steps, if any. If the initial decision is likely to take longer than 14 days, the complainant will be advised of this, and given an explanation. Unless exceptional circumstances exist that indicate otherwise, the Monitoring Officer will also inform the member against whom the complaint is directed of the receipt and nature of any admissible complaint and invite their comments. The subject member will also be kept informed throughout the investigation of the expected timescale and process. Where there were exceptional circumstances that meant the Member against whom the complaint was directed was not immediately informed about the complaint (e.g. because of a family bereavement) then this would be confirmed by an Independent Person.
- 4.6 It is expected that both the subject member and the complainant will co-operate with the investigation process, and with requests for a meeting or provision of information, within a reasonable period of time. If, in the opinion of the Investigating Officer, either party is not co-operating fully, the complaint may be concluded based on the evidence available to the Investigating Officer at the time. In this case a draft report will be prepared and sent to the parties for comment, but the process will not be delayed by non-co-operation.
- 4.7 Where the Monitoring Officer requires additional information in order to come to a recommendation, they may request it from the complainant, and may also request additional information from the member concerned. If the complaint identifies criminal conduct or breach of other regulation by any person, the Monitoring Officer has the power, or may have an obligation, to call in the Police or other regulatory agencies as an alternative to, or in addition to, referring the matter for investigation.
- 4.8 When a matter is referred for alternative resolution or investigation, it does not mean that the Monitoring Officer has made a decision on the allegation, it simply means that the Monitoring Officer believes the alleged conduct, if proven, may amount to a failure to comply with the Code of Conduct and that some action should be taken in response to the complaint.

5 What happens if the complaint is referred for alternative resolution?

- 5.1 The Monitoring Officer may conclude that the matter can reasonably be resolved without the need for an investigation and hearing. In such a case, the Monitoring Officer may consult with the Council's Independent Person and the complainant and seek to agree what the complainant considers to be a fair resolution which also helps to ensure higher standards of conduct for the future. Such resolution may include the member accepting that the conduct was unacceptable and offering an apology, and/or other remedial action by the authority. If the member complies with the suggested resolution, the Monitoring Officer will inform the Chair of the Governance & Audit Committee but will take no further action. If the member concerned is not prepared to participate in an alternative resolution process or undertake any proposed remedial action, the Monitoring Officer will determine whether the complaint should then be investigated and referred to the Governance & Audit Committee hearings sub-committee.

6 If the complaint is referred for investigation how is the investigation conducted?

- 6.1 If the Monitoring Officer decides that a complaint merits formal investigation, the Monitoring Officer may either carry out the investigation, or may appoint an Investigating Officer, who may be another senior officer of the authority, an officer of another authority or an external investigator. The Investigating Officer or Monitoring Officer will decide whether it is necessary to meet with, or speak, to the complainant to understand the nature of the complaint and so that the complainant can explain their understanding of events and suggest what documents need to be seen, and who needs to be interviewed. Documents will be limited to what, in the opinion of the Monitoring Officer or Investigating Officer, is reasonably necessary to investigate the complaint.
- 6.2 The Investigating Officer or Monitoring Officer would normally write to the subject member and provide them with a copy of the complaint and ask the member to provide their explanation of events, and to identify what documents they suggest need to be seen and who needs to be interviewed.
- 6.3 In exceptional cases, where it is appropriate to keep the complainant's identity confidential or disclosure of details of the complaint to the member might prejudice the investigation, the Investigating Officer or Monitoring Officer can delete the complainant's name and address from the papers given to the member, or delay notifying the member until the investigation has progressed sufficiently.
- 6.4 At the end of the investigation, the Investigating Officer or Monitoring Officer will produce a draft report and will send copies of that draft report, in confidence, to the complainant and to the member concerned, to give both an opportunity to identify any matter in that draft report with which they disagree or consider requires more consideration. The draft report will include statements taken during the investigation, and relevant documents.
- 6.5 Having received and taken account of any comments made on the draft report, the Investigating Officer will send the final report to the Monitoring Officer, or the

Monitoring Officer will produce the final report. A copy of the final report will also be sent to the Independent Person.

- 6.6 The length of time taken for an investigation will depend on the complexity of the complaint, and the availability of witnesses. The investigation will normally be completed within one month of being referred for investigation. If the complaint is complex, or involves multiple complainants, this will extend the time needed for the investigation, and the Monitoring Officer may advise the complainant of a longer timescale being required, at the start of the investigation. The complainant and the member concerned will be advised as soon as possible if it becomes apparent that the investigation cannot be completed in the stated timescale, and a revised timescale will be given.

7 What happens if the Investigating Officer or Monitoring Officer concludes that there is no evidence of a failure to comply with the Code of Conduct?

- 7.1 Either the Investigating Officer's (if one has been appointed) or the Monitoring Officer's report will be forwarded to the Independent person for a view to be sought on the report. If, after having considered the views of the Independent Person, the Monitoring Officer is satisfied that the report is sufficient to conclude that there is no evidence of a failure to comply with the Code of Conduct, the Monitoring Officer will write to the complainant and to the member concerned, stating that they are satisfied with the report, and give both a copy of the final report. The Monitoring Officer will report that there is no evidence of a failure to comply with the Code of Conduct to the Governance & Audit for information and will take no further action. If an Investigating Officer has been appointed and if the Monitoring Officer is not satisfied that the investigation report is sufficient, he or she may ask the Investigating Officer to reconsider the report.

8 What happens if the Investigating Officer or Monitoring Officer concludes that there is evidence of a failure to comply with the Code of Conduct?

- 8.1 The Monitoring Officer will seek the views of the Independent Person.
- 8.2 A hearings sub-committee of Governance & Audit Committee (as set out in para 11 below) will then be convened, and the Monitoring Officer will report the findings of the investigation to the hearings sub-committee of the Governance & Audit Committee which will conduct a hearing before deciding whether the member has failed to comply with the Code of Conduct and, if so, whether to take any action in respect of the member.
- 8.3 The Monitoring Officer will conduct a "pre-hearing process", requiring the member to give their response to the Investigating Officer's report, in order to identify what is likely to be agreed and what is likely to be in contention at the hearing, and the Chair of the hearings sub-committee may issue directions as to the manner in which the hearing will be conducted.

- 8.4 At the hearing, the Investigating Officer or Monitoring Officer will present the report, call such witnesses as considered necessary and make representations to substantiate the conclusion that the member has failed to comply with the Code of Conduct.
- 8.5 For this purpose, the Investigating Officer or Monitoring Officer may ask the complainant to attend and give evidence to the hearings sub-committee. The member will then have an opportunity to give evidence, to call witnesses and to make representations to the hearings sub-committee as to why they consider that they did not fail to comply with the Code of Conduct.
- 8.6 The hearings sub-committee, with the benefit of any advice from the Independent Person, may conclude that the member did not fail to comply with the Code of Conduct, and so dismiss the complaint.
- 8.7 If the hearings sub-committee concludes that the member did fail to comply with the Code of Conduct, the Chair will inform the member of this finding and the hearings sub-committee will then consider what action, if any, the hearings sub-committee should take as a result of the member's failure to comply with the Code of Conduct.
- 8.8 In doing this, the hearings sub-committee will give the member an opportunity to make representations to the sub-committee and will take into account any views of the Independent Person, and will then decide what action, if any, to take in respect of the matter.

9 What action can the hearings sub-committee take where a member has failed to comply with the Code of Conduct?

- 9.1 The sub-committee has the authority to take action in respect of individual members of the Council as may be necessary to promote and maintain high standards of conduct. The hearings subcommittee will take advice from the Monitoring Officer and seek the views of the Independent Person, in respect of the sanctions (if any) that might be appropriate in a particular case, and it is expected that the more severe sanctions will be reserved for more serious breaches of the Code of Conduct. The sanctions available are that the hearings sub-committee may:
- 9.1.1 Censure or reprimand the member;
 - 9.1.2 Publish its findings in respect of the member's conduct;
 - 9.1.3 Report its findings to Council for information
 - 9.1.4 Recommend to the member's Group Leader (or in the case of ungrouped members, recommend to Council or to Committees) that they be removed from any or all committees or subcommittees of the Council, including joint committees or sub-committees for a stipulated period;
 - 9.1.5 Removing from all outside appointments to which the member has been appointed or nominated by the Council for a stipulated period;
 - 9.1.6 Instruct the Monitoring Officer to arrange appropriate training for the member;

- 9.1.7 Withdraw for a stipulated period, facilities provided to the member by the Council, such as a computer, website and/or email and Internet access, to the extent that such a withdrawal is reasonable and proportionate to the nature of the breach and does not unduly restrict the person's ability to perform the functions of a member;
 - 9.1.8 Exclude the member from the Council's offices or other premises for a stipulated period, with the exception of meeting rooms as necessary for attending Council, Committee and Sub-Committee meetings; or
 - 9.1.9 Limit access to officers for a stipulated period or require communication between the member and officers or other persons or bodies to be confined to certain forms or ceased for a stipulated period.
- 9.2 The hearings sub-committee has no power to suspend or disqualify the member or to withdraw members' allowances.

10 What happens at the end of the hearing?

- 10.1 At the end of the hearing, the Chair will state the decision of the hearings subcommittee as to whether the member failed to comply with the Code of Conduct and as to any actions which the hearings sub-committee resolves to take. As soon as reasonably practicable thereafter, the Monitoring Officer shall prepare a formal decision notice in consultation with the Chair of the hearings subcommittee, and send a copy to the complainant, to the member, make that decision notice available for public inspection and report the decision to the next convenient meeting of the Council.

11 What is the hearings sub-committees?

- 11.1 The hearings sub-committee is a sub-committee of the Council's Governance * Audit Committee. The subcommittee will comprise 3 members of the Governance & Audit Committee and be made up of members drawn from at least two different political parties and where possible will be gender balanced. If an appropriately constituted hearings sub-committee cannot be drawn from the members of the Governance & Audit Committee, it will be drawn from a panel of named substitutes who have received appropriate training alongside the Governance & Audit Committee members. The Independent Person is invited to attend all meetings of the sub-committee and their views are sought and taken into consideration before the sub-committee takes any decision on the matters before them. Insofar as is possible, members will be selected who have no connection with the subject matter of the complaint.

12 Who is the Independent Person?

- 12.1 The Independent Person is a person who has applied for the post following advertisement of a vacancy and is appointed by a positive vote from a majority of all the members of Council. A person cannot be "independent" if they:

- 12.1.1 Is, or has been within the past five years, a member, co-opted member or officer of the authority, with the exception that former Independent Members of Standards Committees can be appointed as Independent Persons;
- 12.1.2 Is or has been within the past five years, a member, co-opted member or officer of a parish council within the authority's area, or
- 12.1.3 Is a relative, or close friend, of a person within paragraph 12.1.1 or 12.1.2 above. For this purpose, "relative" means:
 - 12.1.3.1 Spouse or civil partner;
 - 12.1.3.2 Living with the other person as husband and wife or as if they were civil partners;
 - 12.1.3.3 Grandparent of the other person;
 - 12.1.3.4 A lineal descendant of a grandparent of the other person;
 - 12.1.3.5 A parent, sibling or child of a person within paragraphs 12.1.3.1 or 12.1.3.2;
 - 12.1.3.6 A spouse or civil partner of a person within paragraphs 12.1.3.3, 12.1.3.4 or 12.1.3.5; or
 - 12.1.3.7 Living with a person within paragraphs 12.1.3.3, 12.1.3.4 or 12.1.3.5 as husband and wife or as if they were civil partners.

13 Right of Appeal

- 13.1 There is no right of appeal for the complainant or for the member against a decision of a hearings sub-committee. If the complainant considers that the Council has failed to deal with the complaint properly, they may make a complaint to the Local Government Ombudsman.

GOVERNANCE & AUDIT HEARING SUB- COMMITTEE: RULES OF PROCEDURE FOR HEARINGS

Interpretation

- 1. 'Member' means the member of the authority who is the subject of the allegation being considered by the Sub- Committee, unless stated otherwise. It also includes the member's nominated representative.
- 2. 'Investigator' means the Monitoring Officer or other investigating officer and their nominated representative.
- 3. 'Committee' also refers to 'a Governance & Audit hearing sub-committee' or "hearings sub committee" that may be considering the allegation against a member.
- 4. 'Legal Adviser' means the officer responsible for providing legal advice to the Sub- Committee. This may be the Monitoring Officer, another legally qualified officer of the authority or someone appointed for this purpose from outside the authority.

Representation

5. The member may be represented or accompanied during the meeting by a Solicitor, Counsel or, with the permission of the Sub-Committee (which will not be unreasonably withheld), another person.

Legal Advice

6. The Sub-Committee may take legal advice from its legal adviser at any time during the hearing or while they are considering the outcome. The substance of any legal advice given to the Sub-Committee should be shared with the member and the investigator if they are present.

Setting the Scene

7. After all the members and everyone involved have been formally introduced, the Chair should explain how the Committee is going to run the hearing.

Preliminary Procedural Issues

8. The Sub-Committee should then resolve any issues or disagreements about how the hearing should continue, which have not been resolved during the pre-hearing process.

Making Findings of Fact

9. After dealing with any preliminary issues, the Sub-Committee should then move on to consider whether or not there are any significant disagreements about the facts contained in the investigator's report.
10. If there is no disagreement about the facts, the Sub-Committee can move on to the next stage of the hearing (paragraph 18).
11. If there is a disagreement, the investigator, if present, should be invited to make any necessary representations to support the relevant findings of fact in the report. With the Sub-Committee's permission, the investigator may call any necessary supporting witnesses to give evidence. The Committee should give the member an opportunity to challenge any evidence put forward by any witness called by the investigator.
12. The member should then have the opportunity to make representations to support their version of the facts and, with the Sub-Committee's permission, to call any necessary witnesses to give evidence.
13. At any time, the Sub-Committee may question any of the people involved or any of the witnesses and should allow the investigator to challenge any evidence put forward by witnesses called by the member.
14. If the member disagrees with most of the facts, it may make sense for the

investigator to start by making representations on all the relevant facts, instead of discussing each fact individually.

15. If the member disagrees with any relevant fact in the investigator's report, without having given prior notice of the disagreement, good reasons must be given for not mentioning it before the hearing. If the investigator is not present, the Sub-Committee will consider whether or not it would be in the public interest to continue in the Investigator's absence. After considering the member's explanation for not raising the issue at an earlier stage, the Sub-Committee may then: -

- 15.1 Continue with the hearing, relying on the information in the investigator's report;

- 15.2 Allow the member to make representations about the issue, and invite the investigator to respond and call any witnesses, as necessary: or

- 15.3 Postpone the hearing to arrange for appropriate witnesses to be present, or for the investigator to be present if not already present.

16. The Sub-Committee will usually move to another room to consider the representations and evidence in private.

17. On their return, the Chair will announce the Sub-Committee's findings of fact.

Did the Member fail to follow the Code?

18. The Sub-Committee then needs to consider whether or not, based on the facts it has found, the member has failed to follow the Code of Conduct.

19. The member should be invited to give relevant reasons why the Sub-Committee should not decide that the member has failed to follow the Code.

20. The Sub-Committee should then consider any verbal or written representations from the investigator.

21. The Sub-Committee may, at any time, question anyone involved on any point they raise in their representations.

22. The member should be invited to make any final relevant points.

23. The Sub-Committee will then move to another room to consider the representations.

24. On their return, the Chair will announce the Sub-Committee's decision as to whether or not the member has failed to follow the Code of Conduct.

If the Member has not failed to Follow the Code of Conduct

25. If the Sub-Committee decides that the member has not failed to follow the Code

of Conduct, the Sub-Committee can move on to consider whether it should make any recommendations to the authority.

If the Member has failed to Follow the Code

26. If the Sub-Committee decides that the member has failed to follow the Code of Conduct, it will consider any verbal or written representations from the investigator and the member as to:

26.1 Whether or not the Sub-Committee should set a penalty: and

26.2 What form any penalty should take.

27. The Sub-Committee may question the investigator and member, and take legal advice, to make sure they have the information they need in order to make an informed decision.
28. The Sub-Committee will then move to another room to consider whether or not to impose a penalty on the member and, if so, what the penalty should be.
29. On their return, the Chair will announce the Sub-Committee's decision.

Recommendations to the Authority

30. After considering any verbal or written representations from the investigator, the Sub-Committee will consider whether or not it should make any recommendations to the authority, with a view to promoting high standards of conduct among members.

The Written Decision

31. The Sub-Committee will announce its decision on the day and, where possible, provide a short-written decision on that day. It will also need to issue a full written decision shortly after the end of the hearing. It is good practice to prepare the full written decision in draft on the day of the hearing, before people's memories fade.

Power to regulate own proceedings

32. The Chair of the Sub-Committee has the right to depart from these arrangements where they consider that it is expedient to do so in order to secure the effective and fair consideration of any matter being dealt with at a meeting of the hearings sub-committee.

nplaw

Guidance for undertaking standards investigations

Introduction

“A relevant authority must promote and maintain high standards of conduct by members and co-opted members of the authority...”¹ “in discharging its duty... a relevant authority must, in particular, adopt a code dealing with the conduct that is expected of members and co-opted members of the authority when they are acting in that capacity.”²

“A relevant authority other than a parish council must have in place... arrangements under which allegations can be investigated, and... arrangements under which decisions on allegations can be made.”³

A monitoring officer can delegate the investigation to another named individual or organisation. Monitoring officers will generally wish to delegate most investigations where:

- A conflict of interest would arise if the monitoring officer was to complete the investigation;
- The relevant authority is small and to ensure an experienced officer is available to carry out the investigation; or
- It is the best use of resources. In particular, as investigations can be time consuming and better delegated to an officer who has the time and practical skills to undertake the investigation in a timely manner.

nplaw acts on behalf of relevant authorities in conducting standards investigations on behalf of clients. Nplaw has been carrying out these

¹ Section 27(1) Localism Act 2011

² Section 27(2) Localism Act 2011

³ Section 28(6) Localism Act 2011 -

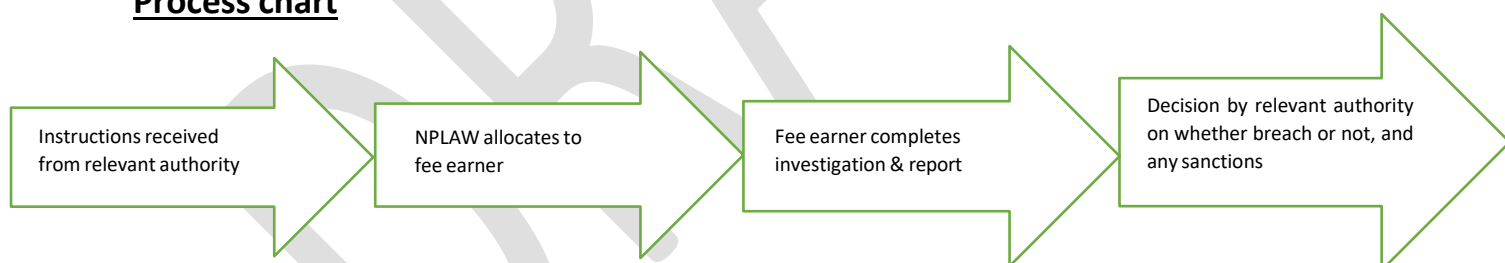
investigations for a number of years and has a wealth of experience both in standards and other investigations at all different tiers in local authorities. Legally qualified fee earners will be allocated investigations based on their complexity.

This document sets out nplaw's guidance on conducting standards investigations, including what to expect in the investigatory report.

Key principles

- The investigator will always have regard to their obligations under the Human Rights Act 1998, the Data Protection Act 2018 and all relevant legislation, case law and guidance.
- The investigator will always consider natural justice, equity and duties under the Equality Act, including the public sector equality duty.
- The investigation will always be fair, unbiased and the integrity of the investigation must be preserved.

Process chart



Any referral by a relevant authority must set out the allegation to be investigated by nplaw.

The Monitoring Officer will pass the investigator all relevant information (including the complaint form, evidence submitted and any information presented by the subject of the complaint).

It should be noted that the relevant authority must also appoint at least one independent person whose views are to be sought and considered about its decision about the allegation.⁴

Timeframes

Realistic targets should be set for the completion of the investigation. Best practice is that most investigations and reports are completed within 6 months of the original complaint. However, this will depend on the complexity of the issues to be investigated and the availability of key witnesses.

Any hearing required to determine the outcome should normally be held within 3 months from when the investigation is completed.

Starting point

When the investigation begins, the investigator must confirm:

- That the subject member was acting as a Councillor at the time of the conduct alleged;
 - The part of the relevant authority's code which is alleged to have been breached;
 - The facts they believe are required to determine whether there has been a breach of the code;
 - The evidence required. This might be minutes, social media posts, emails or text messages etc;
 - Who they will interview – this will be the subject member at a minimum; and;
- Whether any parties need to provide further information or supporting evidence.

Those involved with the matter (Subject Member, Complainant etc.) will have been informed about allegation and, that the matter is to be investigated, by the Council.

The investigator will agree the scope of the investigation and the anticipated timeframes with the Monitoring Officer and then contact the:

⁴ Section 28(7) Localism Act 2011.

- The subject member;
- The complainant; and
- The relevant town or parish council, if the subject member is a town or parish member.

The investigator will confirm that they are undertaking the investigation, the scope or likely time frames, who they will interview and their contact details, where further evidence can be sent and any changes to scope can be discussed.

No changes to scope will be made until agreed by the Monitoring Officer.

Obtaining information

The investigator has the power to make inquiries of any necessary person, but that person has no obligation to respond.

Large amounts of evidence are often put forward during an investigation. The investigator's powers only extend to the scope of the investigation that they have agreed. If they uncover any evidence of other breaches, the investigator will refer these back to the Monitoring Officer to discuss whether they are in scope.

The investigator will refer the matter back to the Monitoring Officer for further guidance/discussion where:

- Evidence of further breaches is uncovered.
- It may be that the matter is much more serious than originally considered; and/or
- The investigator has been obstructed in completing the investigation.

The information gathered as part of the investigation must be treated as confidential. Interviewees and anyone else aware of the investigation will be informed that it is confidential. Any sharing of confidential information by a Councillor may be referred by the investigator to the Monitoring Officer who will consider whether there is a breach of the Code of Conduct.

Witnesses

Witnesses are to be determined by the investigator during the scoping exercise. If there is a disagreement as to the witnesses to be interviewed the matter will be discussed with the Monitoring Officer.

Only witnesses of the fact will be interviewed. Character witnesses will not be discussed at this stage.

Witnesses will be interviewed by the investigator and will be invited to have another person present for support only.

They will be asked to agree to keep the matters discussed during the interview as confidential. They will also be asked to confirm that they are happy that any statement that they give will be shared with the subject member, the complainant and the Monitoring Officer. Further they will be asked to confirm that they are content that their statement may be shared publicly and whether they are comfortable giving evidence at any hearing.

If a witness refuses to give evidence due to concerns about identification, the investigator will discuss the matter with the Monitoring Officer and in exceptional circumstances (evidenced concern regarding abuse/safety) it may be agreed that the statement will be admitted anonymously. If this is the case, if the matter goes to a hearing, the Standards Committee must consider what weight, if any, to put on such evidence.

After the interview the investigator will collate the draft statement and send it to the witness. The investigator will only admit the witness statement into evidence where it has been confirmed by the witness.

Documents

Documents submitted to the investigation will be considered by the investigator. Only those relevant to the scope of the investigation will be included.

Public documents will remain unredacted, however any documents containing personal information of their parties will have the third-party information redacted by nplaw.

Report

The report will provide a concise explanation of all the issues in the case, the evidence considered and draw a conclusion.

Any conclusions about the evidence will be based on the balance of probabilities.

The investigator may recommend sanctions based on their view of the severity of the breach, if the Monitoring Officer requests them to, but any sanctions imposed are matter for the relevant authority.

A draft of the investigation report will be sent to the subject member and Monitoring Officer for comment. Any factual amendments will be made. The report will not be sent to witnesses.

Any substantive commentary from the subject member or the complainant will be annexed to the report.

All reports produced by nplaw will use the same format (see template at Annex A). The report should contain:

- The date;
- Details of the allegation;
- A summary of the scope as agreed with the Monitoring Officer;
- The relevant sections of the Code of Conduct, protocols or statute in force at the time of the allegation;
- Whether the subject member was acting as a Councillor at the time of the alleged breach of the Code of Conduct;
- The subject member's response to the notification of the allegation (if any);
- The views of the Independent Person;
- A list of those persons they have interviewed and those organisations from whom they have sought information;
- A note of any person or organisation who has failed to co-operate with the investigation and the manner;
- Findings of fact with regard to the allegation;
- Whether the finding of fact amount to a breach of the Code of Conduct;

- Mitigating and aggravating factors;
- Conclusion;
- Evidence index; and
- Evidence bundle (to be referenced in the report).

The report will conclude, in the investigator's opinion and on the balance of probabilities either

- That the subject member has failed to comply with the relevant authority's Code of Conduct; or
- The subject member has not failed to comply with the relevant authority's Code of Conduct.

The reasons will be explained, but the report should also state that it is possible that the relevant authority could reach a different conclusion.

The report should be sent to:

- The subject member;
- The relevant authority; and
- Any other authority which the subject member is a member (if requested).

What happens next?

The relevant authority (Monitoring Officer or relevant committee) must decide:

- Whether a hearing is needed; if so,
- Whether it finds that the subject member has failed to comply with the Code of Conduct or not;
- Whether to take action in relation to the subject member; and
- What action to take, in line with the relevant authority's own guidance.⁵

⁵ Section 28(11) Localism Act 2011.

If the relevant authority is not satisfied that the investigation has been properly conducted, it may ask the investigator to reconsider their report. If this is the case, an additional scoping exercise is to be undertaken.

Some relevant authorities may have a process whereby the matter can be reasonably resolved without the need for a hearing. Where this is the case the investigator will not be required to attend a hearing to present their report.

The investigator will attend any hearing held to present their report and findings of fact. They will answer questions from the committee and subject member. It may be necessary for the investigator to call witnesses to clarify any points and allow the subject member the opportunity to challenge the evidence.

The investigator will not take part in the decision-making process and they will not legally advise the decision maker.

Governance & Audit Committee

Item No 6.

Report title:	Monitoring Officer's Annual Report 2021/22
Date of meeting:	28 November 2022
Responsible Cabinet Member:	Cllr Proctor – Leader of the Council and Cabinet Member for Governance & Strategy
Responsible Director:	Director of Governance
Is this a key decision?	No

Executive Summary

The Monitoring Officer's Annual Report summarises the internal governance work carried out by the Monitoring Officer and Deputy Monitoring Officer in 2021/22 and provides assurance that the organisation's control environment, in the areas which are the responsibility of the Monitoring Officer, is adequate and effective.

The key messages in the Monitoring Officer's report include:

- that there have been no 'reportable incidents' during the period 2021/22
- that the systems of internal control administered by the Monitoring Officer were adequate and effective during 2021/22 for the purposes of the latest regulations
- There have been no findings of a breach of the Council's Code of Conduct, by the Standards Committee, in 2021/22
- At Council in July 2022 the Constitution was changed and the former Audit Committee became the Governance & Audit Committee with responsibility for standards. The report at Appendix A therefore also includes the details of complaints which have previously been reported to the Standards Committee. These will be reported annually as part of this report.

Actions required

To consider and agree:

- the contents of the report and the key messages in the above Executive Summary and Appendix A section 2.1; and
- they continue to review information on the effectiveness of the management processes and corporate control functions (legal, financial, health and safety and human resources services performed) as provided by internal audits, self-assessment, customer feedback and any existing external performance reviews.

1. Background and Purpose

- 1.1. The Audit Committee considers matters of Governance in accordance with its terms of reference, which are part of the Council's Constitution. This annual report supports the assurance statements included in the draft Annual Governance Statement for 2021/22 (the "Annual Governance Statement").

2. Proposals

- 2.1. The proposal is shown at the Executive Summary above.

3. Impact of the Proposal

- 3.1. This report supports the Annual Governance Statement, which is required by regulations.

4. Evidence and Reasons for Decision

- 4.1. The Monitoring Officer's Annual report appears at **Appendix A**.

5. Alternative Options

- 5.1. There are no alternative options.

6. Financial Implications

- 6.1. There are no specific financial implications to report.

7. Resource Implications

- 7.1. **Staff:**

None

- 7.2. **Property:**

None

- 7.3. **IT:**

None

8. Other Implications

- 8.1. **Legal Implications:**

None

- 8.2. **Human Rights implications**

None

- 8.3. **Equality Impact Assessment (EqIA) (this must be included)**

Not applicable

- 8.4. **Health and Safety implications (where appropriate)**

None

- 8.5. **Sustainability implications (where appropriate)**

None

- 8.6. **Any other implications**

None

9. Risk Implications/Assessment

- 9.1. Section 17 Crime and Disorder Act 1998

9.1.1 Under section 17 of the Crime and Disorder Act 1998 the Council has a statutory general duty to take account of the crime and disorder

implications of all of its work and do all that it reasonably can to prevent crime and disorder in Norfolk.

- 9.1.2 The Monitoring Officer's work helps to deter crime, and/or make crime difficult, increasing the likelihood of detection and prosecution and thereby disincentivising crime.

10. Select Committee comments

- 10.1. None

11. Recommendation

- 11.1. Please see the Executive summary above.

12. Background Papers

- 12.1. None

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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Monitoring Officer's Annual Report 2021/22

Section Numbers	Contents
1	Introduction
2	Key messages
3	Results of the Monitoring Officer's work in 2021/22
4	Review of effectiveness of systems of Internal Audit
5	Governance Statement
6	Section 17 Crime and Disorder Act
7	Overall opinion on the adequacy and effectiveness of the Governance framework

1. Introduction

- 1.1. The Monitoring Officer's Annual Report summarises the more significant activities of the Monitoring Officer and Deputy Monitoring Officer in 2021/22 and comments on other current issues relevant to the Monitoring Officer's work for the County Council.
- 1.2. Corporate Governance is the system by which local authorities direct and control their functions and relate to their communities. It is founded on the fundamental principles of openness, integrity and accountability together with the overarching concept of leadership. In this respect, Norfolk County Council recognises the need for sound corporate governance arrangements and over the years has put in place policies, systems and procedures designed to achieve this. The Council's Code of Corporate Governance was refreshed in line with CIPFA guidance and was approved by the then Policy and Resources Committee on 26 March 2018. The code was updated for consequential changes in June 2020 and again in November 2022. The Code brings together the Council's Governance and Standards in one place and supports the Council's Constitution. The Code is referenced in the Council's Annual Governance Statement, which is published each year and subject to external audit scrutiny.
- 1.3. The Monitoring Officer is appointed under Section 5 of the Local Government and Housing Act 1989 and has a number of statutory functions in addition to those more recently conferred under the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007 and subsequent regulations governing local investigations into member conduct. The current standards regime came into effect with the introduction of the Localism Act in 2011 and subsequent implementing regulations that came into force during 2012/13.

2. Key messages

- 2.1. The key messages to note from the year are:
 - 2.1.1. There have been no 'reportable incidents' during the period 2021/22.
 - 2.1.2. That the systems of internal control administered by the Monitoring Officer and Deputy Monitoring Officer including compliance with the Code of Corporate Governance and the Council's Constitution were adequate and effective during 2021/22 for the purposes of the latest regulations.
 - 2.1.3. The Council has arrangements in place to ensure compliance with relevant laws and regulations, internal policies and procedures and that expenditure is lawful.
 - 2.1.4. The County Council publishes on its website a summary of Members' declared interests, all the authority's expenditure over £500 and the expenses of Chief Officers.
 - 2.1.5. The Council is proactive in raising the standards of ethical conduct among members and staff, including the provision of ethics training

and has put in place arrangements for monitoring compliance with standards of conduct across the Council including:

- Code of Conduct for Members
- Register of Disclosable Pecuniary Interests
- Standards of conduct and behavior for officers
- Register of gifts and hospitality
- Complaints procedure

2.1.6. Following the May 2017 elections and subsequent by-elections all Members completed a declaration of Disclosable Pecuniary Interests. These updates were loaded onto the website. These were refreshed after the May 2021 elections.

2.1.7. Following the May 2021 elections training on the Code of Conduct and registration and declaration of interests was made available to all Members. The Code of Conduct was revised, and a new Code adopted by Council in April 2021.

2.1.8. The Council can demonstrate that generally Members and staff exhibit high standards of personal conduct. There have been no findings of a breach of the Council's Code of Conduct, by the Standards Committee, in 2021/22.

2.1.9. In July 2022 the Council agreed changes to its Constitution as a result of which the responsibilities of the Standards Committee were transferred to the Audit Committee which was renamed the Governance & Audit Committee. Training is being provided to members at its October meeting on the revised terms of reference and responsibilities.

2.1.10. Details of complaints received that did not warrant referral to a Standards Committee hearings sub-committee were previously reported to the Standards Committee at its meetings. Regulations require the Council to report this annually, and the obligation will be met as part of this report. The Standards Committee last met in March 2022, and details of complaints received were reported to it. Since March 2022 the following complaints have been received:

- April 2022 a member of the public complained that a councillor had breached the code by failing to treat the member of the public with respect. The complaint was not accepted because it was clear from the relevant social media post that the councillor was not acting in the capacity of a councillor nor claiming or giving the impression of doing so. The code did not apply in the circumstances.
- April 2022 a member of the public complained that a councillor was not acting in a way that secured public confidence in the role of a councillor or using reasonable care and diligence. The complaint was not accepted because it related to the reasons why a councillor voted a particular way in a committee, and whether the councillor had the relevant information to do so. The councillor involved was only one voting member of the committee and it would not be appropriate to use the code to challenge what a

particular councillor knew or understood when voting.

- In May 2022 complaints were made by councillors against 5 other councillors. An initial investigation of the facts determined that there was no evidence of a breach of the code and that the matter should not be pursued further. In one case a personal apology was given to the complainant for any unintentional upset caused.
- 2.1.11. Members and staff are aware of the need to make appropriate disclosures of gifts, hospitality and pecuniary interests. There is evidence that members and staff are making appropriate disclosures in the registers.
- 2.1.12. Bi-annually the Council takes part in data matching exercises which have specific tools for identifying potential conflicts of interests employees may have, for example; Employee data is matched against companies house data, supplier invoice data, supplier bank account data and other public organisations.
- 2.1.13. Where matches are identified these are investigated to ensure that where a declaration is required it has been made and; if a conflict is identified it is being managed appropriately.
- 2.1.14. In accordance with the Anti-Fraud, Bribery and Corruption Annual Activity Plan, an internal audit of arrangements for the Declarations of Interest for staff was conducted and reported to the then Council's Leadership Team in May 2018.
- 2.1.15. To further evolve and strengthen the work undertaken in previous years to ensure there are robust arrangements in place for declaring interest, options are currently being explored to make the declaration process digital (so that electronic registers are created) thus centralizing the recording and monitoring of interests made.
- 2.1.16. The Audit Committee receives an annual update on the Council's counter fraud and corruption policy applying to all aspects of the Council's business. There are effective arrangements for receiving and acting upon fraud and corruption concerns and disclosures from members of the public.
- 2.1.17. The Council has arrangements in place to receive and investigate allegations of breaches of proper standards of financial conduct and fraud and corruption.
- 2.1.18. The County Council's Anti-Fraud and Corruption Policy and Strategy was updated to reflect applicable changes in law and best practice and was approved by the Audit Committee in April 2021
- 2.1.19. There is a whistleblowing policy which is publicised and demonstrates the Council's commitment to providing support to whistle-blowers and has been communicated to staff and those parties contracting with the Council. The policy was updated to reflect applicable changes in law and best practice and was approved by the

2.1.20. The Council can demonstrate its staff, and staff within contracting organisations, have confidence in the whistleblowing arrangements and feel safe to make a disclosure.

2.1.21. nplaw, the legal service for the County Council, achieved reaccreditation of the Law Society's Lexcel quality standard in April 2021 and has maintained this accreditation in 2022, with arrangements in place to ensure the quality of the service provided.

2.1.22. Money laundering requirements as stipulated in the Money Laundering Regulations 2007 and the Proceeds of Crime Act 2002 are fully met.

3. Results of the Monitoring Officer/ Deputy Monitoring Officer's work in 2020/21

3.1. In order to ensure the effective undertaking of her responsibilities, the Monitoring Officer has a number of duties which are set out in the table below:

DUTIES	EXAMPLES
Has regular meetings with each of the Head of Paid Service, Executive Director for Finance and Commercial Services and Assistant Directors of Governance in order to review current and likely future issues with legal, constitutional or ethical implications.	The Constitution was rewritten into a more accessible format, and some changes made to content, agreed by Full Council in July 2022. A working group is developing the Council's approach to preventing and tackling modern slavery.
Maintains good liaison and working relations with the External Auditor.	Key issues for the External Auditor are raised through correspondence and meetings as necessary with the External Auditor and through the Executive Director for Finance and Commercial Services. The External Auditor is notified and contacted if reportable incidents arise.
Ensures that the County Council is kept up to date on new legislation and changes in the law which are relevant to the carrying out of the County Council's activities.	This generally takes the form of reports to Members and briefing notes to Executive Directors but where appropriate will involve training sessions for relevant Members and Officers. These activities are carried out in consultation and conjunction with relevant Executive Directors.

<p>The Monitoring Officer or one of their senior staff is consulted at an early stage on new policy proposals and on matters, which have potentially significant legal implications.</p>	<p>The Monitoring Officer and staff in Legal Services are regularly consulted by Executive Directors on new policy proposals. The Monitoring Officer is a member of the Corporate Board which forms a part of the Member oversight arrangements in the Council. The Monitoring Officer's place on Corporate Board is complementary to the expectations on Executive Directors and the Head of Paid Service to involve the legal function early in decision making on significant projects and new policy proposals to ensure the Council acts lawfully.</p>
<p>All draft reports to Cabinet and Council are as a matter of routine cleared with the Monitoring Officer and/or Legal Services senior staff.</p>	<p>Significant reports for decision were routinely forwarded to the Monitoring Officer and/or Legal Services senior staff by service departments and were reviewed for their legal and governance implications.</p>
<p>The Monitoring Officer has been informed of all emerging issues of concern of a legal, ethical or constitutional nature.</p> <p>Similarly, Members have ensured that the Monitoring Officer is routinely informed and consulted in respect of new policy proposals.</p>	<p>Executive Directors are aware that they should consult the Monitoring Officer on legal, ethical or constitutional matters and do so as the issues arise.</p> <p>Members can rely on the fact that significant reports for decision are routinely reviewed by the Monitoring Officer or senior staff in Legal Services prior to their presentation for decision</p>
<p>The Monitoring Officer has sought to resolve any potential illegality by identifying alternative and legitimate means of achieving the objective of the proposal.</p>	<p>The Monitoring Officer, in their capacity as Chief Legal Officer, and the senior staff in Legal Services regularly advise on the legality and/or appropriateness of administrative procedures.</p>
<p>In cases where external lawyers are acting for the County Council, it will be necessary for the relevant Chief Officer and the Monitoring Officer to agree arrangements for ensuring that vires and constitutional issues are satisfactorily addressed.</p>	<p>No exceptions were raised during the period.</p>
<p>In appropriate cases, and to secure the rapid resolution of a potential reportable incident or avoid a separate statutory report, the Monitoring Officer will be entitled to add their written advice to the report of any other County Council Officer.</p>	<p>There have been no such incidents during 2021/22</p>

Where the Monitoring Officer receives a complaint of a potential reportable incident, they must in appropriate cases seek to resolve the matter amicably, by securing that any illegality or failure of process is rectified. However, it is recognised that the Monitoring Officer may decide that the matter is of such importance that a statutory report is the only appropriate response.	There have been no incidents requiring a statutory report during 2021/22.
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4. Review of effectiveness of systems of internal audit

- 4.1. Regulation 7 of the Accounts and Audit Regulations 2015 (as amended) requires the Council to review annually the effectiveness of its system of internal audit. There is currently no guidance or good practice available for meeting this requirement. Informal advice from CIPFA and discussions with other local authorities provided various options for reviewing the effectiveness of the system of internal audit.
- 4.2. The elements of the Council's systems of internal audit and the assurance on their effectiveness include corporate control functions such as legal services. The Audit Committee are recommended to consider and agree, that; they continue to review information on the effectiveness of the management processes and corporate control functions (legal, financial, health and safety and human resources services performed) as provided by internal audits, self-assessment, customer feedback and any existing external performance reviews.
- 4.3. nplaw's work was re-examined by Lexcel, the Law Society's quality standard for all legal practices, in 2022 and the accreditation was maintained.

5. Governance Statement

- 5.1. In addition to the Council's own governance the Monitoring Officer provides legal advice as required to the following joint committees:
 - 5.1.1. Norfolk Records Committee
 - 5.1.2. Norfolk Joint Museums and Archaeology Committee
 - 5.1.3. Eastern Shires Purchasing Organisation (ESPO)
 - 5.1.4. Eastern Inshore Fisheries and Conservation Authority; and
 - 5.1.5. Norfolk Parking Partnership Joint Committee
 - 5.1.6. The Joint Committee for Transport for Norwich.
- 5.2. The Council and each Joint Committee (where required to do so) publishes its own Annual Governance Statement.
- 5.3. In addition, the Monitoring Officer provides legal advice to the Pension Funds administered by the Council and in some areas, to the Council's wholly owned companies.

6. Section 17 Crime and Disorder Act 1998

- 6.1. Under section 17 of the Crime and Disorder Act 1998 the Council has a statutory general duty to take account of the crime and disorder implications in all of its work and do all that it reasonably can to prevent crime and disorder in Norfolk.
- 6.2. The Monitoring Officer's work helps deter crime or increase the likelihood of detection through making crime difficult, increasing the risks of detection and prosecution and reducing the rewards from crime.

7. Overall opinion on the adequacy and effectiveness of the Governance framework

- 7.1. That the systems of internal control administered by the Monitoring Officer including the Code of Corporate Governance and the Council's Constitution, were adequate and effective during 2021/22 for the purposes of the latest regulations.

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Governance and Audit Committee

Item No 7

Report title: Anti-Fraud, Bribery and Corruption update report.

Date of meeting: 28th November 2022

Responsible Cabinet Member: N/a

Responsible Director: Helen Edwards, Director of Governance

Is this a key decision? No

Executive Summary

The Norfolk Audit Service (NAS) Anti-Fraud, Bribery and Corruption Policy continues to direct the proactive and reactive anti-fraud work undertaken by Council.

This report provides an update in respect of anti-fraud, bribery and corruption activity undertaken during the 2022/23 financial year to date.

Furthermore, an update in respect of the Council's Whistleblowing provision can be found in section four of this report.

Recommendations

1. To consider and agree: -

- the key messages featured in this report, that the work and assurance meet their requirements and advise if further information is required

1. Background and Purpose

- 1.1 One of the roles of the Audit Committee is to have oversight of the effectiveness of the anti-fraud and corruption and whistleblowing arrangements of the Council including the strategy, policies and any associated guidance.
- 1.2 On behalf of the Director of Governance, the Norfolk Audit Service (NAS) team leads on the strategic delivery of Counter Fraud, Bribery and Anti-Corruption work across all NCC's services. The aim is to protect the public purse, NCC, its staff and its service users from corrupt activities that would undermine NCC's aims and objectives of meeting public service requirements.

- 1.3 This report supports the remit of the Audit Committee in providing proactive leadership and direction on anti-fraud, bribery and corruption governance and issues. The purpose of this report is to update the Audit Committee on outcomes and activities undertaken during the period.

2. Proposals

- 2.1 The Audit Committee are recommended to consider and agree: -

- the key messages below
- that the work and assurance meet their requirements and advise if further information is required.

3. The key messages are as follows: -

National Fraud Initiative (NFI)

- 3.1. The National Fraud Initiative (NFI) is an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. The exercise covers matters such as pensions, employment, housing, conflicts of interests and creditors. The NFI is relevant to The Council, Fire Service Schools and Wholly owned companies.
- 3.2. The NFI runs every two years. Data matches identified through the NFI do not identify specific fraud events, but provide risk scored red flags for review and action in known areas of fraud risk.
- 3.3. As reported in 2021, it is estimated that the 2020 NFI Exercise assisted with savings and recoveries of up to £400,000 for the Council.
- 3.4. The 2022 NFI exercise is currently underway and the process of uploading data to the Cabinet Office has been completed. It is expected that match data will be published to NCC early in 2023 and investigation exercises will be commenced.

Fraud Hub

- 3.5. FraudHub continues to have a positive impact in respect of its capabilities, not only for data matching such as Council Tax Single Person Discounts but also for person tracing and background checks.

During the period FraudHub has assisted with identifying potential fraud. This has included:

- Undeclared property ownership

- Undeclared bank accounts
- Unknown capital
- Person tracing

The Council continues to explore new technologies and systems to assist with the prevention and detection of fraud from both within and external to the authority.

Norfolk Against Scams

- 3.6. NAS continues to support Norfolk Against Scams Partnership (NASP) in cooperation with Norfolk Trading Standards.

The work undertaken by NAS includes promoting fraud and scams awareness to Norfolk Schools. NASP is a partnership of organisations committed to taking a stand against scams and aims to make Norfolk a scam free county.

Through raising awareness in this area examples can be evidenced of enhanced reporting and circulation of new and emerging scams in Norfolk Schools.

Questions from the Audit Committee

- 3.7. **Investigation Benchmarking.**

- 3.8. Following previous discussions around the frequency of referrals and investigations some initial work had been completed to review the Council's position against surrounding counties.

- 3.9. It is noted that Norfolk County Council also has investigators carrying out fraud related work in the areas of Blue Badges and Financial Abuse (of service users) in Adult and Childrens services. These figures are not included with Norfolk County Councils corporate reporting to the Audit Committee as (in most cases) they do not relate to allegations of fraud where the Council is a potential victim.

- 3.10. As reported in the 2021/22 Anti- Fraud, Bribery and Corruption report, the investigative auditor undertook a total of 13 enquiries during the financial year, six of which were considered fraud risk specific.

- 3.11. The below table reports the open fraud data currently available:

Local Authority.	Number of ACFS engaged	Investigations

2021/22	in Counter Fraud work	
Norfolk CC	1	6
Suffolk CC	2	19
Cambridge CC	3.8	22
Lincolnshire CC	2.6	12
Average	2.35	14.75
Investigations Per ACFS		6.27

*ACFS = Accredited Counter Fraud Specialist.

- 3.12. Whilst the data population is small and therefore subject to significant proportionate variations over time, the data table indicates that the number of fraud specific enquiries for Norfolk County Council (six) is significantly lower than the area average of 14.75, when compared to neighbouring county authorities.
- 3.13. However, it is apparent that there is consensus with the average number of fraud investigations per qualified counter fraud specialist employed (for both pro-active and reactive counter fraud work). Whilst the complexity and size of cases can vary significantly, the resourcing appears to be broadly comparable to the workload.
- 3.14. The Council actively uses data analytics techniques to identify potential anomalies and errors in payments. However, a counter fraud review is often required to establish whether erroneous activity may have been the result of fraud. The internal audit team have been developing data analytics skills to incorporate them in more audits and thus assist with such detection.
- 3.15. Where fraud is identified, it is imperative, through investigation, to identify all losses that can be attributed to the allegation, to maximise recovery and create savings.
- 3.16. Sanctions for fraud and the recovery of losses are progressed via a triple track approach – Criminal, Civil and Disciplinary (where an employee is identified as a suspect).
- 3.17. **System Access Concerns**

- 3.18. A query was raised at the July Audit Committee regarding an instance of unauthorised system access where one case resulted in a resignation.
- 3.19. For further assurance, the facts established were that the employee had accessed their personal data on their last day of employment with the Council and the case was concluded as opportunistic.
- 3.20. **Norfolk Assistance Scheme**
- 3.21. A query was raised at the July Audit Committee as to the Counter Fraud activities that have been considered in respect of Norfolk Assistance Scheme beneficiaries.
- 3.22. The purpose of the Norfolk Assistance Scheme is to award funding to those in need quickly, and therefore it was acknowledged that 'low friction controls' were/are required to enable prompt payments.
- 3.23. As a result of the low friction controls, it is recognised that there is an inherent high risk of some fraudulent applications being processed.
- 3.24. For the assurance of the Audit Committee, a Fraud Risk Assessment (FRA) in respect of the scheme application process was undertaken in 2021, details of which were reported at the April 2021 Audit Committee Meeting.
- 3.25. The Investigative Auditor is currently revisiting the FRA as part of an ongoing project to:
- assess the current position and consider whether controls may be adjusted as we move out of the emergency protocols that were in place because of the COVID19 pandemic.
 - Undertake post event assurance testing to identify anomalies that may identify fraudulent activity.
- 3.26. The work will contribute to both pro-active and reactive elements of the Counter Fraud programme.
- 3.27. **Investigations**

3.28. **Ongoing investigations as reported in the 2021/22 Annual report:**

- Significant progress has been made in respect of one case where it was alleged there were false documents within financial claims made to the Council in 2021. The case is ongoing.
- Two historic investigations remain ongoing with Norfolk Police at the point of reporting.
- One case involving false claims to the Norfolk Assistance Scheme where a member of the public posed as services users in order to apply for emergency assistance grants was reported to the Police. It is understood the case is still under investigation.
- One case passed to an external investigator involving financial irregularity in a School has been concluded and an investigation report provided to the governing body for action and follow up.

3.29. **New Investigations – Anti-Fraud and Corruption.**

- In April 2022 an anomaly was identified using data analytics and passed to the investigative auditor for review.

Upon review and follow up, further red flags were identified to indicate dishonest activity may have occurred and a formal investigation by the investigative auditor was commenced in June 2022.

Whistleblowing

4. The Director of Governance and Chief Internal Auditor champion the Whistleblowing Policy. It is their role to ensure the implementation, integrity, independence and effectiveness of the policy and procedures on whistleblowing. It is important to create a culture of confidence for employees to report those concerns, track the outcome of whistleblowing reports, provide feedback to whistle-blowers and take reasonable steps to protect whistle-blowers from victimisation. Not all reported concerns will fall within whistleblowing law, but they are all taken seriously.

Norfolk Audit Service is responsible for receiving and progressing all disclosures made to the Council under the NCC Whistleblowing Policy.

A summary of the Whistleblowing activity received year to date can be found below:

- A total of nine referrals have been made during the financial year to date in the areas of:
 - Health and Safety
 - Facilities management
 - Financial Irregularities
 - External provider care
 - Adult Social Care
 - Financial Services

The role of Norfolk Audit Service in dealing with Whistleblowing complaints is to assess the disclosures and ensure these matters are addressed by either investigating the matter where it relates to fraud and corruption or; forwarding to the correct department for review and investigation by that department if appropriate.

We also liaise with Whistleblowers as an independent point of contact to ensure segregation of duties and that matters have been resolved to their satisfaction.

Where a whistleblowing referral is received, we will inform the appropriate Executive Director (where appropriate) of the referral to ensure the matters are addressed effectively.

5. Evidence and Reasons for Decision

4.1 Not applicable.

5. Alternative Options

5.1 There are no alternative options.

6. Financial Implications

6.1 The service expenditure falls within the parameters of the annual budget agreed by the council.

7. Resource Implications

7.1 **Staff:** There are no staff implications.

7.2 **Property:** There are no property implications.

7.3 **IT:** There are not I.T. implications.

8. Other Implications

8.1 **Legal Implications:** There are no specific legal implications to consider within this report.

8.2 **Human Rights implications:** There are no specific human rights implications to consider within this report.

8.3 **Equality Impact Assessment (EqIA) (this must be included):** No implications.

8.4 **Data Protection Impact Assessments (DPIA):** There are no DPIA implications.

8.5 **Health and Safety implications (where appropriate):** There are no health and safety implications.

8.6 **Sustainability implications (where appropriate):** There are no sustainability implications.

8.7 **Any other implications:** There are no other implications.

9. Risk Implications/Assessment

9.1 Not applicable.

10. Select Committee comments

10.1 Not applicable

11. Recommendations

11.1 See Action Required in Executive Summary.

12. Background Papers

NA

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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List of data matching activity from the National Fraud Initiative (NFI).

ID ▲	REPORT TITLE
52	  Pensions/Pension Gratuity to DWP Deceased
53	 Deferred Pensions to DWP Deceased
54	 Pensions to Payroll
55	  Pensions to Payroll
65	 Payroll to Payroll
66	  Payroll to Payroll
67.1	  Payroll to Payroll - Phone Number
68.1	  Payroll to Payroll - Phone Number
78	  Payroll to Pensions
80	  Payroll to Creditors
81	 Payroll to Creditors
170	 Blue Badge Parking Permit to Blue Badge Parking Permit
170.1	 Blue Badge Parking Permit to Blue Badge Parking Permit
172.1	  Blue Badge Parking Permit to DWP Deceased
172.2	  Concessionary Travel Passes to DWP Deceased
172.7	  Blue Badge Parking Permit to Blue Badge Parking Permit - Phone Number
172.8	  Blue Badge Parking Permit to Blue Badge Parking Permit - Phone Number
172.9	 Blue Badge Parking Permit to Blue Badge Parking Permit - Email Address
304	 Blue Badges to Amberhill Data
701	 Duplicate creditors by creditor name
702	 Duplicate creditors by address detail
703	 Duplicate creditors by bank account number
707	 Duplicate records by reference, amount and creditor reference
708	  Duplicate records by amount and creditor reference
709	 VAT overpaid
710	  Duplicate records by name, invoice number and amount but different creditor reference
711	  Duplicate records by invoice number and amount but different creditor reference and name
712	 Duplicate records by postcode, invoice date and amount but different creditor reference and invoice number
713	 Duplicate records by postcode, invoice amount but different creditor reference and invoice number and date
750	  Procurement - Payroll to Companies House (Director)
752	 Procurement - Payroll to Companies House (Director)
9999	 Multiple occurrence report

Governance and Audit Committee

Item No 8

Report Title: External Audit Update

Date of Meeting: 28th November 2022

Responsible Director: Simon George, Executive Director of Finance and Commercial Services

Is this a Key Decision? No

Executive Summary

The Council's External Auditors are providing an update on the audit of the Annual Statement of Accounts and Annual Governance Statement for 2021-22.

One of the committee's roles is to receive, consider and approve the Council's financial statements.

Actions Required:

- 1. The Committee are asked to consider and agree the plans to conclude the annual statement of accounts audit and their approval.**

1. Background and Purpose

As per the relevant regulations, we had anticipated the Council's Statement of Accounts and Annual Governance Statement would be considered and agreed by the Audit Committee at its meeting on 28th November 2022.

Our external auditors have recently updated us regarding some important developments regarding the national issues relating to accounting for infrastructure assets that they referred to in their audit planning presentation at the last Audit Committee.

Following a recent consultation, [linked here](#) we understand the UK Government are now planning to take through statutory changes for English Authorities regulations that will 'override the accounting standards' (relating to

infrastructure assets) temporarily. The English legislation is expected to be in force from 1st January 2023.

That means it is prudent and sensible to delay the Committee's approval of the accounts until those regulations are in place and the external auditors can consider the impact of these on the completion of their audit work in this area and their audit report.

2. Proposal

The Council's External Auditors will provide a verbal update on the progress with the annual audit of the accounts and the proposed timetable for the completion of their audit and the Council's approval of the accounts.

A meeting will be scheduled in early 2023, once the likely date for the completion of the audit can be established.

Relevant notices will be made that the audit is not yet concluded.

3. Impact of the Proposal

One of the Committee's roles is to receive, consider and approve the Council's financial statements.

4. Evidence and Reasons for Decision

The Council's External Auditors will provide a verbal update on the progress with the annual audit of the accounts and the proposed timetable for their approval.

5. Alternative Options

It is prudent and sensible to delay the Committee's approval of the accounts until the new regulations are in place. There could be financial and reputational risks if the Council does not meet accounting requirements.

6. Financial Implications

There are no additional costs from the proposal.

7. Resource Implications

7.1 Staff: None.

7.2 Property:

None.

7.3 IT:

None.

8. Other Implications

- 8.1** Officers have considered all the implications which members should be aware of. Apart from those listed in the report (above), there are no other implications to take into account.

9. Select Committee Comments

None.

10. Recommendations

Actions Required:

The Committee are asked to consider and agree the plans to conclude the annual statement of accounts audit and their approval.

11. Background Papers

None.

Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

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Governance and Audit Committee

Item No 10

Report title:	Yearly Update of the Audit Committee 2021-22
Date of meeting:	28 November 2022
Responsible Cabinet Member:	N/A
Responsible Director:	Executive Director of Finance and Commercial Services
Is this a key decision?	No

Executive Summary

This report, which summarises the work of the Audit Committee from the 1 April 2021 to 31 March 2022, confirms that during the year its function has been consistent with best practice, demonstrates the impact of its work and explains how it adds value. Its work is reported to full Council. The Committee has demonstrated its effectiveness.

Where an audit committee has a high degree of performance against the good practice principles, it is an indicator that the committee is soundly based and has in place a knowledgeable membership. These are the essential factors in developing an effective audit committee.

The conclusion drawn from a CIPFA Self-assessment tool completed in October 2021 is that there is clear evidence that the Audit Committee has a high degree of performance against the good practice principles set out in [CIPFA's position statement](#) and the above guidance.

There were some areas where improvements could be considered and made in the last such report, which have since been implemented. This report includes updates on other actions set out in that October 2021 report.

During the year the Committee has welcomed presentations from a variety of subject experts on key risks and topical subjects. Since March 2021 the Council has hosted the LGA sponsored East of England Audit Committee Chairs Forum, which is chaired by Councillor Ian Mackie. The purpose of regional forums is to provide a place where Audit Committee chairs can come together and discuss issues of common concern, identify and share best practice, alert each other to emerging issues and, for newly appointed Chairs, to pick up tips from more experienced colleagues.

Recommendations

The Audit Committee are asked to consider and agree:

- that the arrangements are satisfactory and note that the Committee has terms of reference which are consistent with guidance and best practice:
- the key messages on the [CIPFA's position statement](#) for 'wider roles' reported on in October 2021 have been actioned
- the two stage approach to engage member input into the CIPFA 'assessment tool – evaluating effectiveness', in particular appendix E of the toolkit.

1. Background and Purpose

1.1. The Council is required under the Accounts and Audit Regulations (England) 2015 to make provision for internal audit in accordance with "proper practices in relation to internal control". CIPFA, in collaboration with the Chartered Institute of Internal Auditors (CIIA) have produced the UK Public Sector Internal Audit Standards 2017 (the Standards) which originally came into force on 1 April 2013 and replaced the CIPFA Code of Practice. CIPFA, in collaboration with the CIIA, also published in March 2016 the revised Local Authority Guidance Note (LAGN) for the Standards. CIPFA has published Audit Committees – Practical Guidance for Local Authorities and Police (2018 Edition), which was issued to Committee members in August 2018. The guidance includes CIPFA's Position Statement, 'Self-assessment of good practice' and 'Evaluating the effectiveness of the Audit Committee' tools.

1.2. The Audit Committee was established in 2005; it

- reports directly to full Council and
- has seven members.

1.3. The Audit Committee are responsible for monitoring the adequacy and effectiveness of the systems of risk management and internal control, including internal audit, as set out in its Terms of Reference, which is part of the Council's Constitution

As part of good practice and in accordance with its Terms of Reference (part I3), this report summarises the work of the Audit Committee for the period ended March 2022. This report also confirms that the Committee's function is consistent with best practice, demonstrates the impact of its work and how it adds value.

1.4. Under section 17 of the Crime and Disorder Act 1998, the Council has a statutory general duty to take account of the crime and disorder implications of all its work and do all that it reasonably can to prevent crime and disorder in Norfolk.

1.5. Internal Audit helps with this by aiming to deter crime, to increase the likelihood of detection through making crime difficult, to increase the risk of detection and prosecution and to reduce the rewards from crime.

1.6 At the April 2022 meeting it was resolved that the Committee's Terms of Reference (as consequential changes) included these roles from the CIPFA position statement:

- o considering the effectiveness of arrangements and the control environment and risk related issues in relation to partnerships and collaborations with other organisations
- o monitoring the effectiveness of the control environment, including arrangements for ensuring value for money and supporting standards and ethics supporting standards and ethics arrangements

- 1.7 It should be noted that Full Council agreed changes to its Constitution at its meeting on 19 July 2022. This included abolishing a separate Standards Committee and incorporating the Council's obligations in respect of standards for elected members into the Audit Committee's terms of reference, renaming it the Governance & Audit Committee. These changes are outside the period of this annual report, however the new terms of reference for the Governance and Audit Committee are presented elsewhere on this committee's agenda for Committee endorsement.

2. Proposals

- 2.1 The last such report was presented at the Audit Committee meeting in October 2021. This report covers the period 1 April 2021 to 31 March 2022. This report also confirms that the Committee's Terms of Reference, purpose and core functions are consistent with best practice.
- 2.2 The Committee demonstrates the impact of its work and how it adds value by:
- o Supporting the Council's objectives in achieving a reputation for good governance, sound internal control and good value for money; and
 - o Reducing the potential cost burden and operational disruption when risks, internal control weaknesses, frauds or corruption are avoided or mitigated.
- 2.3 Reports have been received from the Executive Director of Finance and Commercial Services, the then Chief Legal Officer (now Director of Governance) and the External Auditors. An Annual Internal Audit Report ([Annual Internal Audit Report 2021-22](#)), at Page 147, explained what action has been taken during the year regarding internal controls and risk management. The Committee received an Annual report from the Monitoring Officer (included elsewhere on this Committee's agenda) from the Council's Director of Governance, reporting on the areas of governance that they are responsible for and giving assurances.
- 2.4 The Committee has received and considered the reports of the External Auditor. Those include their plans and reporting on their audit of the annual accounts. There have been no additional (public interest) reports during the year.
- 2.5 The Committee has considered and agreed quarterly reports on the work of the Internal Audit Team (Norfolk Audit Services). Those reports included the plans and reporting on their audits/work and opinions during the year and Anti-Fraud Activity.
- 2.6 As mentioned above, CIPFA has published Audit Committees – Practical Guidance for Local Authorities and Police (2018 Edition), which was issued to Committee members in August 2018. That guidance includes 'Self-assessment of good practice'. That tool was deployed last year as reported to the Committee in October 2021. It was recommended that **the 'Evaluating the effectiveness of the Audit Committee tool would benefit from more time, for member input, therefore the results should be presented to a future committee.** Consideration has been given as to how best to engage member input, given that a number of members are relatively new to the Audit Committee. A two-stage approach has been agreed with the Chairman of the Audit Committee:
- Stage 1 – offer continuous development bite size briefing sessions to all members of the Audit Committee in the following areas: Risk Management arrangements, Governance arrangements (includes the Annual Governance statement, Antifraud and Corruption arrangements and Internal Audit Activity quality arrangements. It was anticipated that these sessions would commence

in Summer 2022, however with changes to the Audit Committee membership it was agreed to delay these bite size sessions. The Committee received Officer training on reviewing the statement of Accounts and the Annual Governance Statement on the 17 November 2022 (based on Cipfa reference material) in readiness for consideration and approval of the 2021-22 Annual Statement of Accounts and Annual Governance Statement. Other bite size training has been scheduled for the new year 2023.

- Stage 2 – invite all members of the Audit Committee to undertake a member survey based on a summarised version of appendix E of the above Cipfa publication. The results of the survey will be shared with the Audit Committee Chair, with any needs identified from the survey being addressed through agreed action plans.

2.7 The Committee promotes the principles of good governance and their application to decision making. It has challenged, scrutinised, championed its functions and provided oversight in accordance with its Terms of Reference. The Committee takes proactive steps to identify topics and issues where it requires more information or would like to make recommendations. During the year the Committee has welcomed presentations from a variety of subject experts on key risks and topical subjects, as follows:

- April 2021 – Cyber Security, Anti-phishing and Disaster Recovery update, Geoff Connell, Director of IMT and Chief Digital Officer
- July 2021 – Census 2021 – Briefing for the Audit Committee, Office for National Statistics
- October 2021 – Workforce Skills Update, Sarah Shirtcliff, Director of People
- February 2022 – RM14464: Failure of providers to provide care to vulnerable people, James Bullion, Executive Director of Adult Social Services

2.8 The Committee has continued to champion and encourage sound risk management in the Council, including how it is reported to members, and to provide member challenge and review for the Corporate Risk Register. The Committee has encouraged discussion of departmental risks as well as Corporate Risks.

2.9 The Committee helps the Council to implement the values of good governance, including effective arrangements for countering fraud and corruption risks. The Committee has received updates on work to counter fraud and corruption and supports the promotion of the Council's zero tolerance to fraud and corruption. An Anti-Fraud and Corruption Update is regularly reported to the Audit Committee as part of the quarterly reporting. The Committee received the annual Anti-Fraud, Bribery and Corruption report ([Annual Anti-Fraud, Bribery and Corruption report](#)), page 185.

2.10 The Committee is keen to ensure that business resilience, business continuity and emergency planning, including ICT, are well managed.

2.11 The Committee has considered reports on the governance of the Norfolk Pension Fund to inform its consideration where they are included in the Council's Annual Statement of Accounts. The Committee received an update on the Norfolk Pension Fund Governance Arrangements 2021-22 ([Norfolk Pension Fund Governance Arrangements 2021-22](#)), page 106.

2.12 The Committee considered the effectiveness of the governance, control and risk management for Treasury Management.

2.13 Since March 2021 the Council has hosted the LGA sponsored East of England Audit Committee Chairs Forum, which is chaired by Councillor Ian Mackie. The purpose of regional forums is to provide a place where Audit Committee chairs can come together

and discuss issues of common concern, identify and share best practice, alert each other to emerging issues and, for newly appointed Chairs, to pick up tips from more experienced colleagues. This work has been provided as part of the LGA's Sector Support Improvement Programme which has been funded by UK Government. The March 2021 meeting covered the following topic:

- **Introduction from the LGA – An introduction to the forum setting out:**
 - the need for the forum and expectations of the forum
 - the LGA role within the forum
 - LGA training offer for 2022-23 Audit Chairs Leadership Essentials
 - Each region has a regional lead who will share good ideas and best practice nationally to reap wider benefits and collaboration

2.14 The Committee continues to develop its role and impact through on-going member training and the development of the Committee's work programme.

3. Impact of the Proposal

The work of the Audit Committee supports the good governance of the Council as reported in the Annual Governance Statement. The Committee can be assured that good governance practice is demonstrated. The Committee has provided challenge and taken assurance from reports, principally:

- considering and approving the Annual Statement of Accounts and Annual Governance Statement 2020-21, at its October 2021 meeting; and
- over the period has added value through considering;
 - the External Auditor's reports
 - internal audit and strategic risk management reports, performance and effectiveness
 - plans and action to prevent, detect and investigate any fraud, bribery or corruption

4. Financial Implications

The Committee's work covers the Council's and Pension Fund's Revenue and Capital Expenditure and their Assets & Liabilities.

5. Resource Implications

5.1 There are no implications for Staff/Property or IT.

6. Other Implications

6.1 Legal Implications:

None.

6.2 Human Rights implications:

None.

6.3 Equality Impact Assessment (EqIA) (this must be included)

Not required.

6.4 Data Protection Impact Assessments (DPIA)

Not required.

6.5 Health and Safety Implications:

None.

6.6 Sustainability Implications

None.

Any Other implications

Officers have considered all the implications which members should be aware of. Apart from those listed in the report (above), there are no other implications to consider.

11. Recommendation

As above.

Background Papers

None.

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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Governance and Audit Committee

Item No 11

Decision making report title: Norfolk Audit Services Report for the Quarter ending 30 September 2022

Date of meeting: 28 November 2022

Responsible Cabinet Member: N/a

Responsible Director: Simon George, Executive Director of Finance and Commercial Services

Is this a key decision? No

Executive Summary

The Section 151 Officer has a duty to ensure there is proper stewardship of public funds and that relevant regulations are complied with.

The Audit Committee are responsible for monitoring the adequacy and effectiveness of the systems of risk management and internal control, including internal audit, as set out in its Terms of Reference, which is part of the Council's Constitution.

The Council has an approved Strategy, 'Better Together, for Norfolk 2021-2025' setting out a clear set of priorities. Internal Audit's work will contribute to these new priorities through the activity set out in the detailed Corporate Delivery Plan that is aligned to the medium-term financial strategy.

The Chief Internal Auditor reviews the effectiveness of the system of internal control, including risk management, throughout the year and reports annually to the Audit Committee. The Chief Internal Auditor reports that, for the quarter ended 30 September 2022 the system of internal control, including the arrangements for the management of risk was acceptable and therefore considered sound.

Recommendations

To consider and agree: -

- **the key messages featured in this quarterly report, that the work and assurance meet their requirements and advise if further information is required.**

1. Background and Purpose

- 1.1 The Council must undertake sufficient internal audit coverage to comply with the Accounts and Audit Regulations (England) 2015, as amended. The allocation of audit time was based on a risk assessment, and this is continuously reviewed throughout the year.
- 1.2 This report supports the remit of the Audit Committee in providing proactive leadership and direction on audit governance and risk management issues. The purpose of this report is to update the Audit Committee on the progress with the delivery of the internal audit work and to advise on the overall opinion on the effectiveness of risk management and internal control. The report sets out the work to support the opinion and any matters of note.

2. Proposals

- 2.1 The Audit Committee are recommended to consider and agree: -
- the key messages below
 - that the work and assurance meet their requirements and advise if further information is required.

- 2.2 The key messages are as follows: -

Opinion

This quarterly NAS report confirms that the overall opinion on governance, internal controls and risk management remains acceptable.

2022/23 Opinion work

- **Appendix A** details the final reports Issued in the quarter ending 30 September 2022.
- **Appendix B** provide a status update on the audits in 2022/23 Audit Plan, including those which have been cancelled or deferred

Money Laundering Reporting Officer (MLRO)

The Director of Governance is the Council's designated MLRO. Due to organisational changes, subject to confirmation, that role will be passed to the Chief Internal Auditor (presently a deputy MLRO) from early 2023. The Internal Audit Terms of Reference have been amended to acknowledge this change and set out the arrangements.

2.3

Our current cumulative position, as at 30 September 2022, for 2022/23 audits is shown in the table below.

Status	Number
Final reports and Management Letters	5
Draft reports	2
WIP	20
Cancelled or deferred	9
Total audits	36

Cancelled audits: -

- Strategic Partner Governance (A review of whether adequate governance is in place to ensure what is required to be delivered by the Strategic Partner is delivered) On a risk assessed basis this audit is no longer required.
- School Thematic Audit – On a risk assessed basis only one of these will be completed this year, while we focus on school audits.
- Skills – Digital and Management (Assurance that the employees are aware of an using the digital skills tool to assess and improve their digital skills and assurance that managers are reviewing and assessing their management skills, identifying their need and utilising available resources to improve these.) On a risk assessed basis this audit is no longer required, and Human Resources are taking the survey (developed by NAS) forward.
- Pre-Project Stage Assurance Work on CRM system – (Audit Assurance work on data quality and processes.) On a risk assessed basis this audit is no longer required.

Deferred audits into 2023/24

Due to staff turnover in NAS and on a risk assessed basis several audits in the plan have been deferred in consultation with service leads:

- Disposals Process (Assurance that the disposal process as detailed in Corporate Standings Orders and procedures are being followed.)
- Payment for Adult Learning Courses (Assurance that procedures and controls are adequate and effective around the payment for adult learning courses.)

- Risk Assessments (Assurance that managers are completing risk assessments for activities e.g., driving for work, lone working and other operational activities in accordance with NCC's policies and procedure as required and that senior managers are aware of these assessments.)
- Sponsorship of International Employees (Assurance that NCC is following its recruitment policies and procedures when international employees are appointed.)
- Cyber Security (Assurance that following the Microsoft E5 licence implementation, that there are no residual gaps in capabilities that needs addressing.)

Grant Certifications

- 2.4 The grant certifications completed up to the end of quarter 2 are detailed in **Appendix B**. All the required grant certifications have been completed on time.

Traded Full School Audits

- 2.5 Seven audits were completed between April and July 2022 and a further ten are planned in this Autumn term.

Norfolk Pension Fund

- 2.6 Work has progressed on delivery of the audit plan for 2022/23; two audits are currently in progress.

Staffing

- 2.7 During the quarter, one staff member, a Senior Auditor resigned, this post is now recruited to, and a new Trainee Auditor commenced.
- 2.8 Our two Apprentice Client Managers continue to progress through their exams and practical experience worklogs. One completed a four-month placement within the Capital Accountancy Team during the summer to gain the accountancy experience that was required. Both are on track to complete their apprenticeships next year which includes exams, work experience and end point assessments.
- 2.9 Our current Trainee Auditor is at the end of their level 4 apprenticeship in internal auditing and should complete at the end of October and become an auditor. Our new Trainee Auditor, who started in September 2022, will commence their level 4 apprenticeship in the next month.

Overall Opinion

- 2.10 This quarterly NAS report confirms that the overall opinion on governance, internal controls and risk management remains acceptable.
(N.B.: - three descriptors can be used for our overall annual opinion: acceptable – green, key issues to be addressed – amber and key issues to be addressed – red)

Progress with the implementation of agreed recommendations

- 2.11 Twenty audits have reached final report stage and the progress of implementing the recommendations for these audits is actively being monitored. The recommendations for eight of these audits have now been implemented and closed. See the table below for further information.

	Number
Total number of recommendations being monitored for implementation as of 30 September 2022	122
Total number of recommendations implemented and closed - verified through management assurance	67
Total number of recommendations closed – management accepts the risk	1
Total number of recommendations closed – no longer applicable / alternative action taken	1
Total number of recommendations in progress of being implemented	53
Audits: Total audits released for recommendation monitoring	20
Total audits where all the recommendations have been implemented and closed	8

Data analytics

- 2.12 The Team were being trained in the use of PowerBi during October, so that they can consider and use data analytics in their audits.

France Channel England (FCE)

For further information please refer to this website:

www.channelmanche.com/en/programme/about-the-programme/

Following the UK Government's EU (Withdrawal Agreement) Bill i.e. "Brexit", the programme is guaranteed to continue until its natural conclusion in line with the Cooperation Programme. Within the Council, a Project Board has been set up to oversee the management of risks this initiative generates for the authority.

The Audit Authority reports to the Audit Committee on progress made against the audit strategy and audit plan. Should significant issues arise and fail to be resolved with regards to the management and control system, these would be reported to the Audit Committee. The annual report for 1/7/2020 to 30/06/21 stated "Our assessment of the management and control system over 2020/21 is 'qualified with limited impact'".

The programme also has its own governance arrangements involving Member States and EC representatives. There is satisfactory progress of the Audit Authority work for the France Channel England Interreg Programme. The European Commission continues to be satisfied with the timeliness and quality of the work undertaken by the Audit Authority and reports submitted.

Other

- 2.13 Internal Audit's mission is to enhance and protect organisational value by following Public Sector Internal Audit Standards (PSIAS). CIPFA Services were commissioned to undertake an external quality assessment in early 2017. An independent external quality assessment of how the Public Sector Internal Audit Standards (PSIAS) are being met by us is required every five years and our next review is due summer/autumn 2022. Self-review against the PSIAS is ongoing in the meantime, and the results are reported to Audit Committee in our Annual Report.

Anti-Fraud and Corruption and Whistleblowing

- 2.14 The Director of Governance and Chief Internal Auditor champion the Anti- Fraud and Corruption policy and the Whistleblowing Policy. It is

their role to ensure the implementation, integrity, independence and effectiveness of the policy and procedures. A separate update report is elsewhere on this agenda.

Regional Audit Committee Chairs Forum

- 2.15 During the last quarter the Forum had its second meeting 7th July 2022 at County Hall. This was an in-person meeting and was attended by 17 Audit Committee Chairs / representatives from 16 Councils. The third meeting was held remotely on 8th November 2022. A significant number of Chairs and Vice Chairs took part and shared experience, learning points and ideas on key topics. A further meeting is being arranged for March 2023.
- 2.16 Technical notes are at **Appendix C** for reference.

3 Impact of the Proposal

- 3.1 The Accounts and Audit Regulations 2015 (as amended in 2020) require that, from 1 April 2015, the Council must ensure that it has a sound system of internal control that meets the relevant standards. The responsibilities for Internal Audit are set out in the Financial Regulations which are part of the Council's Constitution. Internal Audit follows appropriate standards (the PSIAS).
- 3.2 A sound internal audit function helps ensure that there is an independent examination, evaluation and reporting of an opinion on the adequacy and effectiveness of internal control and risk management as a contribution to the proper, economic, efficient and effective use of resources and the delivery of the County Council's Strategic Ambitions and core role as set out in the County Council's strategy 'Better Together, for Norfolk 2021-2025'.
- 3.3 The internal audit plan will be delivered within the agreed NAS resources and budget. Individual audit topics may change in year which will result in the higher risk areas being include in the plan to inform the annual audit opinion.
- 3.4 As a result of the delivery of the internal audit plan and audit topic coverage, the Committee, Executive Directors, Senior Officers and Managers will have assurance through our audit conclusions and findings that internal controls, governance and risk management arrangements are working effectively or there are plans in place to strengthen controls.

4. Evidence and Reasons for Decision

4.1 Not applicable.

5. Alternative Options

5.1 There are no alternative options.

6. Financial Implications

6.1 The service expenditure falls within the parameters of the annual budget agreed by the council.

7. Resource Implications

7.1 **Staff:** There are no staff implications.

7.2 **Property:** There are no property implications.

7.3 **IT:** There are not I.T. implications.

8. Other Implications

8.1 **Legal Implications:** There are no specific legal implications to consider within this report.

8.2 **Human Rights implications:** There are no specific human rights implications to consider within this report.

8.3 **Equality Impact Assessment (EqIA) (this must be included):** No implications.

8.4 **Data Protection Impact Assessments (DPIA):** There are no DPIA implications.

8.5 **Health and Safety implications (where appropriate):** There are no health and safety implications.

8.6 **Sustainability implications (where appropriate):** There are no sustainability implications.

8.7 **Any other implications:** There are no other implications.

9. Risk Implications/Assessment

9.1 Not applicable.

10. Select Committee comments

10.1 Not applicable

11. Recommendations

11.1 See Action Required in Executive Summary.

12. Background Papers

12.1 None

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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Norfolk Audit Services Final Reports Issued in the Quarter ending 30 September 2022

NOTE: This report is for audits completed to the 30 September 2022. Any audits completed up to the Audit Committee meeting will be reported verbally at the meeting.

Final Reports: - Issued in Quarter 1 and 2

2022/23 Audit Plan: -

A. Opinion Work

1. Health and Safety Compliance Checks at Schools - Key Issues – Red

Robust action plans are in place to address our recommendations.

Management were asked to: -

- a) Put in place a reasonable level of checking' to ensure that health and safety statutory compliance checks are being completed at maintained schools where we are and are not the Employer, consulting with the Head of Health, Safety and Wellbeing on what this looks like in practice.
- b) Have the report for outstanding checks as part of the ongoing reporting and monitoring between NPS and the Children's Services, to enable oversight of these checks and to enable escalation and intervention where required from Children's Services.
- c) To understand why some compliance checks still remain outstanding and put in place a plan to ensure these checks are completed as soon as possible. To identify exceptions and delays and agree action to mitigate the risks.
- d) Consider if Children's Services need to contact the non-Building Maintenance Partnership schools in relation to the outstanding fire checks identified in the sample testing, to ensure these have been completed appropriately.
- e) Remind schools of the need to allow contractors to enter their school to complete health and safety compliance checks when they are due and not to refuse entry, to enable checks to be completed within the required frequencies. NPS should escalate to Children's Services where entry is refused as soon as possible to allow for timely intervention.

2. Long Stratton Bypass – Acceptable (only low priority findings and recommendations raised)

3. Governance Control Assessment (Norfolk Safety CIC) – Acceptable

4. Governance Control Assessment (Independence Matters) - Acceptable

B. Traded Full School Audits – audits have been completed at the following schools: -

- a) Ashwicken CE Primary School
- b) Chapel Green School
- c) Ellingham VC and Woodton Primary School Federation
- d) Emneth Nursery School
- e) Great Ellingham and Rockland Schools Federation
- f) TAS Valley Church School Federation (Preston and Saxlingham)

C. Management Letters Issued

- a) Contract Management and Monitoring of Residual Waste Contract with Veolia.

Grants certified up to quarter ending 30 September 2022

LGA	EU	Other
Fire (July 22)	PROWAD (P/e Jul 22)	Norse (P/e March 22)
Transforming Care (June 22)	FACET (P/e May 22)	Family Focus (P/e Jun 22)
CES (September 22)	Mobi-Mix (P/e May 22)	Family Focus (P/e Sep 22)
LA Bus Subsidy (September 22)	Monument (P/e May 22)	Police & Crime Panel (P/e March 22)
LGA Covid Recovery Fund – community Testing		Sheringham Community Primary School – Teaching School Core Grant
Traffic Management (September 2022)		Police & Crime Panel (P/e August 22)
Dedicated Home to School and College Transport		BDUK (Q4 2012/33)

Technical Notes

Work to support the opinion

Our work contributes to the Local Service Strategy (page 5) and the Finance and Commercial Services Department functions for Finance and Risk Management (page 7). Internal Audit's role is described on page 12 of that plan.

My opinion, in the Executive Summary, is based upon:

- Final reports issued in the period (**Appendix A**)
- The results of any follow up audits
- The results of other work carried out by Norfolk Audit Services; and
- The corporate significance of the reports

Audits of Note

No audits of note were completed during the period.

Corporate High Priority Findings

The progress with resolving the Corporate High Priority Findings is acceptable. A more robust process has been put into place to ensure NAS undertake follow up audit work on Corporate High Priority Findings which should result in speedier sign off of these. Previously reliance was placed on departmental owner's confirmation that satisfactory action has been taken.

Governance and Audit Committee

Item No 12

Report title:	Norfolk Audit Services' Terms of Reference (Charter) and Code of Ethics
Date of meeting:	28th November 2022
Responsible Cabinet Member:	N/A
Responsible Director:	Simon George, Executive Director of Finance and Commercial Services
Is this a key decision?	No

Executive Summary

The purpose of this report is to present the revised Terms of Reference for NAS (Charter) and the Code of Ethics following review, in accordance with the model of the Chartered Institute of Internal Auditors (CIIA). A full review was undertaken, and no changes are proposed. These Terms of Reference and the Code of Ethics are compliant with the requirements of the Public Sector Internal Audit Standards (PSIAS) 2013 and the Local Authority Guidance Note of April 2013 and other regulatory requirements and best practice (see background and purpose). The last such report was presented at the Audit Committee meeting in October 2021.

Recommendations

The Audit Committee are asked to consider and agree the NAS Terms of Reference (Charter) as set out in **Appendix A**, and the Code of Ethics as set out in **Appendix B** of this report.

1. Background and Purpose

The UK Public Sector Internal Audit Standards (UK PSIAS) requires that the purpose, authority and responsibility of the internal audit activity must be formally defined by the Council in an audit charter (UK PSIAS standard 1000), for Norfolk County Council this document is the NAS Terms of Reference. Part I of the Terms of Reference refers to Norfolk County Council (NCC).

The development of an FCE Audit function within the NAS Internal Audit Team was approved by Cabinet on 10 June 2013, as part of its approval for ETD to present a bid to act as Managing Authority for the FCE programme 2014-20. The approved proposal provided for other programme authorities to be set up within existing NCC services (namely Finance

and NAS). It is anticipated that the FCE Audit function will be required to be in existence until the end of 2025.

European Commission guidelines require that the Audit Authority mandate is documented in an audit charter when the mandate is not already set out in national legislation. Where an audit charter exists for the audit function, the Audit Authority mandate should be incorporated. This contributes to the independence of the Authority. Part II of the Internal Audit Terms of Reference (Charter) refers to the Interreg VA France Channel England Programme (FCE) Audit Authority.

The Code of Ethics is a statement of principles and expectations governing behaviour of individuals and organisations in the conduct of internal auditing. The main principles are integrity, objectivity, competence, confidentiality. The purpose of the Code is to promote an ethical culture.

The current Code of Ethics for NAS appears at **Appendix B** and is applicable to all staff employed by the NAS Internal Audit Team, whether they are deployed on internal audit activities or EU audit activities. This continues to be based on best practice, the Nolan Principles of Public Life and the CIPFA publication “Code of Ethics for Professional Accountants” (2011) which is compatible with the CIIA’s Code of Ethics.

2. Proposals

The Audit Committee are recommended to consider and agree the NAS Terms of Reference (Charter) as set out in **Appendix A**, and the Code of Ethics as set out in **Appendix B** of this report.

3. Impact of the Proposal

The Accounts and Audit Regulations 2015 (as amended) require that, from 1 April 2015, the Council must ensure that it has a sound system of internal control that meets the relevant standards. The responsibilities for Internal Audit are set out in the Financial Regulations, which are part of the Council’s Constitution. Internal Audit follows appropriate standards (the PSIAS).

The work of the internal audit team, NAS, is defined by the Council in an audit charter (UK PSIAS standard 1000), for Norfolk County Council this document is the NAS Terms of Reference.

The Code of Ethics is applicable to all staff employed in the NAS Internal Audit Team, whether they are deployed on internal audit activities or EU audit activities. For members of professional bodies, breaches of the Body’s Code of Ethics would be evaluated and administered according to the Body’s disciplinary procedures.

4. Evidence and Reasons for Decision

Not applicable

5. Alternative Options

There are no alternative options

6. Financial Implications

The expenditure to deliver the services outlined in the NAS terms of reference falls within the parameters of the Annual Budget agreed by the Council.

Expenditure incurred in the delivery of the FCE Audit function is recoverable from the European Commission under the terms of the Technical Assistance budget, provided the expenditure is in line with EU eligibility rules and satisfactory evidence of compliance has been retained.

7. Resource Implications

7.1 Staff:
None.

7.2 Property:
None.

7.3 IT:
None.

8. Other Implications

8.1 Legal Implications:
None.

8.2 Human Rights implications:
None.

8.3 Equality Impact Assessment (EqIA) (this must be included)

Not required.

8.4 Data Protection Impact Assessments (DPIA)

Not required.

8.5 Health and Safety Implications: (where appropriate)

None.

8.6 Sustainability Implications (where appropriate)

None.

9. Risk Implications/Assessment

None.

10. Select Committee Comments

Not Applicable.

11. Recommendation

As above.

Background Papers

None.

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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Terms of Reference (Charter) for Norfolk Audit Services

1. PURPOSE AND MISSION

- 1.1 The purpose of Norfolk County Council's internal audit department, Norfolk Audit Services (NAS) is to provide independent, objective assurance and consulting activity designed to add value and improve the County Council's ('the Council') operations.
- 1.2 The mission of internal audit is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight. NAS helps the Council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

2. STANDARDS FOR THE PROFESSIONAL PRACTICE OF INTERNAL AUDITING

- 2.1 NAS will govern itself by adherence to the mandatory elements of the Chartered Institute of Internal Auditors' International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the International Standards for the Professional Practice of Internal Auditing, and the Definition of Internal Auditing. The Chief Internal Auditor will report periodically to relevant senior management and the Audit Committee regarding NAS's conformance to the Code of Ethics and the Standards.

3. AUTHORITY

- 3.1 NAS forms part of the Finance and Commercial Services Directorate. The Chief Internal Auditor reports functionally to the Audit Committee and administratively (i.e. day to day operations) to the Section 151 Officer (Executive Director of Finance and Commercial Services).
- 3.2 To establish, maintain, and assure that NAS has sufficient authority to fulfil its duties, the Audit Committee will: -
 - Approve NAS's terms of reference.
 - Approve the risk-based internal audit plan.
 - Ensure NAS's budget and resource plan is sufficient.
 - Receive communications from the Chief Internal Auditor on NAS's performance relative to its plan and other matters.
 - Approve decisions regarding the appointment and removal of the Chief Internal Auditor
 - Make appropriate inquiries of management and the Chief Internal Auditor to determine whether there is inappropriate scope or resource limitations.
- 3.3 The Chief Internal Auditor will have unrestricted access to, and communicate and interact directly with, the Audit Committee including in private meetings without management present. This is completed quarterly at the pre-agenda meeting.
- 3.4 The Audit Committee endorses NAS to: -

- Have full, free, and unrestricted access to all functions, records, property, and personnel pertinent to carrying out any engagement, subject to accountability for confidentiality and safeguarding of records and information, as set out in the Financial Regulations, which are part of the Constitution.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports.
- Obtain assistance from the necessary personnel of the Council as well as other specialised services from within or outside the Council in order to complete the engagement.

4. INDEPENDENCE AND OBJECTIVITY

- 4.1 The Chief Internal Auditor will ensure that NAS remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content. If it is determined that independence or objectivity may be impaired in fact or appearance, the details of impairment will be disclosed to appropriate parties.
- 4.2. Independence and objectivity will be preserved by ensuring that all members of staff in NAS maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others.
- 4.3 Staff members in NAS will have no direct operational responsibility or authority over any of the activities audited. Accordingly, staff members in NAS will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment, including:
- Assessing specific operations for which they had responsibility within the previous two years.
 - Performing any operational duties for the Council or its affiliates.
 - Initiating or approving transactions external to NAS.
 - Directing the activities of any Council employee not employed by NAS except to the extent that such employees have been appropriately assigned to NAS or to otherwise assist NAS.
- 4.4 Staff members in NAS are responsible for: -
- Disclosing any impairment of independence or objectivity, in fact or appearance, to appropriate parties.
 - Exhibiting professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined.
 - Making balanced assessments of all available and relevant facts and circumstances.
 - Taking necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgments.
- 4.5 The Chief Internal Auditor will confirm to the Audit Committee at least annually, the organisational independence of NAS in its Annual Report.

- 4.6 The Chief Internal Auditor will disclose to the Audit Committee any interference and related implications in determining the scope of internal auditing, performing work, and/or communicating results.
- 4.7 The Chief Internal Auditor has roles and responsibilities that fall outside internal auditing (Corporate Risk Management, the Council's Whistleblowing Policy, Money Laundering Reporting Officer (MLRO), subject to confirmation from January 2023 and is the Head of the FCE Audit Authority); therefore, safeguards have been established to limit impairments to independence and objectivity as follows: -.
- The Council has a qualified Risk Management Officer.
 - The function undertakes nationally recognised benchmarking and reports this to the Committee.
 - The Executive Director of Finance and Commercial Services has overall responsibility and reports to the Committee quarterly and annually.
 - The External Auditors review the AGS which includes the effectiveness of risk management.
 - External reviews of the Risk Management Framework and MLRO arrangements are/will be undertaken periodically.

5. RESPONSIBILITY

- 5.1 The Chief Internal Auditor has responsibility to: -
- Submit annually to senior management, and the Audit Committee a risk-based Internal Audit Plan for review and approval, along with a second half of the year refresh of the Plan.
 - Communicate to relevant senior management and the Audit Committee the impact of resource limitations on the Internal Audit Plan.
 - Review and adjust the Internal Audit Plan, as necessary, in response to changes in the Council's business, risks, operations, programmes, systems and controls.
 - Communicate to relevant senior management and the Audit Committee any significant interim changes to the Internal Audit Plan.
 - Ensure each audit of the Internal Audit Plan is executed, including the establishment of objectives and scope, the assignment of appropriate and adequately supervised resources, the documentation of work programs and testing results, and the communication of engagement results with applicable conclusions and recommendations to appropriate parties.
 - Follow up on audit findings and corrective actions, in accordance with NAS's procedures, and report periodically to relevant senior management and the Audit Committee any corrective actions not effectively implemented.
 - Ensure the principles of integrity, objectivity, confidentiality, and competency are applied and upheld.
 - Ensure the NAS Team collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of this Terms of Reference (Charter).
 - Ensure trends and emerging issues that could impact the Council are considered and communicated to relevant senior management and the Audit Committee as appropriate.

- Ensure emerging trends and successful practices in internal auditing are considered.
- Establish and ensure adherence to policies and procedures designed to guide NAS.
- Ensure adherence to the Council's relevant policies and procedures, unless such policies and procedures conflict with these terms of reference. Any such conflicts will be resolved or otherwise communicated to relevant senior management and the Audit Committee.
- Ensure conformance of NAS with the Standards, with the following qualifications:-
 - (i) If NAS is prohibited by law or regulation from conformance with certain parts of the Standards, the Chief Internal Auditor will ensure appropriate disclosures and will ensure conformance with all other parts of the Standards.
 - (ii) If the Standards are used in conjunction with requirements issued by other authoritative bodies, the Chief Internal Auditor will ensure that NAS conforms with the Standards, even if NAS also conforms with the more restrictive requirements of other authoritative bodies.

6. SCOPE OF INTERNAL AUDIT ACTIVITIES

6.1 Internal Audit is a statutory service in the context of the Accounts and Audit Regulations (England) 2015, which state in respect of Internal Audit that: -

- (Part 2 section: 5) 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. Any officer or member of a relevant authority must, if required to do so for the purposes of the internal audit: make available such documents and records; and supply such information and explanations; as are considered necessary by those conducting the internal audit.
- (Part 2 section 6) A relevant authority must, each financial year conduct a review of the effectiveness of the system of internal control required by regulation 3; and prepare an annual governance statement. If the relevant authority is a Category 1 authority (which NCC is), then following the review, it must consider the findings of the review by a committee; or by members of the authority meeting as a whole; and approve the annual governance statement by resolution of a committee; or members of the authority meeting as a whole.

6.2 The statutory role is recognised and endorsed within the Council's Financial Regulations (Section C, Risk Management and Control of Resources), which provide the authority for NAS's access to officers, members, premises, assets, documents and records and to require information and explanation as necessary. These rights of access also extend to partner organisations.

6.3 The scope of internal audit activities encompasses, but is not limited to, objective examinations of evidence for the purpose of providing independent assessments to the Audit Committee, management, and outside parties on the adequacy and effectiveness of governance, risk management, and control processes for the Council. Internal audit assessments include evaluating whether: -

- Risks relating to the achievement of the Council's strategic objectives are appropriately identified and managed.

- The actions of the Council's officers, directors, employees, and contractors are in compliance with the Council's policies, procedures, and applicable laws, regulations, and governance standards.
- The results of operations or programs are consistent with established goals and objectives.
- Operations or programs are being carried out effectively and efficiently.
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact the Council.
- Information and the means used to identify, measure, analyse, classify, and report such information are reliable and have integrity.
- Resources and assets are acquired economically, used efficiently, and protected adequately.

6.4 NAS also performs grant certification work for the Council and traded full audits for Local Authority maintained schools.

6.5 The Chief Internal Auditor will report periodically to relevant senior management and the Audit Committee regarding: -

- NAS's purpose, authority, and responsibility.
- Performance against the Council's Internal Audit Plan.
- The NAS's conformance with the IIA's Code of Ethics and Standards, and action plans to address any significant conformance issues.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other matters requiring the attention of, or requested by, the Audit Committee.
- Results of audit engagements or other activities.
- Resource requirements.
- Any response to risk by management that may be unacceptable to the Council.

6.6 The Chief Internal Auditor also coordinates activities, where possible, and considers relying upon the work of other internal and external assurance and consulting service providers as needed.

7. CONSULTANCY OR ADVISORY REVIEWS

7.1 NAS may perform advisory and related client service activities, the nature and scope of which will be agreed with the client, provided NAS does not assume management responsibility.

7.2 Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during engagements. These opportunities will be communicated to the appropriate level of management.

7.3 Where a significant consultancy or advisory service is required, either within or external to the Council, approval will be sought from the Audit Committee.

8. QUALITY ASSURANCE AND IMPROVEMENT PROGRAMME

- 8.1 NAS will maintain a quality assurance and improvement programme that covers all aspects of NAS's internal audit activity. The programme will include an evaluation of NAS's conformance with the Standards and an evaluation of whether auditors apply the IIA's Code of Ethics. The programme will also assess the efficiency and effectiveness of NAS's internal audit activity and identify opportunities for improvement.
- 8.2 The Chief Internal Auditor will communicate to relevant senior management and the Audit Committee on NAS's quality assurance and improvement programme, including results of internal assessments (both ongoing and periodic) and external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Council.

9. FRAUD AND CORRUPTION

- 9.1 The Anti-Fraud and Corruption Strategy 2017-2019 was endorsed by the Audit Committee at the September 2017 meeting. The Strategy sets out the responsibilities of the various parties and falls in line with 'Fighting Fraud and Corruption Locally', the local government fraud and corruption strategy 2016-2019. These include, amongst other things, that the promotion of and revision to the Strategy lies with the Monitoring Officer (Chief Legal Officer), advised by the Chief Internal Auditor. Managing the risk of fraud and corruption is the responsibility of Chief Officers; Internal Audit does not have responsibility for the prevention or detection of fraud and corruption. Audit procedures alone, even when performed with due professional care, cannot guarantee that fraud or corruption will be detected. Internal auditors will, however, be alert in all their work to risks and exposures that could allow fraud or corruption. Internal Audit may be requested by management to assist with fraud related work. An investigative Auditor has this designated responsibility within the team, supported on an ad-hoc basis by other members of the team. A training programme to develop fraud investigatory skills within the team is included within the development plans.
- 9.2 The Chief Internal Auditor advises Chief Officers on fraud and corruption issues.
- 9.3 The Chief Internal Auditor has made arrangements to be informed of all suspected or detected fraud, corruption or improprieties so that he can determine if an investigation needs to take place, consider the adequacy of the relevant controls, and evaluate the implications for the opinion on the internal control environment.

10. RELATED DOCUMENTS

- 10.1 This document is one of a series that, together, constitute the policies of the authority in relation to anti-fraud and corruption. The other documents include: -

Anti-Fraud and Corruption Strategy

Whistle-Blowing Policy

Code of Conduct for Members and Co-opted Members

Officers Code of Conduct.

Anti-Money Laundering

Money Laundering Policy

PART II: THE INTERREG VA FRANCE CHANNEL ENGLAND PROGRAMME AUDIT AUTHORITY – TERMS OF REFERENCE (CHARTER)

1. Primary Role

- 1.1. European Union regulations require that Member States must have in place a designated Audit Authority for all European Structural & Investment Funds. Norfolk Audit Services is the designated Audit Authority ('the Authority') for the Interreg V France (Channel) England programme. Interreg programmes are a specific type of European Structural & Investment Fund, falling under the European Regional Development Fund (ERDF) and more specifically the European Territorial Cooperation (ETC) programme.
- 1.2. Norfolk Audit Services was also designated Independent Audit Body for the purpose of the designation of the other programming bodies. The work of Norfolk Audit Services as Independent Audit Body is now completed.
- 1.3. The Authority's primary role is:
 - To seek to provide assurance to the programme national authorities¹ and the European Commission that the FCE programme is delivered in compliance with the regulatory requirements of the European Union in relation to the delivery of ETC programmes and with national regulatory requirements.
- 1.4. In the course of its work, the Authority is required to audit
 - (i) operations co-funded by the FCE programme and
 - (ii) the management and control systems set up in the Certifying Authority (Norfolk County Council – Finance) and the Managing Authorities (Norfolk County Council – Economic Development).
- 1.5. In order to provide good quality, fair and balanced reports, the Authority performs audits in accordance with applicable EU regulations and in accordance with internationally accepted auditing standards, as specified in the FCE Audit Strategy.

2. Authority

- 2.1. The Authority derives its authority from formal designation by the then Department for Communities and Local Government (DCLG) now MHCLG. Formal confirmation has been received from both Member States that Norfolk Audit Services will have authority to carry out directly the functions of the Audit Authority in the whole of the territory covered by the cooperation programme. Modality for Member State representatives to accompany FCE auditors on audit missions² were established as part of the Rules of Procedure agreed by the Consultative Audit Group on 20 April 2016.

¹ Each Member State participating in the cooperation programme appoints national authorities, to which the various programming bodies are accountable. The national authorities with regards to the audit activities is functionally independent from the national authorities working with the MA and the CA.

² It is a provision within the Common Provision Regulations that the Member States may request for their representatives to be present during audit missions on their own territory.

- 2.2. The Department for Business, Energy & Industrial Strategy (BEIS) is responsible for ensuring that the Audit Authority is and remains fit for purpose, ie that it maintains its functional independence from the Managing Authority, Certifying Authority and project beneficiaries, is effective and has sufficient experience and resources. In practice, BEIS is relying on the Department for Levelling Up, Housing and Communities (DLUHC); Formerly the Ministry of Housing, Communities and Local Government (MHCLG) to exercise this role, in its capacity as UK National Authority for the programme. DLUHC has a representative at the Consultative Audit Group.
- 2.3. In performing its activities, the Authority will have access to all people, records, information, systems and property deemed necessary, within the programming authorities and with each and every partner involved in the delivery of the cooperation programme. The Authority has been granted “read-only” access to the data and information held by the Managing Authority both in its information system and held on shared servers. The same access is in place with regards to the Certifying Authority data held on information systems. An agreement is in place that data held outside of shared information systems will be made available upon request.
- 2.4. All information requests should be dealt with promptly and truthfully by other parties. Should there be any perceived attempt to hinder the performance of the Authority’s duties, this would be communicated to:
- The Managing Authority, where information has been requested from a project partner
 - The internal FCE programme board³ in a first instance, with escalation to the DLUHC and the Government Internal Audit Agency (in their capacity as British National Authorities for the MA and AA respectively), where information has been requested from a programming authority.

3. Independence and objectivity

- 3.1. To ensure its independence, the authority functions under the direct responsibility of the Council’s Section 151 Officer (Executive Director for Finance and Commercial Services) with oversight from the Audit Committee. The Audit Authority is functionally independent from the Managing Authority (Norfolk County Council – Economic Development), the Certifying Authority (Norfolk County Council – Budgeting and Accounting within Finance) and the Beneficiary Bodies involved in any FCE co-financed operations.
- 3.2. Although the Audit Authority will feed into Norfolk County Council’s internal governance arrangements through the provision of progress and performance update, the Audit Authority will in effect be accountable to the national designating body in the UK (BEIS) and to the European Commission.
- 3.3. The Authority is therefore functionally independent of the activities that it audits. Moreover, it has sole responsibility for the planning and selection of expenditure/operations to be audited and the manner in which the audits are conducted.

³ The NCC internal FCE programme board is composed of Chief Officers and provide internal governance for the delivery of the MA, CA and AA functions.

- 3.4. Upon request of a national authority, the Authority's staff may be accompanied by an auditor from the national authority. An expectation of independence will also be placed on that member of staff.
- 3.5. The Authority may, if deemed appropriate by the Chief Internal Auditor and the Audit Committee, or if requested by management, advise on financial control and audit issues or review systems under development without prejudicing its right to subsequently audit such systems.
- 3.6. All members of staff working for the Authority have a duty to abide by the Internal and Interreg FCE Audit Code of Ethics (Appendix B). The requirement for professional independence underpins the first two pillars of the internal code, namely integrity and objectivity. Staff are expected to complete annual declaration of interest, in order to detect and manage any potential conflict of interest with auditees.

4. Responsibilities

- 4.1. The specific role and responsibilities of the Authority are determined by European Union Regulations and Guidelines for the Structural Funds. The key roles may be summarised as follows:
 - Produce a report for the benefit of the then DCLG, including an opinion on the management and control systems set up by the Managing and Certifying Authorities, based on the descriptions provided, which will form the basis of their formal designation as programme authorities. This work must be undertaken prior to any claim for interim payment from the European Commission being submitted.
 - Prepare, and update as necessary, an audit strategy in consultation with the National Authorities representatives on the Consultative Audit Group. The audit strategy will be submitted to the European Commission, upon request (in line with Article 127 (4) of EU Regulations 1303/2013).
 - Prepare and deliver an annual audit plan, as discussed with National Authorities representatives on the Consultative Audit Group. Ensure the audit plan enables compliance with requirements as stated in EU regulation and complimentary guidance.
 - Submit to the Commission an annual control report (ACR) setting out the findings of audits carried out during the audit year, with regards to audits of operations detailed expenditure, systems audits and follow up work on previous recommendations.
 - Issue an annual audit opinion, on the basis of audits carried out, as to whether the management and control systems functioned effectively so as to provide reasonable assurance that statements of expenditure presented to the Commission are correct and, as a consequence, reasonable assurance that the underlying transactions are legal and regular.
 - Submit to the Commission a winding up declaration in respect of the FCE programme before the statutory date for closure.

5. Relationship with other audit functions

- 5.1. The Authority will be assisted by a Consultative Audit Group, which will be composed of competent and independent representatives of the National Authorities. The Consultative Audit Group will provide the National Authorities with a channel to influence the audit strategy and audit plan, to ensure specificities of their respective territories and needs are adequately met, whilst ensuring compliance with the relevant EU regulations and associated guidance.
- 5.2. The Authority will provide a progress update to the Norfolk County Council's Audit Committee for information. The update will focus on summarising activity undertaken against expectations from the regulations and/ or the audit plan, to confirm satisfactory progress is being achieved.
- 5.3. The Authority shall liaise with the Audit Service of the European Commission in the Directorate General for Regional and Urban Policy (DG Regio) and submit all required documents, including the annual audit plans and an annual control report and annual audit opinion as outlined at 4 above.
- 5.4. If requested, the Authority will co-operate with audit missions by the European Commission Audit Services or the European Court of Auditors, either in the provision of information or advice in relation to financial control and audit procedures relating to the FCE programme or by participating in joint missions if appropriate.
- 5.5. Through the use of national public procurement procedures, the Authority will engage the use of private sector audit firms for audit activities on the French territory, specialist work or during particularly busy periods.

6. Reporting Arrangements

- 6.1. The Authority must be functionally independent from the MA and the CA and the Authority should report to a hierarchical level different than the MA's and CA's reporting levels. This enables the Audit Authority to be part of the same public authority or body (e.g. a ministry) together with the MA and/or the CA, provided that the principle of separation of functions is respected.
- 6.2. The Audit Authority is headed by a tier 3 manager, whereas the Managing and Certifying Authorities are both headed by a tier 4 manager.
- 6.3. The Head of Authority will have direct access to the Executive Director of Finance and Commercial Services (Section 151 Officer) and Audit Committee and will report on administrative and budgetary matters to the Executive Director of Finance and Commercial Services.
- 6.4. The Head of Authority shall fully engage with internal governance arrangements within Norfolk County Council and report quarterly to the Audit Committee and to the Section 151 Officer and six monthly to the internal FCE Programme Board in relation to progress on its audit strategy and work programme. Failure to complete annual audit programmes may lead to financial correction and reduction in the drawdown of Structural Funds.

- 6.5. The Authority shall consult national authorities representatives on the Annual Control Report and Audit Opinion, prior to submission to the European Commission.
- 6.6. The Authority shall notify the MA and the internal FCE programme board of any risks to the drawdown of ERDF Structural Funds arising from its regulatory audits of ETC expenditure, the audits of systems in the Certifying Authority and Managing Authorities and audit work in relation to the annual partial closure of accounts. Where unresolved, unmitigated risks will be identified in the Annual Control Report, which will be shared with the Consultative Audit Group for consultation and with Programme Monitoring Committee by the MA for information.
- 6.7. Individual audit reports will be shared by the AA with the relevant national authority representative prior to finalisation and will be shared by the MA with the Programme Monitoring Committee (or appointed sub-committee) for information once finalised.
- 6.8. The Authority will submit a Winding Up Report to the European Commission at the end of the 2014-20 programming period, on the closure of the FCE ETC programme and inform the Audit Committee of any risks arising from closure which would affect the drawdown of ERDF Funds.

APPROVAL

Cllr. Ian Mackie
Chairman of the Audit Committee

Simon George
Executive Director of Finance
and Commercial Services and
Section 151 Officer

Adrian Thompson
Assistant Director of Finance (Audit) (Chief Internal Auditor)
and Head of the Audit Authority

Date.....

Norfolk County Council Internal Audit and Interreg VA France Channel England Programme Audit Authority – Code of Ethics

Introduction

A Code of Ethics is a statement of principles and expectations governing behaviour of individuals and organisations in the conduct of internal auditing. Its purpose is to promote an ethical culture.

A code of ethics is necessary and appropriate for the profession of internal auditing, founded as it is on the trust placed in its objective assurance about risk management, control, and governance.

This code is complementary to and should be read in conjunction with the CIPFA “Ethics and You” A Guide to the CIPFA Standard of Professional Practice on Ethics (June 2011). This code is compatible with the principles in the CIIA’s Code of Ethics.

The Code of Ethics is based on five pillars and the Nolan Principles (Standards in Public Life).

1. **Integrity,**
2. **Objectivity,**
3. **Confidentiality,**
4. **Competency, and**
5. **Professional Behaviour.**

The Five Pillars

1. Integrity

The integrity of internal auditors is founded upon trust and thus provides the basis for reliance on their judgement. Internal auditors will never use their authority or office for personal gain. They will seek to uphold and enhance the standing of the profession. Internal auditors will maintain an unimpeachable standard of integrity in all their business relationships both inside and outside the organisations in which they are employed. They will reject any business practice, which might reasonably be deemed improper.

Internal auditors:

- 1.1. Will perform their work with honesty, diligence, and responsibility.
- 1.2. Will observe the law and make disclosures expected by the law and the profession.
- 1.3. Will not knowingly be a party to any illegal activity, or engage in acts that are discreditable to the profession of internal auditing or to the organisation or themselves in their professional capacity. The fact that an action is legal does not necessarily mean that it is ethical.
- 1.4. Will declare any personal interest, which may impinge or might reasonably be deemed by others to impinge on impartiality in any matter relevant to his or her duties.
- 1.5. Will respect and contribute to the legitimate and ethical objectives of the organisation.
- 1.6. Will be trustworthy, truthful and honest. They should also promote and support these fundamental principles by leadership and example.

2. Objectivity

Internal auditors exhibit the highest level of professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined. Internal auditors make a balanced assessment of all the relevant circumstances and are not unduly influenced by their own interests or by others in forming judgements.

Internal auditors:

- 2.1. Will not participate in any activity or relationship that may impair or be presumed to impair their unbiased assessment. This participation includes those activities or relationships that may be in conflict with the interests of the organisation.
- 2.2. Will not accept anything that may impair or be presumed to impair their professional judgement
- 2.3. Will disclose all material facts known to them that, if not disclosed, may distort the reporting of activities under review or distort their reports or conceal unlawful practice.
- 2.4. Will at all times maintain their professional independence. They must be fair and must not allow prejudice or bias, conflict of interest or the influence of others to override their judgement and actions.

3. Confidentiality

Internal auditors respect the value and ownership of information they receive and do not hold or disclose information without appropriate authority unless there is a legal or professional obligation to do so.

Internal auditors:

- 3.1. Will be prudent in the use and protection of information acquired in the course of their duties.
- 3.2. Will not use information for any personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the organisation.
- 3.3. Will respect the proper confidentiality of information acquired during the course of performing professional services: information given in the course of duty should be true and fair and never designed to mislead
- 3.4. Will not use or disclose any such information without specific authority unless there is a legal or professional right or duty of disclosure.

4. Competency

Internal auditors apply the knowledge, skills, and experience needed in the performance of internal auditing services. Internal auditors foster the highest possible standards of professional competence amongst those for whom they are responsible optimising the use of resources for which they are responsible to provide the maximum benefit to their employing organisation.

Internal auditors:

- 4.1. Will engage only in those services for which they have the necessary knowledge, skills, and experience.

- 4.2 Will continually improve their proficiency and the effectiveness and quality of their services.
- 4.3. Will perform professional services with due care, competence and diligence, and have a continuing duty to maintain their professional knowledge and skill at a level required to ensure that an employer or client receives the advantage of a competent professional service based on up-to-date developments in practice, legislation and techniques.
- 4.4. Will carry out professional services in accordance with the relevant technical and professional standards.

5. Professional Behaviour

Internal auditors comply with standards and laws and must not bring the reputation of the profession into disrepute in their behaviour and actions.

Internal auditors:

- 5.1 will behave in a professional manner both during their day to day work and activities outside of work.

Nolan Principles

The Nolan principles cover all of the same areas as the Five Pillars (above), but additionally include the following:

6. Selflessness

Holders of public office should act solely in terms of the public interest.
Internal auditors: -

- 6.1 Will not perform work which leads to personal gain
- 6.2 Will perform work to assess the efficiency and effectiveness of current working practices within the Council

7. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or Bias.

Internal auditors:

- 7.1 Will base their opinion on evidence seen and testing performed during the audit work.

8. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Internal auditors:

- 8.1 Will produce audit files to back up conclusions reached during the audit process.
- 8.2 Will ensure there is an adequate review process in place to quality control the work carried out.

9. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Internal auditors:

- 9.1 Will report on completed audit topics for each individual NCC audit at the quarterly Audit Committee meeting.
- 9.2 Will provide more information about audits with corporate significant concerns to the County Leadership Team and Members.
- 9.3 Will report progress on corporately significant high priority findings to the Audit Committee.

10. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Internal auditors:

- 10.1. Will exhibit the above behaviours in their own behaviour.
- 10.2. Will actively promote and support the principles
- 10.3. Will challenge and report poor behaviour when identified.



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Governance and Audit Committee

Item No 13

Report Title: Risk Management

Date of Meeting: 28th November 2022

Responsible Cabinet Member: N/A

Responsible Director: Simon George, Executive Director – Finance and Commercial Services

Is this a Key Decision? No

If this is a Key Decision, date added to the Forward Plan of Key Decisions: N/A

Executive Summary

This quarterly report references Norfolk County Council's corporate risk register as it stands in November 2022, following the latest risk management report presented to Cabinet in October 2022.

The report follows a routine review of corporate risks that was undertaken over the Summer of 2022 and sets out the key messages following this review and refresh of the corporate risk register.

Corporate risks continue to be monitored and treated appropriately in line with the Council's risk management framework, with risk-based decisions supporting the Council's winter planning, and the Full Council-agreed strategy Better Together, For Norfolk.

A summary of significant changes to corporate risks since they were last issued to this Committee has been included in **Appendix A** for information purposes. The latest corporate risk heat map for the corporate risk register is included in **Appendix B** providing a visual summary of corporate risks. Full details of the current corporate risks are included in **Appendix C**, including further explanation on risk scoring. Background information to the report to aid Members understanding of the risk management detail is included at **Appendix D**.

Recommendations:

To consider and agree the latest:

- a. key messages as per paragraphs 2.1 and 2.2 of this report
- b. key changes to the corporate risk register (**Appendix A**);
- c. corporate risk heat map (**Appendix B**);
- d. generic corporate risks (**Appendix C**);
- e. background Information (**Appendix D**);
- f. information in this report is sufficient.

1. Background and Purpose

- 1.1 One of the Committee's roles is to consider the effectiveness of the Council's risk management. The purpose of this report is therefore to provide assurance on the effectiveness of risk management and the corporate risk register as a tool for managing the biggest risks that the Council faces, helping the Committee undertake some of its key responsibilities. Risk management contributes to achieving corporate objectives and is a key part of the Council's performance management framework.
- 1.2 The Council's corporate risks were last reported to, and agreed by, Cabinet on 3rd October 2022 following a periodic review of the council's corporate risks as set out in the Executive Summary of this report. Departmental level red rated risks were also reported along with departmental risk heat map overview summaries. These can be seen within the Cabinet report [here](#) from p. 491.

2. Proposal

- 2.1 The key general risk messages are as follows:

- That corporate risk management continues to be sound and effective, working to best practice, and continues to support the Council's strategic objectives.
- The review and refresh of corporate risks has taken place with risk owner's and reviewer's input.

As per the Civil Contingencies Act, and to remain as prepared as possible for the winter period and beyond, the Norfolk Resilience Forum (NRF) has in place weekly Risk Intelligence Group (RIG) meetings. Here, emergency planning professionals from across the NRF partnership come together to review the potential risks that the county faces in the short term (next 7 days), medium term (7 days to 2 months) and longer term (beyond 2 months). This process creates an assessment picture that considers the potential impacts, aims to recommend and support mitigations, and, if required, stand up

response structures that look to reduce the impacts as far as possible for Norfolk. The NCC Resilience team attend this weekly Norfolk Resilience Forum (NRF) Risk Information Group (RIG) meeting to enable situation awareness and horizon scanning to support and manage all the major risks within the County.

In addition, the NRF is also fully engaged at a regional and national level with the Department of Levelling Up Communities and Housing around winter assurance and preparedness for winter.

2.2 The key specific corporate risk messages are as follows:

new risks

RM035 - Inflationary pressure on revenue and capital budgets

A new corporate risk has been agreed by Cabinet to capture the risk of inflationary pressure on revenue and capital budgets.

RM036 - Environmental Policy

A new corporate risk has been agreed by Cabinet to capture the risk of not delivering the key objectives of the NCC environmental policy.

score changes

RM003b - Information and cyber security requirements

There is an increase of the current impact score of this risk from 3 to 4, increasing the current overall risk score from 9 to 12.

risk scope change

RM027 – myOracle

There is a scope change to this risk, following the movement in time from a pre- go-live environment to a post- go-live environment. The nature of the risk has subsequently changed.

risk closure

RM026 - Legal challenge to procurement exercise

This risk has been closed, given that mitigations have now been implemented as far as possible, minimising the possibility of a legal challenge to a procurement exercise.

changes to corporate risk titles

The corporate risk titles have been simplified to show the theme of the risk. Further risk detail can be viewed within each risk's description.

Further information on the specific risk changes listed above in 2.2 can be found in **Appendices A and C**.

3. Impact of the Proposal

- 3.1 Risk management plays a key role in managing performance and is a requirement in the Accounts and Audit Regulations 2015 (amended 2020). Sound risk management helps ensure that objectives are fulfilled, that resources and assets are protected and used effectively and efficiently. The responsibilities for risk management are set out in the Financial Regulations, which are part of the Council's Constitution.

4. Evidence and Reasons for Decision

- 4.1 Not applicable, as no decision is being made.

5. Alternative Options

- 5.1 There are no alternative options identified.

6. Financial Implications

- 6.1 There are financial implications to consider, which are set out within the risks at **Appendix C**. The budget for this financial year 2022-23 was set and agreed by Full Council in February 2022, following consultation. Mitigations supporting the controlled treatment of the risk of the potential failure to manage significant reductions in local and national income streams are set out in risk RM002, and a new corporate risk covering the impact of rising inflation is covered in risk RM035.

7. Resource Implications

- 7.1 **Staff:** There are staffing resource implications to consider as part of risk **RM029 - NCC may not have the employees (or a sufficient number of employees) with critical skills that will be required for the organisation to operate effectively in the next 2-5 years and longer term.**

- 7.2 Property:** Work continues to be undertaken by the Smarter Working Programme to ensure that colleagues now working full- or part-time from the office can do so with safety and comfort. Our hubs have been transformed into modern work and collaboration spaces, with colleagues able to work effectively, minimising the risk of connectivity issues thanks to a Wi-Fi upgrade covering 600 points across the physical office network that IMT and the Corporate Property Team have installed in almost 200 of our sites.
- 7.3 IT:** The Council's Information Management Technology team closely monitor cyber security threat levels, and continue to roll out the technological advances and IMT training that are helping Members and officers to carry out their duties effectively. Measured steps are being taken within IMT to address any potential increased cyber threat to Norfolk County Council as a result of the ongoing geo-political conflict in Ukraine. **Risk RM003b - Information and cyber security requirements** has been adjusted accordingly to reflect this, as per para. 2.1 and Appendices A and C.

8. Other Implications

- 8.1 Legal Implications:** There are no specific legal implications to consider within this report.
- 8.2 Human Rights Implications:** There are no specific human rights implications to consider within this report.
- 8.3 Equality Impact Assessment (EqIA) (this must be included):** None applicable.
- 8.4 Data Protection Impact Assessments (DPIA):** None applicable.
- 8.5 Health and Safety implications (where appropriate):** As per paragraph 7.2 above, health and safety considerations are at the forefront of the work being carried out to ensure that staff are working in the safest possible environment.
- 8.6 Sustainability implications (where appropriate):** There are no specific sustainability implications to consider within this report other than to note the proposed introduction of a new corporate risk RM036 covering the risk of not delivering the key objectives of the NCC environmental policy, which incorporate sustainability.

8.7 Any Other Implications: There are no other risk implications to consider within this report that are not already addressed.

9. Risk Implications / Assessment

9.1 The risk implications are set out in the report above, and within the risks themselves at **Appendix C**.

9.2 The council's Risk Management Policy and accompanying procedures will shortly be reviewed to ensure they are refreshed as appropriate to continue to reflect industry best practice. Both the policy and procedures will be reported as part of the risk management report to Cabinet and the Audit Committee in due course.

10. Select Committee Comments

10.1 There are no recent risk-based comments from the Select Committee to report.

11. Recommendations

To consider and agree the latest:

- a. key messages as per paragraphs 2.1 and 2.2 of this report
- b. key changes to the corporate risk register (**Appendix A**);
- c. corporate risk heat map (**Appendix B**);
- d. generic corporate risks (**Appendix C**);
- e. background Information (**Appendix D**);
- f. information in this report is sufficient.

12. Background Papers

12.1 None applicable.

Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

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The explanation for the key changes to corporate risks agreed by Cabinet in October 2022 is as follows;

New risks

RM035 - Inflationary pressure on revenue and capital budgets

A new corporate risk is in place to capture the risk of inflationary pressure on revenue and capital budgets. This reflects the rapidly-emerging national risk of inflation causing greater financial pressure that also impacts on Norfolk County Council at a local level.

RM036 - Environmental Policy

There is a new corporate risk that captures the risk of not delivering the key objectives of the NCC environmental policy. This risk recognises the environment as a key risk theme, framing the proposed risk in the context of NCC's environmental policy that is within Norfolk County Council's direct control to manage.

Score changes

RM003b - Information and cyber security requirements

The current impact score of this risk has been increased from 3 to 4, increasing the current overall risk score from 9 to 12. This follows the continuing threat of international cyber warfare on the UK from abroad, with Local Authorities a potential target for high-level cyber disruption.

Risk scope change

RM027 – myOracle

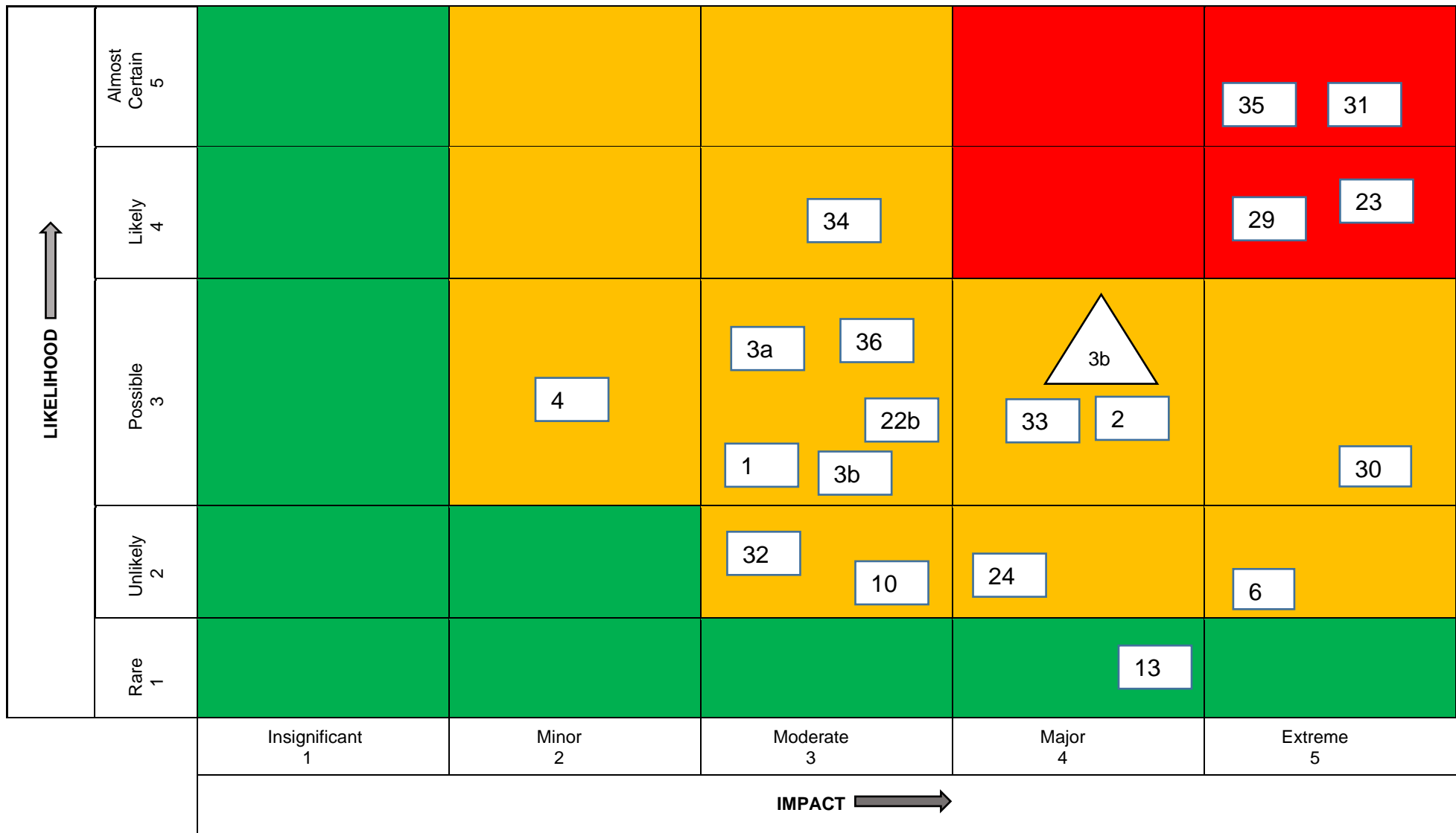
There is a scope change to this risk, following the movement in time from a pre- go-live environment to a post- go-live environment. The nature of the risk has subsequently changed. This risk has moved from the risk of non-implementation, to a risk of non-delivery of key operational processes.

Risk closure

RM026 - Legal challenge to procurement exercise

This corporate risk has been closed, given that mitigations have now been implemented as far as possible, minimising the possibility of a legal challenge to a procurement exercise.

Corporate Risks - Heat Map



Key = Risk score increase
 = no score change
 = risk score decrease

No.	Risk description	No.	Risk Description
RM001	Infrastructure funding requirements	RM032	Capacity to manage a large or multiple incidents or disruptions to business
RM002	Income streams	RM033	Norwich Western Link Project
RM003a	Information compliance requirements.	RM034	Supply Chain Interruption
RM003b	Information and cyber security requirements	RM035	Adverse impact of significant and abnormal levels of inflationary pressure on revenue and capital budgets
RM004	Contract management for commissioned services.	RM036	Environmental Policy
RM006	Service Delivery		
RM010	Loss of key ICT systems		
RM013	Governance protocols for entities controlled by the Council.		
RM022b	EU Transition		
RM023	Changes to demography, funding, and government policy		
RM024	Great Yarmouth Third River Crossing (3RC)		
RM027	myOracle		
RM029	Critical skills required for the organisation to operate effectively		
RM030	Non-realisation of Children's Services Transformation change and expected benefits		
RM031	NCC Funded Children's Services Overspend		

Risk Number		RM001			Date of update		30 August 2022			
Risk Name		Infrastructure funding requirements								
Portfolio lead		Cllr. Graham Plant			Risk Owner		Tom McCabe			
Risk Description				Date entered on risk register			03 June 2019			
There is a risk of not realising infrastructure funding requirements to achieve the infrastructure ambition of the Business Plan. 1) Not securing sufficient funding to deliver all the required infrastructure for existing needs and planned growth leading to: • Congestion, delay and unreliable journey times on the transport network • A lack of the essential facilities that create attractive conditions for business activity and investment, and sustainable communities, including good connectivity, public transport, walking and cycling routes, open space and green infrastructure, and funding for the infrastructure necessary to enable the county council to perform its statutory responsibilities, eg education. Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	3	9	3	3	9	3	2	6	Mar-23	Amber
Tasks to mitigate the risk										
1) Work with other county council officers and partners including government, local enterprise partnerships and district councils to compile evidence and the case for investment into infrastructure in order to achieve success through bidding rounds for capital investment. 2) Identify and secure funding including Pooled Business Rates (PBR) to develop projects to a point where successful bids can be made for funding through compiling evidence and cases for investment. 3) Engage with providers of national infrastructure – National Highways for strategic (trunk) roads and Network Rail for rail delivery – to ensure timely delivery of infrastructure projects, and work with partners on advocacy and lobbying with government to secure future investment into the networks. 4) Review Planning Obligations Standards annually to ensure the county council is able to seek and secure the maximum possible contribution from developers. 5) Continue to build the relationship with strategic partners including elected representatives, government departments, local enterprise partnerships, regional bodies such as Transport East (the Sub-National Transport Body) and other local authorities to maximise opportunity and work together in the most effective joined-up manner. 6) Periodically review timescales for S106, and other, funding contributions to ensure they are spent before the end date and take action as required. Periodic reviews for transport contributions and an annual review process for library and education contributions. 7) Manage risk RM033, Norwich Western Link.										
Progress update										

Progress update

1) Transport East responded to government letter on major / major road network schemes, supporting all Norfolk schemes (NWL, WWHAR, LSB, Pullover) on the programme. NWL (See RM033): Cabinet in July 2022 agreed to submit an update note to the Outline Business Case submitted to DfT in June 2021. DfT decision awaited. Long Stratton Bypass: OBC approved by government July 2021. Revised planning applications from developers submitted. Issue of nutrient neutrality being considered. West Winch Housing Access Road: Government progression to the next stage received 7 July 2022. DfT will make a contribution of £698,000 towards the costs of developing an OBC in line with our funding request. A47/A17 Pullover Junction King's Lynn: Work commenced on SOBC. Working with partners: Continuing to work with districts and other partners on a range of infrastructure projects.

2) PBR funding secured for various projects including Norwich Western Link, West Winch Housing Access Road and A47/A17 Pullover Junction (see 1). Govt funding secured includes: £0.5m zero emission transport cities, £50m (indicative) Bus Service Improvement Plan, further £1m via Active Travel Fund. County levelling-up bid for Southgates, King's Lynn will be submitted by deadline.

3) Secretary of State granted Development Consent Order for dualling A47 Blofield to Burlingham, June. Decision expected on N Tuddenham to Easton, August, and Thickthorn September. A47 Alliance meeting held July.

Positive support given for Task and Finish Group to develop and deliver programme of advocacy in the run-up to RIS3 decision. Continuing to work with partners on Norwich to London rail, Ely Task Force and East West Rail Main Line Partnership. Working with National Highways to deliver improvements at Harfreys Roundabout ahead of completing 3RC

4) Officers have updated the County Council's Planning Obligations Standards (2022) and will continue to update annually to ensure the council is able to seek and secure the maximum possible contribution from developers. Working with County Council Network and Regional Planning Obligations Officer Group to lobby DLUHC on proposed reforms to the developer contributions.

5) Continuing to work with Transport East: Transport strategy endorsed by Forum. Working with TE on additional workstreams initiated following three-year funding settlement from DfT. Liaising and attending various wider partnership groups including with DfT, Network Rail and National Highways on strategic road and rail schemes

6) Officers have introduced a new system of monitoring known as the Infrastructure Funding Statement (IFS) to comply with the 2010 Community Infrastructure Levy (CIL) Regulations (as amended in September 2019). This will ensure monitoring is effective, transparent and up to date. The County Council will publish its updated IFS later in the year in line with the above CIL Regulations.

7) See risk RM033, Norwich Western Link.

Risk Number		RM002		Date of update		26 August 2022				
Risk Name		Income streams								
Portfolio lead		Cllr. Andrew Jamieson		Risk Owner		Simon George				
Risk Description				Date entered on risk register		31 May 2019				
There is a risk of failure to manage significant reductions to, or insufficient increases in, local and national income streams. This may arise from global or local economic circumstances (i.e. rising inflation), and/or government policy on public sector budgets and funding. As a result there is a risk that the Medium Term Financial Strategy savings required for 2022/23 - 2025/26 are not delivered because of uncertainty as to the scale of savings resulting in significant budget overspends, unsustainable drawing on reserves, and severe emergency savings measures needing to be taken. The financial implications are set out in the Council's Budget Book, available on the Council's website. Overall risk treatment:Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	3	4	12	2	4	8	Mar-23	Amber
Tasks to mitigate the risk										
Medium Term Financial Strategy and robust budget setting within available resources. No surprises through effective budget management for both revenue and capital. Budget owners accountable for managing within set resources. Determine and prioritise commissioning outcomes against available resources and delivery of value for money. Regular and robust monitoring and tracking of in-year budget savings by Executive Directors and members. Regular finance monitoring reports to Cabinet. Close monitoring of central government grant terms and conditions to ensure that these are met to receive grants. Plans to be adjusted accordingly once the most up to date data has been received.										
Progress update										
County Council on 21.02.22 approved the 2022-23 budget and future Medium Term Financial Strategy 2022-26 taking into account the Final Local Government Finance settlement for 2022-23. The council's external auditors gave an unqualified audit opinion on the 2020-21 Statement of Accounts and were satisfied that the County Council had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31.03.2021. A further budget update report has gone The implications of the COVID-19 response, coupled with continued uncertainty and the further delay of the significant planned reforms for local government finance, represents a major challenge for the Council in developing its Medium term Financial Strategy. Cabinet on 04.04.2022 considered a strategic and financial planning report for 2023-24 and a further budget update report in July. Futher reports will be presented to Cabinet during the year incorporating Government funding announcements, when known, and upates on the budget planning process in order that the County Council can agree the 2023-24 Budget and level of council tax at its February 2023 meeting.										

Risk Number		RM003a				Date of update		31 August 2022		
Risk Name		Information compliance requirements								
Portfolio lead		Cllr. Andrew Proctor				Risk Owner		Andrew Stewart		
Risk Description					Date entered on risk register			05 June 2019		
There is a risk of failing to comply with statutory information compliance requirements (e.g. under GDPR, FOI, EIR) which could lead to reputational damage and financial impact from any fines or compensation sought, and operational inefficiencies within the organisation, and loss of cooperation with external partners (eg. NHS). Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12	3	3	9	2	3	6	Mar-23	Green
Tasks to mitigate the risk										
1. Mandatory Information Governance Training for all colleagues, with ongoing awareness of IG responsibilities for colleagues. 2. Information Governance Group and Steering Group occur bi-monthly 3. Detailed management information in place to monitor performance 4. Two-way relationship with ICO maintained to ensure positive working relationship 5. Focus on resource available / required to ensure consistency of service 6. Ongoing improvements underway to improve IG operational efficiency and effectiveness. 7. Working closely with IMT to exploit the technical opportunities as described in RM003b.										
Progress update										
Mandatory training for Information Governance (Data Protection Essentials) has now been live since January 2021 which has received positive feedback and has been completed by 70% of the organisation and completion rate continues to meet the 95% target at 95.14% . A new workbook has been created to match the online training for non-IT users. All NCC employees and anyone accessing NCC data receive IG training.										
Information Governance Group and the escalation Steering Group comprising the SIRO, DPO, Dir IMT, Audit and Caldicott Guardians continues to meet, occuring bi-monthly to deliver a strong focus and accountability on information related matters.										
Management information continues to be developed to allow actions to be taken on activity within the team and resource to be appropriately allocated / requested. Significant improvements in many areas including Freedom of Information Requests and Police disclosures. Subject Access Requests (SARs) remain a concern and focus remains on these - a team has been created to look exclusively at SARs										

Progress update

ensuring consistency and efficiency. We continue to look for improvements to process where possible - the ICO is currently in discussion with us about our SAR position.

Positive relationship with the ICO in relation to data incidents and responses to subject access request complaints which helps demonstrate a good culture towards information in NCC.

In conjunction with IMT, the Electronic Storage Programme underway to reduce risk associated with unstructured information held on Fileshares.

These activities will enhance many of the mitigations to a higher standard, reducing the likelihood of occurrence - the impact should anything happen would likely result in local or national media attention, depending on the severity of the issue.

Risk Number		RM003b		Date of update		30 August 2022				
Risk Name		Information and cyber security requirements								
Portfolio lead		Cllr. Tom Fitzpatrick		Risk Owner		Geoff Connell				
Risk Description			Date entered on risk register			05 June 2019				
There is a risk of failure to comply with relevant information and cyber security requirements. This would incorporate failing to comply with relevant information security and cyber requirements (e.g. Public Sector Network Assurance, NHS Data Security and Protection Toolkit, and Payment Card Industry - Data Security Standards) which could lead to operational, financial and reputation impact. Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12	3	4	12	1	3	3	Mar-23	Green
Tasks to mitigate the risk										
1. Mandatory Training in place for all colleagues - ongoing										
2. Development and monitoring for breaches - ongoing										
3. Implementation of improved security measures - ongoing										
4. External networking to ensure best practice - ongoing										
Progress update										
- Ongoing monitoring of compliance levels with mandatory training for all colleagues.										
- Implementation of improved security measures e.g. E5 Licencing										
- Involvement with National cybersecurity organisation										
- Extensive communications to NCC staff on remaining vigilant against cyber-attacks										
- Increased take up of IT training;										
- A simulated phishing exercise, carried out to understand where weaknesses remain;										
- Roll-out of Safe Links and Safe Attachments technology, which screens MS Office attachments and links before being opened;										
- Anti-spoofing technology software being introduced.										
Update 30/08/2022										
- PSN and other Public Sector cyber assurance will continue while new standards are developed										
- Recent (June 2022) UK Government Accredited independent assessment of laptop configuration assessed that “the endpoints' security posture was found to be very strong.”										

Risk Number		RM004		Date of update		30 August 2022				
Risk Name		Contract management for commissioned services.								
Portfolio lead		Cllr. Andrew Jamieson		Risk Owner		Simon George				
Risk Description			Date entered on risk register			02 June 2019				
There is a risk of failure to deliver effective and robust contract management for commissioned services. Ineffective contract management leads to wasted expenditure, poor quality, failure to achieve anticipated environmental or social benefits, unanticipated supplier default or contractual or legal disputes, and/or reputational damage to the Council. The council spends some £800m on contracted goods and services each year. Overall risk treatment: Tolerate										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	2	3	6	2	3	6	Mar-23	Met
Tasks to mitigate the risk										
1) Implement a proactive system to identify early signs of potential supplier financial / governance failure and respond appropriately. Next steps: - Develop robust process to respond to CreditSafe alerts - Checks of suppliers governance arrangements and following up on references										
2) Continue to report the pipeline of expiring contracts to Corporate Board every six months. Continue to discuss the pipeline of expiring contracts with CES DMT every quarter. Next steps: - Start to discuss the pipeline of expiring contracts with other departmental management teams or individual senior managers										
3) Through the contract compliance and optimisation workstream of the Smarter Workstream priority under the Norfolk Futures programme, implement measures to ensure that staff who have contract management as part of their job have the relevant skills and support to manage contracts effectively. Next steps: Implement phased plan										
4) Develop a standard specification for service transition that can be used as the basis for new sourcing exercises and used to manage transitions effectively										
5) Internal audit undertaking audits of the contract management control environment in the three service directorates.										
Progress update										

Progress update

- 1) Process developed with finance to respond to CreditSafe alerts. Complete
- 2) Pipeline reporting frequency at Corporate Board increased to quarterly and process is in place for monthly review by Director of Procurement and Executive Director of Finance. Procurement staff review monthly and make sure plans are in place with departments. Complete
- 3) Contract compliance and optimisation workstream plan was approved at Corporate Board in December 2019 and phased implementation was under way, prior to COVID-19. Implementation of phased plan paused whilst efforts are focussed on the COVID-19 response.
- 4) Transition/handover checklist developed and in use. Complete.
- 5) Internal Audit have completed an audit of the senior management monitoring of significant contracts. Complete

Risk Number	RM006		Date of update		30 August 2022					
Risk Name	Service Delivery									
Portfolio lead	Cllr. Andrew Proctor			Risk Owner	Tom McCabe					
Risk Description			Date entered on risk register		13 June 2019					
There is a potential risk of failure to deliver our services within the resources available for the period 2022/23 to the end of 2023/24. The failure to deliver agreed savings or to deliver our services within the resources available, factoring in causation such as rising inflation, resulting in the risk of legal challenge and overspends, requiring the need for in year spending decisions during the life of the plan, to the detriment of local communities and vulnerable service users. Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
2	5	10	2	5	10	1	5	5	Mar-23	Green
Tasks to mitigate the risk										
'1) Clear robust framework, ' Better Together, for Norfolk - Business Plan' in place which drives the delivery of the overall vision and priority outcomes. The delivery of a council-wide strategy which seeks to shift focus to early help and prevention, and to managing demand. 2) Delivery against the strategic service and financial planning, by translating the vision and priorities into achieved, delivered targets. 3) A robust annual process to provide evidence for Members to make decisions about spending priorities. 4) Regular and robust in-year financial monitoring to track delivery of savings and manage in-year pressures. 5) Sound engagement and consultation with stakeholders and the public around service delivery. 6) A performance management and risk system which ensures resources are used to best effect, and that the Council delivers against its objectives and targets.										
Progress update										

Progress update

Regular budget and performance monitoring reports to Cabinet has continued to demonstrate how the Council is delivering against the 2022/23 budgets and priorities set for each of our services. The Council has a robust and established process, including regular reporting to Members, which is closely linked to the wider Council Strategy, in order to support the development of future year budget plans taking account of the latest available information about government funding levels and other pressures. This process includes reviewing service budgets and taking into account financial performance and issues arising in the current financial year as detailed in the budget monitoring reports. There is financial monitoring of in-year cost to address the impact of COVID-19 within departments, with monitoring of 2021-22 spend being reported to Cabinet on a monthly basis and monitoring of COVID-19 spend reported to Corporate Board regularly. Financial forecasting is taking place to further understand where there are likely to be areas of greater financial challenges as a result of COVID-19 beyond 2021/22. There has been an updated MTFS position reported to Cabinet within the year, savings proposals published for consultation in October, budget setting meeting of Full Council in February 2022, and monitoring reports taken to Cabinet in 2021/22. Work has been carried out by Departmental Leadership Teams, the Recovery Group and the Business Transformation Programme on future savings required. Savings proposals have been presented for Member review and then taken to Cabinet.

Risk Number		RM010		Date of update		30 August 2022				
Risk Name		Loss of key ICT systems								
Portfolio lead		Cllr. Tom Fitzpatrick		Risk Owner		Simon George				
Risk Description			Date entered on risk register			01 July 2019				
The risk of the loss of key ICT systems including: - Network connectivity; - Telephony; - Microsoft Office & all business systems. Loss of core / key ICT systems, communications or utilities for a significant period - as a result of a cyber attack, loss of power, physical failure, fire or flood,or supplier failure - would result in a failure to deliver IT based services leading to disruption to critical service delivery, a loss of reputation, and additional costs. Note that cyber security risks are elevated in 2022 due to global geopolitical issues (Cyber risk is detailed further in the service level risk register). Overall risk treatment: Treat.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	3	9	2	3	6	1	3	3	Mar-23	Green
Tasks to mitigate the risk										
Full power down completed periodically										
3) Implement Cloud-based business systems with resilient links for key areas										
4) Review and Implement suitable arrangements to protect against possible cyber / ransomware attacks including;										
5) Running a number of Cyber Attack exercises with senior stakeholders to reduce the risk of taking the wrong action in the event of a cyber attack										
6) We will hold a number of Business Continuity exercises to understand and reduce the impact of risk scenarios										
7) WFH has changed the critical points of infrastructure. Access to cloud services like O365 without reliance on County Hall data centres is critical to ensure service continuity.										
8) Keep all software security patched and up to date and supported. Actively and regularly review all software in use at NCC and retire all out of date software that presents a risk to keeping accredited to these standards.										
9) Continue to closely monitor security processes.										
Progress update										

Progress update

- 1) Full power down completed as required by Property programme plans.
- 2) County Hall complete we continue to roll out to remaining offices throughout the County slowed due to Covid-19 restrictions.
- 3) We Implement Cloud-based business systems with resilient links for key areas as they are procured, guidance is being refreshed regularly.
- 4) We have now completed the cyber audit actions.
- 5) IMT and the resilience team presented a number of scenarios selected by the business to the Directors Operational Board (Previously Silver group) to test, understand and challenge on a number of key disaster Scenarios. This was to inform the business continuity plans and highlight further improvements we can make. Resilience team are considering dates for our next Business Continuity test.
- 6) Since COVID-19 has resulted in the majority of the workforce working from home, the network has been able to cope effectively with a vastly increased number of users working remotely.
- 7) Various security protections from Microsoft E5 have been implemented and more are being added.
- 8) Infrastructure design is evolving to accommodate cloud services, further strengthen cyber security and reduce reliance on County Hall infrastructure. NCC dependence on Solaris will reduce with Oracle Cloud.
- 9) The scope and frequency of security monitoring processes has been increased.

Update 30/08/2022

- 10) DR exercises planned for Oct 2022 to test DR facilities and business continuity plans, coordinated with Resilience Team
- 11) Future Network project will increase diversity of network infrastructure to improve resilience
- 12) Oracle Cloud Services now live removing reliance on on-prem Oracle for payroll and finance functions
- 13) "Zero Trust" laptop design being rolled out, removing reliance on County Hall infrastructure for all cloud services including Oracle and Office 365, enabling staff to work from anywhere even if County Hall data centres unavailable.

Risk Number	RM013		Date of update		30 August 2022					
Risk Name	Governance protocols for entities controlled by the Council.									
Portfolio lead	Cllr. Greg Peck		Risk Owner		Simon George					
Risk Description			Date entered on risk register		02 July 2019					
The potential risk of failure of the governance protocols for entities controlled by the Council, either their internal governance or the Council's governance as owner. The failure of entities controlled by the Council to follow relevant guidance or share the Council's ambitions. The failure of governance leading to controlled entities: Non Compliance with relevant laws (Companies, subsidy control procurement, environmental or other) Incurring Significant Losses or losing asset value Taking reputational damage from service failures Being mis-aligned with the goals of the Council The financial implications are described in the Council's latest Annual Statement of Accounts. Overall risk treatment: Treat. This risk is scored at a likelihood of 1 due to the strong governance in place and an impact score of 4 given the size of the controlled companies.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
1	4	4	1	4	4	1	4	4	Mar-23	Met
Tasks to mitigate the risk										
<p>1) All controlled entities and subsidiary companies have a system of governance which is the responsibility of their Board of Directors.</p> <p>The Council needs to ensure that it has given clear direction of it's policy, ambitions and expectations of the controlled entities.</p> <p>The NORSE Group objectives are for Business Growth and Diversification of business to spread risks. Risks need to be recorded on the Group's risk register.</p> <p>2) The shareholder committee should meet quarterly and monitor the performance of NORSE. A member of the shareholder board, the shareholder representative, should also attend the NORSE board.</p> <p>3) The Council holds control of the Group of Companies by way of its shareholding, restrictions in the NORSE articles of association and the voting rights of the Directors. The mission, vision and value statements of the individual NORSE companies should be reviewed regularly and included in the annual business plan approved by the Board. NORSE should have its own Memorandum and Articles of Association outlining its powers and procedures, as well as an overarching agreement with the Council which outlines the controls that the Council exercises over NORSE and the actions which require prior approval of the Council.</p> <p>4) To ensure that governance procedures are being discharged appropriately to Independence Matters. The Executive Director for Finance and Commercial Services' representative attends as shareholder representative for Independence Matters.</p> <p>5) Shareholder representation required from the Executive Director of Finance and Commercial Services on both the Norse, and Repton Boards.</p>										
Progress update										

Progress update

- 1) There are regular Board meetings, share holder meetings and reporting as required. For NORSE, risks are recorded on the NORSE group risk register.
- 2) The Norse Group follows the guidance issued by the Institute of Directors for Unlisted Companies where appropriate for a wholly owned LA company. The shareholder committee meets quarterly and monitors the performance of Norse. A member of the shareholder board, the shareholder representative, also attends the Norse board.
- 3) The Council has reviewed its framework of controls to ensure it is meeting its Teckal requirements in terms of governance and control. The Executive Director of Finance and Commercial Services is responsible for reviewing the ongoing viability of wholly owned entities and regularly reporting the performance of their activities, with a view to ensuring that the County Council's interests are being protected.
All County Council subsidiary limited company Directors have been approved in accordance with the Constitution.
- 4) The ED of F&CS directs external governance.
- 5) There is Shareholder representation from the Executive Director of Finance and Commercial Services on both the Norse, and Repton Boards.

Risk Number	RM022b	Date of update	25 August 2022
Risk Name	EU Transition		
Portfolio lead	Cllr. Graham Plant	Risk Owner	Vince Muspratt
Risk Description	Date entered on risk register		28 August 2020

There are two parts to this risk as follows; a) external funding and b) Norfolk businesses a) Risk RM14429 covers the closedown of the France (Channel) England INTERREG programme, managed by NCC. In terms of future external funding, we need to make a compelling case to Government for investment in Norfolk from the UK Shared Prosperity Fund (UKSPF), which replaces EU funding. There is a risk of limited opportunity for future skills funding from the UKSPF that NCC needs to be able to achieve the objectives of the Norfolk Investment Framework. b) We need to understand the implications for Norfolk businesses of the Territorial Cooperation Agreement and work with partners to support Norfolk businesses to trade. Overall risk treatment: Treat

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	3	9	3	3	9	2	3	6	Mar-23	Amber

Tasks to mitigate the risk

a) Development of Norfolk Investment Framework to target the UK Shared Prosperity Fund (replacement for EU funding).

b) Focussed support for business, in conjunction with LEP and Chamber of Commerce.

Progress update

a) Cabinet agreed at their meeting on 2/8/21 to commission a Norfolk Investment Framework (NIF), to draw down the Shared Prosperity Fund (SPF) worth £1.5bn p/a nationally. Additional work packages to reinforce stakeholder engagement have been added. Consultation for the Framework has been extended. Draft iterations of thematic objectives being tested further with stakeholders. Contract of work extended until end of March 2022.

White paper has been published and reinforces the need for a collaborative approach in preparation for a County Deal.

The Levelling Up White Paper indicates that in the short-term SPF and LU funds will be delivered through Districts. Should a County Deal be agreed, this may change. There is a need to develop a County Deal in order to gain strategic control over key functions and funds, but also to work with districts to maximise strategic use of SPF.

Feedback from Stakeholders confirms the need for a NIF. Approach endorsed by the Steering Committee (including Town Deal Board Chairs/Local Authorities/Business Reps/University & Research Institutes and Private Sector).

The NIF will identify funding options for delivery from a range of options including SPF and LUF, other national funding pots as well as private sector investment.

b) There is growth in the economy, but rapidly rising inflation (Bank of England forecast 13% by the end of 2022) and rise of 'cost of goods' and energy pose a risk/ added pressure on businesses at present.

Business advice provided by the LEP's Growth Hub, Norfolk Chamber and Federation of Small Business.

Risk Number	RM023		Date of update		30 August 2022					
Risk Name	Changes to demography, funding, and government policy									
Portfolio lead	Cllr. Bill Borrett		Risk Owner		James Bullion					
Risk Description			Date entered on risk register		01 August 2022					
Failure to respond to changes to demography, funding, and government policy, with particular regard to Adults Services. The pressures of demography and complexity of need continue to increase for adult social services. Direction of travel in terms of longer term funding has been signalled through Build Back Better and the introduction of the a social care national insurance levy. However, additional funding is front-loaded towards the NHS, and there is a clear expectation that demography pressures should be met through local taxation. This makes effective strategic planning highly challenging and there is a risk that short-term reductions in support services have to be made to keep within budget; these changes are likely to be counter to the long-term Promoting Independence strategy. Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5	5	25	4	5	20	3	5	15	Mar-23	Amber
Tasks to mitigate the risk										
Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. Publication of the the White Paper: Putting People at the Heart of Care, alongside funding for social care through the national insurance levy provides a strategic direction of travel. Further direction will come through a further White paper on integration, expected imminently. As part of the PI strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care.Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.Judicious use of one-off winter and other funding, as announced by Government, including accessing Discharge to Assess funding and other Covid-related funds.Close tracking of government policies, demography trends and forecasts.Influencing and shaping the development and governance of the new Integrated Care System to ensure a strong focus on social care										
Progress update										
1) Detailed work to understand the financial and service impact of COVID for the next financial year and for medium term. Main themes for transformation being reviewed, and priorities for department being shaped. Overall strategy remains sound, but further work to identify the highest priority transformation areas and to track the interdependencies of programmes across the department..										
2) Market shaping and development - strengthened working relationships; significant financial support for the market, now requires on-going work in partnership with care sector to look at future shape and sustainability.										
3a) Connecting Communities Programme underway to re-design Adults front door, build community resilience, re-design social work offer, and accelerate digital offer										
3b) Workforce – continues to be hugely challenging within Adult Social Services and in the wider care market. On-going recruitment campaign to sustain levels of front line										

Progress update

social workers and occupational therapy staff. Joint European funded programme with Suffolk to support workforce in the wider care market

3c) Better Care Fund targeted towards supporting people to stay independent, promoting and enabling closer integration and collaboration across health and social care. Better Care Fund currently under review to reflect closer joint aims and objectives between health and social care

4) Close joint working with NHS, through the Integrated Care System, to shape and influence future integration of health and social care

5) Recovery planning underway to address backlogs of work arising from pandemic and winter pressures. 6. Preparation for the implementation of the White Paper, Putting People at the heart of Care.

7. Collaboration with children's services to develop a preparing for adult life service to strengthen transition experience for young people, and to improve service and budget planning.

Risk Number		RM024				Date of update		30 August 2022		
Risk Name		Great Yarmouth Third River Crossing (3RC)								
Portfolio lead		Cllr. Martin Wilby				Risk Owner		Tom McCabe		
Risk Description					Date entered on risk register			14 June 2019		
There is a risk of failure to construct and deliver the Great Yarmouth Third River Crossing (3RC) within agreed budget (£121m), and to agreed timescales (construction to be completed early 2023). There is a risk that the 3RC project will not be delivered within budget and to the agreed timescales. Cause: delays during statutory processes put timescales at risk and/or contractor prices increase project costs. Event: The 3RC is completed at a later date and/or greater cost than the agreed budget, placing additional pressure on the NCC contribution. Effect: Failure to construct and deliver the 3RC within budget would result in the shortfall having to be met from other sources. This would impact on other NCC programmes. Overall risk treatment: Treat, with a focus on maintaining or reducing project costs and timescales.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	2	4	8	2	3	6	May-23	Amber
Tasks to mitigate the risk										
The project was agreed by Full Council (December 2016) as a key priority infrastructure project to be delivered as soon as possible. Since then, March 2017, an outline business case has been submitted to DfT setting out project costs of £120m and a start of work in October 2020. 80% of this project cost has been confirmed by DfT, but this will be a fixed contribution with NCC taking any risk of increased costs. Mitigation measures are: 1) Project Board and associated governance to be further developed to ensure clear focus on monitoring cost and programme at monthly meetings. 2) NCC project team to include specialist cost and commercial resource (bought in to the project) to provide scrutiny throughout the scheme development and procurement processes. This will include independent audits and contract/legal advice on key contract risks as necessary. 3) Programme to be developed that shows sufficient details to enable overall timescales to be regularly monitored, challenged and corrected as necessary by the board. 4) Project controls and client team to be developed to ensure systems in place to deliver the project and to develop details to be prepared for any contractual issues to be robustly handled and monitored. 5) All opportunities to be explored through board meetings to reduce risk and programme duration. 6) An internal audit has been carried out to provide the Audit Committee and management with independent assurance that the controls in place, to mitigate, or minimise risks relating to pricing in stage 2 of the project to an acceptable level, are adequate and effective and operating in practice.										
Progress update										

Progress update

The outline business case was submitted on 30 March 2017, and DfT confirmed approval of this following the autumn statement in November 2017. Progress against actions are: 1) Project board in place. Gateway review highlighted a need to assess and amend board attendance and this has been implemented. A gateway review was completed to coincide with the award of contract decision making - the findings have been reported to the project board (there were no significant concerns identified that impact project delivery). Internal audit on governance report finalised 14 August 2019 and findings were rated green. Further gateway review completed summer 2020 ahead of progressing to next stage of contract (construction). 2) Specialist cost and commercial consultants appointed and continue to review project costs. The Commercial Manager will continue to assess the project forecast on a quarterly basis, with monthly interim reporting also provided to the board. No issues highlighted to date and budget remains sufficient. A further budget review was completed following appointment of the contractor. The full business case was developed and submitted to DfT at end of September 2020 - the project is still at agreed budget. 3) An overall project programme has been developed and is owned and managed by the dedicated project manager. Any issues are highlighted to the board as the project is delivered.

Construction started on 4 January 2021 as planned. The bridge completion and opening date remains early 2023. 4) Learning from the NDR the experience of commercial specialist support was utilised to develop contract details ahead of the formal commencement of the procurement process. 5) The project board receives regular (monthly) updates on project risks, costs and timescales. A detailed cost review was delivered to the board ahead of the award of the contract (following the delegated authority agreed by Full Council), and took into account the contractors tender pricing and associated project risk updates. The project currently remains on budget and the programme to complete the works and open the scheme in early 2023 is still on track.

6) The further internal audit has been concluded and a report circulated. Findings were green with only one minor observation (already actioned).

Risk Number	RM027				Date of update		30 August 2022			
Risk Name	myOracle									
Portfolio lead	Cllr. Tom FitzPatrick					Risk Owner	Simon George			
Risk Description					Date entered on risk register			30 August 2022		
There is a risk of failure of the new Human Resources and Finance system whereby key operational processes don't deliver the required outcomes for the organisation and its' traded services customers. Cause: System build, poor process for implementation, inadequate training for self service. Event: Operational processes not delivering to the processes required. Effect: Individuals impacted by temporary reduced pay, potential reduced employee satisfaction and potential risks to employee retention. New employees not being onboarded quickly enough. Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
2	4	8	2	3	6	2	2	4	Dec-22	Green
Tasks to mitigate the risk										
1) Strong subject expert engagement in the system configuration to ensure that myOracle meets the needs of the organisation. 2) Ensure that plans / workarounds are in place to mitigate any residual risks from any issues arising. 3) Ensure that we have the resource in place to be able to deal with any issues as they arise.										
Progress update										
1) The implementation of MyOracle is now live and any issues arising are being managed as a BAU exercise post mobilisation. 2) Support team and business teams focused on the identified system and process fixes required and plans/workarounds in place to mitigate those risks. 3) Team in place to rectify issues as they are reported.										

Risk Number	RM029	Date of update	30 August 2022
Risk Name	Critical skills required for the organisation to operate effectively		
Portfolio lead	Cllr. Andrew Proctor	Risk Owner	Jane Naumkin
Risk Description	Date entered on risk register		29 July 2019

There is a risk that a range of critical new/future skills are not available within NCC in the medium to longer term. The lack of these skills will create problems for, or reduce the effectiveness of service delivery. An inability or failure to consider/identify these until they are needed will not allow sufficient time to develop or recruit these skills. This is exacerbated by: 1.The demographics of the workforce (ageing) 2.The need for changing skills and behaviours in order to implement new ways of working including specialist professional and technical skills (in particular IT, engineering, change & transformation; analytical; professional best practice etc) associated with the introduction or requirement to undertake new activities and operate or use new technology or systems - the lack of which reduces the effective operation of NCC . 3.NCC's new delivery model, including greater reliance on other employers/sectors to deliver services on our behalf 4.Significant changes in social trends and attitudes, such as the use of new technology and attitudes to the public sector, which may impact upon our 'employer brand' and therefore recruitment and retention 5.Skills shortages in key areas including social work and teaching 6.Improvements to the UK and local economy which may impact upon the Council's ability to recruit and retain staff. 7.Government policy (for example exit payment proposals) and changes to the Council's redundancy compensation policy, which could impact upon retention, particularly of those at more senior levels and/or older workers. 8. Brexit uncertainty impacting in some sectors 9. Uncertainty of covid impact which could increase pool of candidates and simultaneously increase current colleagues' possibilities for new jobs in other locations. Overall risk treatment: Treat

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	4	5	20	2	5	10	Mar-23	Amber

Tasks to mitigate the risk

- *Identification of what new critical skills are required in services – using workforce planning process and toolkit. As each directorate makes their changes to make savings / manage demand.
- *Identification of pathways to enable staff to learn, develop and qualify into shortage areas – As each directorate makes their changes to make savings / manage demand
- *Creation of career families and professional communities, providing visible and clear career paths for colleagues.
- *Embedding a strengths based approach to performance management e.g. Recruit for strengths not just qualifications and skills and experience
- *Explore further integration with other organisations to fill the gaps in our workforce - ongoing
- *Develop talent pipelines working with schools, colleges and universities
- *Undertake market rate exercises as appropriate and review employment packages
- *Explore / develop the use of apprenticeships and early career schemes; this will help grow talent and act as a retention tool
- *Work with 14 – 19 providers and Higher Education providers to ensure that the GCSE, A level and Degree subjects meets the needs of future workforce requirements
- *acceptance and implementation of new workforce strategy that will lead to improved workforce planning
- *develop our employer brand to improve attraction of people with the skills we need

Progress update

1. Working with education providers to ensure subjects meet future workforce requirements and students see a career in local government as an exciting option
2. Work has begun to make best use of the 'skills' facility in the new Oracle system. It will take time to understand how best to use the functionality but it is planned to help with finding people within NCC with skills not usually associated with their role, as well as providing easy reporting on professional registrations. This functionality is dependent on completion of career families work which will form part of the strategic review.
3. Work on how to use the full Talent module in Oracle will commence during 22/23
4. A digital skills survey has been made available to employees to support information and learning relating to their own particular digital skills competence. Mandatory training policy is live and has been socialised
5. NCC careers website design is underway
6. There is an additional task relating to skills to identify the impact of COVID-19 on the availability of and demand for skills in NCC and Norfolk – this is beyond the remit of this risk but is related and therefore captured here.
7. Workforce strategy is in final draft. It identifies a number of themes that will support recruitment and retention of employees with the skills we need to be a successful organisation including refreshing our employer brand and development of clear career families
8. The strategic review will support NCC to understand how we can reshape the organisation, including our model of leadership and management and approach to role families

The target date has been moved to March 2023 to take account of the strategic review timescales.

Risk Number	RM030					Date of update		12 September 2022		
Risk Name	Non-realisation of Children’s Services Transformation change and expected benefits									
Portfolio lead	Cllr. John Fisher					Risk Owner		Sara Tough		
Risk Description					Date entered on risk register			08 August 2019		
There is a risk of the non-realisation of Children’s Services Transformation change and expected benefits, encompassing the risk that Children’s Services do not experience the expected benefits from the transformation programme. Outcomes for children and their families are not improved, need is not met earlier and the increasing demand for specialist support and intervention is not managed. Statutory duties will not be fully met and the financial position of the department will be unsustainable over time. Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	5	20	3	5	15	1	5	5	Mar-23	Amber
Tasks to mitigate the risk										
1) A demand management and prevention strategy and associated business cases have been completed and a multi-year transformation programme has been established covering social care and education, with 5 key strategic themes: Inclusion, Prevention and Early Intervention, Effective Practice Model, Edge of Care Support and Alternatives to Care, and Transforming the Care Market. 2) Significant investment has been provided to delivery transformation including c. £2m pa transformation investment fund since 2018-19 and £120m for capital investment in Specialist Resource Bases and Specialist Schools 3) A single senior transformation lead, operational business leads and a transformation team have been appointed / aligned to direct, oversee and manage the change 4) Regular governatnce structures in place through the Cabinet Member chaired Transformation and Benefits Realisation Board to track and monitor the trajectories of the programme benefits, risks and issues 5) Services from corporate departments are aligned to provide support to transformation change e.g. HR, Comms, IT, Finance, Information and Analytics, Innovation, etc 6) Interdependencies with other enabling transformation programmes e.g. Smarter Working will be aligned to help maximise realisation of benefits.										
Progress update										

Progress update

Scoring rationale - Risk impact relates to outcomes for children and families not being met, a key county council objective and financial loss of benefits over £3m therefore scored 5. Risk likelihood has reduced from "probable" prior to programme being initiated to "possible" as the transformation programme is seeing initial success after first 36 months of the programme, therefore scored 3.

- The investment in transformation has proved successful during the last 36 months having met existing targets for specific schemes albeit in the context of overall dept overspends
- Overall programme broke even in April 2021 rising to over £14m of cumulative net benefits by March 2022
- Programme has helped to mitigate the cost pressures for 2021/22 that resulted due to the considerable financial pressures faced and ongoing uncertainties due to COVID-19. The projected programme savings of £6.5m for 2021/22 were exceeded, delivering £12.9m savings.
- Core indicator of number of Children in Care is broadly stable. Unit costs are under considerable pressure due to market forces, worsened by the impact of the pandemic, and changes to the profile of need including increasing pressure for placements for CYP with complex needs (particularly where there are also significant mental health needs). A number of existing transformation projects are in train to support these young people more effectively and reduce unit costs over the medium term.
- The next phase will focus primarily on prevention and early help – seeking to deliver a step change in our model and successfully bring together the system around special educational needs, early family help and emotional wellbeing.

Risk Number		RM031		Date of update		09 August 2022				
Risk Name		NCC Funded Children's Services Overspend								
Portfolio lead		Cllr. John Fisher			Risk Owner		Sara Tough			
Risk Description				Date entered on risk register		01 September 2019				
There is a risk that in-year pressures from service demand and other external factors beyond the department's control materialise and lead to a significant overspend. Overall risk treatment: Tolerate external service demand and other external factors beyond our control.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5	5	25	5	5	25	3	5	15	Mar-23	Amber
Tasks to mitigate the risk										
<p>1. Transformation programme that is targeting improvement to operating model, ways of working, and placement & sufficiency to ensure that intervention is happening at the right time, with the right children and families supported, with the right types of support, intervention & placements. This will result in improved value for money through ensuring that money is spent in the right places, at the right times with the investment in children and families resulting in lower, long-term costs. In turn, this will enable the most expensive areas of NCC funded spend (placement costs and staffing costs) to be well controlled and to minimise the risk of a significant overspend of budget.</p> <p>2. Implementation of improved monitoring system, to identify, track and respond to financial challenges.</p> <p>3. Cohorts will be regularly analysed to ensure that all are targeted appropriately and to develop new transformation initiatives to meet needs cost effectively.</p> <p>4. Ongoing recognition of underlying budget pressures within recent NCC budgets and within the MTFS, including for front-line placement and support costs (children looked after, children with disabilities and care leavers), operational staffing, and home to school transport for children with SEND.</p> <p>5. Recognition of pandemic-related additional budget pressures in-year and for future years, with actions identified to respond to these and to minimise cost pressures</p>										
Progress update										
<p>Scoring rationale - Risk impact relates to financial impact of over £3m, therefore scored 5. Risk likelihood has increased from probable to "almost certain", due to department currently projecting an overspend outturn position for 2021/22 due to the considerable in-year financial pressures faced and ongoing uncertainties originating from the pandemic.</p> <p>Improved monitoring systems have become embedded: CSLT finance sub-group, high cost reporting, LAC tracker, Permanency Planning Meetings, DCS Quarterly Performance meetings, weekly "Time for Outstanding Outcomes" Meetings and Transformation and Benefits Realisation Board chaired by Cabinet Member CS and attended by Members and CSLT.</p> <p>Multiple Transformation projects been successfully delivered and there are a number of projects underway that will contribute to the mitigation of this risk. For example, Our remodelled Corporate Parenting Service went live on schedule in April 2021 as well as our Targeted Youth Support Service in February 2021. Norfolk has been successful in being awarded DfE funding to introduce the No Wrong Door model in partnership N. Yorks, with New Roads successfully launched in June 2021. This is a proven model at working with adolescents</p>										

Progress update

differently improving outcomes and reducing costs. Financial benefits associated with New Roads programme for delivery in 2021/22 were achieved. We have established a significant programme to support children with disabilities and their families and, with partners, are redesigning our prevention and early help model to help meet the needs of families before they reach a threshold for statutory services.

Children Looked After numbers have reduced significantly since January 2019, which has resulted in reduced overall placement costs. The rate of reduction has slowed during COVID, becoming broadly stable, however, the impact of the pandemic has meant that we have now seen a small rise in numbers of LAC (although the rise appears to be below many other LAs). Unit costs are under considerable pressure due to external market forces, worsened by the impact of the pandemic, and changes to the profile of need including increasing pressure for placements for CYP with complex needs (particularly where there are also significant mental health needs). A number of existing transformation projects are in train to support these young people more effectively and reduce unit costs over the medium term.

Risk Number	RM032					Date of update		21 September 2022		
Risk Name	Capacity to manage a large or multiple incidents or disruptions to business									
Portfolio lead	Cllr. Andrew Proctor					Risk Owner		Sarah Rhoden		
Risk Description					Date entered on risk register			29 October 2021		
There is a risk that NCC is affected by an internal or external incident/emergency that impacts on the authority's ability to deliver critical services. This could be internal threats such as loss of IMT or power or external impacts such as supporting the countywide response to Norfolk's Highest risk such as Coastal flooding or pandemic flu. There is a risk of a large scale incident or series of incidents that cause potential negative impacts on the reputation, resources or financial stability, that affect NCC's ability to deliver it services. Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	3	2	6	2	2	4	Aug-23	Green
Tasks to mitigate the risk										
1) Maintain the Corporate Resilience Plan. 2) Maintain a robust Business Continuity process, including training and exercising. 3) Having the appropriate groups in place to be able to support and manage any response to an incident causing business disruption. 4) Supporting and embedding of Business Continuity looking at best practice to support the operational delivery of services. 5) Further training planning for both BC and Emergency Planning. 6) Active engagement and participation in the Norfolk Resilience Forum. 7) On going review of winter risks 8) Member of the NRF and attancance at weekly Norfolk Risk Intelligence Group (RIG) meetings 9) NRF Plans and procedures in place, including training and exercising.										
Progress update										
The BC process and emergency response mechanisms are in place and enabled within NCC, support is in place from the Resilience team who deliver 24/4 response support. Current BC stats = 91% of NCC plans reviewed and 79% plans have been exercised Director Ops is stood up and currently meeting fortnightly to monitor on going issues. On call silver and Gold rotas in in place. The Resilience team attend the weekly Norfolk Resilience Forum (NRF) Risk Information Group (RIG) meeting to enable situation awareness and horizon scanning to support and manage all the major risks within the County.										
Due to global and national uncertainty, pre-emptive planning is on going to look at the risks that NCC and Norfolk will face this winter, these will include: Winter weather - snow/Ice storms and flooding. Health issues- pressure in care system, Season Flu, outbreaks, re-emergence of COVID, Hospital roof collapse and care home failure. Cost of living impacts. Disruption to power or communications systems. Industrial Action. Animal Health outbreaks. Cyber attacks. A briefing document is being created for the Director Ops group to look at the requirements and for any addition mitigations actions. In addition we are working with Government departments at DLUHC to ensure we have the latest national steer. The NCC London Bridge plan is being deployed following the passing of Queen Elizabeth II.										

Risk Number		RM033		Date of update		30 August 2022				
Risk Name		Norwich Western Link Project								
Portfolio lead		Cllr. Martin Wilby		Risk Owner		Tom McCabe				
Risk Description				Date entered on risk register		27 July 2021				
<p>There is a risk that the NWL project could fail to receive funding approvals from the Department for Transport (DfT), and/or statutory approvals necessary within the necessary timescales to achieve the Orders to construct the project (related to planning consent, land acquisition, highway orders) to enable the Norwich Western Link (NWL) project (at £251m) to be delivered to the agreed timescales (target opening by late 2025). Cause: Objection to the project (particularly related to environmental impacts) that results in either DfT or Secretary of State failing to provide the necessary approvals for the funding/Orders. Event: The scale of the project and the funding requirement from DfT (at 85%) is such that without their funding contribution, it will not be possible to deliver the project. Without the necessary Orders in place, it will not be possible to deliver the project. Effect: The benefits that the project would bring in terms of traffic relief, accommodating growth in housing and employment, economic recovery and journey time savings would not be achieved. If ultimately the project does not get constructed there is the possibility that any funding already provided by DfT would need to be repaid and that the capital expenditure up to that stage could need to be repaid from revenue funds (as there would be no capital asset to justify the use of capital funding). Overall risk treatment: Treat</p>										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	3	4	12	1	4	4	Sep-24	Amber
Tasks to mitigate the risk										
<p>1. Work closely with DfT to resolve any queries related to the OBC approval.</p> <p>2. Ensure programme dates for statutory approvals are achieved and submission details are legally checked.</p> <p>3. Develop strong team resource to ensure well developed submissions for statutory processes (including public inquiry) are provided.</p> <p>4. Provide regular updates to the project board to ensure any issues related to programme, cost and risk are reported.</p> <p>5. Monitor scale of expenditure prior to Secretary of State approval to ensure any potential financial implications can be accomodated within the NCC financial envelope.</p>										
Progress update										

Progress update

1. OBC submitted to DfT for approval at end of June 2021. Dec 21 - DfT queries responded to. Feb 22 - Further query from DfT being responded to. Awaiting funding confirmation, but timescale to be confirmed. Apr 22 - All queries responded to but alignment refinement (reported to Cabinet Mar 22) will need to be updated following June 22 Cabinet report. June 22 - Report to Cabinet now planned for 4 July 2022. July 2022 - Report approved by Cabinet (includes revised timescales and budget - 85% DfT contribution retained in OBC addendum submitted to DfT (approval ongoing)).
2. Programme being reviewed to ensure realistic timescales for pre-planning application consultation and planning submissions are in place (to be agreed by the project board). March 22 - Project update reported to Cabinet in March with further more detailed report to follow in June 2022. Apr 22 - Programme details being prepared for June 2022 Cabinet report. Current likelihood adjusted to reflect OBC approval timescales. June 22 - No change, programme to be reported to July Cabinet. July 2022 - Timescales updated in Cabinet report and agreed.
3. Resource review in progress to ensure the team structure is suited to the next phases of the project. Dec 21 - Team resources established. July 2022 - Team structure in place with some gaps in resource being resolved, but very challenging employment market conditions.
4. Project board meetings in place and risk, programme, cost regularly reported. Feb 2022 - Detailed update of programme, cost and risk to be developed following further detailed design development (in response to 2021 survey data). March 22 - All details will be updated in report to Cabinet in June 2022. Apr 22 details being prepared for June 2022 Cabinet report. June 22 - details will now be presented to July 2022 Cabinet. July 2022 - All details updated in Cabinet report and cost, risk and programme will be monitored by Board based on Cabinet report.
5. Section 151 officer updated on expenditure to date at project board and is comfortable that any potential cost/budget implications could be accommodated within the NCC financial envelope. July 2022 - Details in Cabinet report agreed with s151 officer and budget recommendation and implications accepted by Cabinet and Full Council on 19 July.

Risk Number	RM034	Date of update	09 September 2022
Risk Name	Supply Chain Interruption		
Portfolio lead	Cllr. Andrew Proctor	Risk Owner	Simon George
Risk Description	Date entered on risk register 09 November 2021		

There is a risk of a supply chain interruption, which could affect any of the Council's supply chains. This could take the form of either a sudden or gradual interruption, affecting the ability to deliver one or more services effectively. Cause: Examples of sudden interruptions include; loss of power; loss of supplies due to panic-buying (fuel being the prime example with knock-on effects); supplier insolvency; inability to replace critical components. Examples of gradual interruptions include; a gradual inability to recruit key in-demand staff (e.g. drivers & care workers); a gradual material shortage (e.g. construction materials); inflation; industrial action; staff absence owing to Covid-19 / seasonal flu, gradually contracting labour markets. Event: The materialisation of a sudden or a gradual interruption or degradation of a NCC supply chain. Effect: Different causes will generate different effects, but the common effect would be a disruption to service delivery stemming from the interruption of the supply chain involved. This could have knock on effects to other services depending on the interconnectedness / scale of the supply chain. Overall risk treatment: Treat

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	4	3	12	3	2	6	Mar-23	Amber

Tasks to mitigate the risk

For loss of power:

- 1) Understanding power resilience of County Hall
- 2) Understanding failover if we lost County Hall power
- 3) Reviewing plans for simultaneous loss of power or gas to multiple sensitive sites, e.g. care homes.
- 4) Thinking through command and control in case of widespread power loss

For fuel:

- 5) Sending out a de-brief form to all involved in the fuel disruption (NCC) and the Resilience team will collate the returns. This will inform changes to the NCC approach and potentially update the Corporate plan. Our work will feed into the wider NRF de-brief to the NRF plan.

For food:

- 6) Consideration of academies and our role with free school meals.
- 7) Maintain good relationships with key suppliers.

For supplier insolvency:

- 8) Formalising tiering of contracts

For critical spares:

- 9) Work with providers to ensure there is adequate support to just in time (JIT) deliveries (contingency stock of critical spares).

For IT:

- 10) Ensure IT refresh is considered and appropriate stock pre-ordered.

General mitigations against sudden major disruptions include:

Early warning and trigger points

Supply diversity

Supplier relationships

Public sector resource pooling

Effective plans

Progress update

Progress update

For loss of power:

- 1) Power resilience understood.
- 2) Resilience of Disaster Recovery site understood.
- 3) This is being looked at via normal BAU winter preparedness. Resilience Reps and DMT's are supported by the Resilience Team to review BC plans.
- 4) Command and control will follow existing processes. Any issues to be reported by department and escalated to appropriate response level (Silver/Gold) to manage the NCC response. If beyond NCC the NRF will be activated to respond.

For fuel:

- 5) Resilience Team have sent out a de-brief form to all involved in the fuel disruption (NCC) and has collated the returns. We have collated learning and now the Resilience Team are looking at the delivery of an operational plan to help deliver fuel to critical services and have created a BC exercise for services to work through their fuel issues and supply needs.

For food:

- 6) Work to be carried out with providers to ensure they think about support to just-in-time deliveries (contingency stock of basics).
- 7) Close communication and good relations being upheld with key suppliers of food.

For supplier insolvency:

- 8) Tiering of contracts being formalised.

For critical spares:

- 9) Ongoing work with providers to ensure adequate support is available for JIT deliveries.

For IT:

- 10) Laptops for next round of IT refresh pre-ordered and in supplier's warehouse.

General update: Work has begun on planning for winter 2022/23 through the Director Operations Board, including representation from the Resilience team.

Risk Number	RM035		Date of update		26 August 2022					
Risk Name	Adverse impact of significant and abnormal levels of inflationary pressure on revenue and capital budgets									
Portfolio lead	Cllr. Jamieson		Risk Owner		Simon George					
Risk Description			Date entered on risk register		26 August 2022					
There is a risk that significant and abnormal levels of inflationary pressure persist for an extended period of time with a negative impact on both the Council's revenue budget and capital programme. Unusually high levels of inflation across various sectors are being experienced, driven by a number of economic and other factors which are entirely outside the council's control. Forecasts are increasingly suggesting that this situation is likely to persist for a protracted period. There is a risk that this level of inflation will have very significant impacts across several areas of the council including: - Increasing demand for a range of support and services including hardship funds as the cost of living and inflationary pressures impact on wider society. - Direct impact of inflationary pressures on revenue pay budgets - pay awards for 2022-23 and 2023-24 in excess of the level which has been assumed in the budget / MTFS. - Direct impact of inflationary pressures on non-pay revenue budgets including energy and fuel costs. - Direct impact of inflationary pressures on the Capital Programme including the cost of construction for various schemes. This is significantly reducing the Council's purchasing power and creating significant challenges for programme management and scheme delivery. Risk Treatment: Tolerate (overall levels of inflation are outside of the Council's control), but treating the aspects that the Council is in a position to control.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5	5	25	5	5	25	5	3	15	May-22	Green
Tasks to mitigate the risk										
1) Close budgetary control 2022-23 - Monitoring budgets and emerging pressures during the financial year, reviewing activity levels and pressures in order to mitigate and minimise these as far as possible as part of regular budget monitoring and management processes. Where pressures cannot be avoided / mitigated, identifying alternative off-setting savings and / or funding (such as from business risk reserves) to deliver a balanced budget position for 2022-23.										
2) Setting 2023-24 Budget - Developing the 2023-24 Budget to provide as far as possible for known and unavoidable cost pressures, and identifying further income or off-setting savings initiatives to ensure that a robust and achievable Budget can be considered by Full Council in February 2023.										
3) Reviewing capital programme - Review of cost estimates, forecasts and profiling of major projects. The Council will monitor this risk and review the potential pressures on the capital programme and proactively manage the schemes, deferring some schemes where possible to minimise the impact of inflation and continue to deliver the capital programme within the budget available. The impact of cost pressures on the capital programme forecast will be picked up as part of the regular capital monitoring process and as part of setting the 2023-24 Capital Programme.										
4) Articulating the financial challenges faced by the Council to Government and other stakeholders - The Council's work to ensure that sufficient funding allocations are provided / available will include responses to Government consultations, funding announcements, discussions about the 2022-23 pay award, and other engagement.										

Progress update

- 1) Budget monitoring and reporting of variances, risks and mitigations to Cabinet is underway in respect of 2022-23.
- 2) Budget process underway for 2023-24 including identification of saving proposals for consideration by Cabinet in October 2022. Further savings required to close forecast budget gap and work underway to identify and validate cost pressures. Strategic Review underway to identify proposals to contribute to closing 2023-24 gap.
- 3) Monitoring of Capital Programme underway in respect of 2022-23 and reported to Cabinet. Review of capital programme profiling and development of new schemes for 2023-24 programme underway.
- 4) Ongoing engagement including formal consultation responses and ad-hoc opportunities.

Risk Number	RM036		Date of update		26 August 2022					
Risk Name	Environmental Policy									
Portfolio lead	Cllr. Eric Vardy, Cllr. Andrew Jamieson, and Cllr. Greg Peck			Risk Owner	Steve Miller					
Risk Description			Date entered on risk register		26 August 2022					
There is a risk of not delivering the key objectives of the NCC environmental policy. This could stem from not achieving the key objectives within our control to deliver. These include; achieving Net Zero Across the County Council Estate by 2030, working in partnership across the County, especially through the Norfolk Climate Change Partnership on the delivery of; the Climate Action Plan, major environmental infrastructure projects; sustainable travel projects; the 1 Million Trees for Norfolk project; the Pollinator Action Plan as well as continued roll out of LED streetlighting upgrades and implementation of the EV strategy. Event: Non-delivery of the key objectives. Effect: This could lead to greater potential for increased damage to the local and global environment. Overall risk treatment: Treat										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	3	3	9	2	2	4	Mar-25	Green
Tasks to mitigate the risk										
1) Achieve Net Zero across NCC Estates by 2030. 2) Develop and deliver Climate Action Plan through Norfolk Climate Change Partnership. 3) Delivery of major environmental infrastructure projects for example Wendling Beck. 4) Delivery of all of the major transport infrastructure projects including ZEBRA. 5) Delivery of the 1 Million Trees for Norfolk project. 6) Delivery of the Pollinator Action Plan. 7) Rollout of 15k LED lights by the end of 2023 8) Rollout of electric vehicles										
Progress update										
Regular reporting cycles are already established for each of the key objectives. 1) Digital dashboard established and strong delivery against scope 1 and 2 emmision targets. 2) Development work ongoing with Norfolk Climate Change Partnership. 3) Strong progress to date with all key environmental infrastructure projects on schedule. 4) Sustainable transport projects progressing well and major investment in ZEBRA scheme and cycling and walking programmes secure. 5) Delivery of 1 Million Trees project progressing positively with plan in place to accelerate planting plan following Covid-19 impact on planting programme. 6) Pollinator Action Plan approved by Cabinet and under delivery - no major issues to report. 7) We have currently replaced 3.7k lights. 8) We are currently developing metrics for the fleet of NCC electric vehicles.										
Progress between the original score of 16 and current score of 9 reflects the progress that has been made with the various projects underway.										

Background Information

A Corporate Risk is one that:

- requires strong management at a corporate level thus the Corporate Board should direct any action to be taken
- requires input or responsibility from more than one Executive Director for mitigating tasks; and
- If not managed appropriately, it could potentially result in the County Council failing to achieve one or more of its key corporate objectives and/or suffer a significant financial loss or reputational damage.

The prospects of meeting target tolerance scores by the target dates are a reflection of how well mitigation tasks are controlling the risk. The contents of this cell act as an early warning indicator that there may be concerns when the prospect is shown as amber or red. In these cases, further investigation may be required to determine the factors that have caused the risk owner to consider that the target may not be met. It is also an early indication that additional resources and tasks or escalation may be required to ensure that the risk can meet the target tolerance score by the target date. The position is visually displayed for ease in the “Prospects of meeting the target score by the target date” cell as follows:

- Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
- Amber – one or more of the mitigation tasks are falling behind and there are some concerns that the target score may not be achievable by the target date unless the shortcomings are addressed
- Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addressed and/or new tasks introduced.

In responding to the corporate risks identified, there are four risk treatments that should be considered;

Treat

The risk should be treated through active management of the risk to reduce wherever the implications of the risk materialising are negative.

Tolerate

The risk should be acknowledged with the recognition that some or all of the mitigating actions are out of the immediate control of the Council.

Transfer

The risk should be transferred to a third party (usually via an insurance policy).

Terminate

The root cause of the risk should be terminated i.e. the action(s) causing the risk should be stopped.

Governance and Audit Committee

Item No 14

Report Title: Work Programme

Date of Meeting: 28th November 2022

Responsible Cabinet Member: N/A

Responsible Director: Simon George, Executive Director of Finance and Commercial Services

Is this a Key Decision? No

Executive Summary

The Committee's work fulfils its Terms of Reference as set out in the Council's Constitution and agreed by the Council. The terms of reference fulfil the relevant regulatory requirements of the Council for Accounts and Audit matters, including risk management, internal control and good governance.

Following constitutional changes agreed by Full Council on 19th of July 2022 the Audit and Standards Committee have merged. Further details and training would be available to members as and when matters were agreed.

Recommendations

The Committee are asked to consider and agree:

- the work programme for the Committee
- if further information is required

1. Background and Purpose

- 1.1 In accordance with its Terms of Reference, which is part of the Constitution, the Committee should consider the programme of work set out below.

2. Proposal

2.1 The proposed work is set out below:

- January 2023 reports
 - Executive Director, Finance and Commercial Services
 - External Auditor Report and Letters of Representation
 - Annual Statement of Accounts and Annual Governance Statement 2021-22
 - NAS Quarterly Report Quarter ended December 2022
 - Risk Management Report
 - Internal Audit Strategy and Plan 2023-24
 - Work Programme
 - Director of Governance
 - Anti-Fraud and Corruption Strategy and Whistleblowing Update
- April 2023 reports
 - Executive Director, Finance and Commercial Services
 - External Audit Letter and Audit Plan 2023
 - Treasury Management Report 2022-23
 - Risk Management Report and Risk Management Annual Report 2022-23
 - Insurance Annual Report 2022-23
 - Norfolk Audit Services Annual Report 2022-23 (including Quarter ended April 2023)
 - Audit Committee – Terms of Reference
 - Work Programme
 - Director of Governance
 - Anti-Fraud and Corruption Strategy and Whistleblowing Update and Anti-Fraud and Corruption Annual Report 2022-23
- July 2022 reports
 - Executive Director, Finance and Commercial Services
 - Governance of Norfolk Pension Fund 2022-23
 - NAS Quarterly Report Quarter ended June 2023
 - Risk Management Report
 - Work Programme
 - Director of Governance
 - Annual Monitoring Officer report 2022-23
 - Anti-Fraud and Corruption Strategy and Whistleblowing Update

- Executive Director of Strategy and Transformation
 - Annual SIRO Report 2022-23
- Medium Terms topics to note
 - Executive Director of Strategy and Transformation - Follow Up to the Census 2021 presentation (July 2021)
 - Executive Director, CES - Environmental Policy Update

2.2 The Committee may wish to propose further reports on additional topics relevant to the Committee's terms of reference.

3. Impact of the Proposal

3.1 As a result of the delivery of the work plan the Committee will have assurance through audit conclusions and findings that internal controls, governance and risk management arrangements are working effectively or there are plans in place to strengthen controls.

4. Evidence and Reasons for Decision

4.1 Not applicable.

5. Alternative Options

5.1 There are no alternative options.

6. Financial Implications

6.1 The service expenditure falls within the parameters of the annual budget agreed by the council.

7. Resource Implications

7.1 There are no Staff/Property or IT implications

8. Other Implications

8.1 There are no Legal /Human Rights/ Equality Impact Assessment (EqIA) /Data Protection Impact Assessments (DPIA)/Health and Safety/Sustainability or other implications.

9. Risk Implications / Assessment

9.1 There are no risk implications. Risk Management reports feature in the programme.

10. Select Committee Comments

10.1 None.

11. Recommendations

1. Please see the Executive Summary above.

12. Background Papers

12.1 None.

Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

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