central midlands audit partnership

Ashfield District Council – Audit Progress Report

Audit Committee: 26 July 2021

Ashfield
DISTRICT COUNCIL

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Our Vision

Through continuous improvement, the central midlands audit partnership will strive to provide cost effective, high quality internal audit services that meet the needs and expectations of all its partners.

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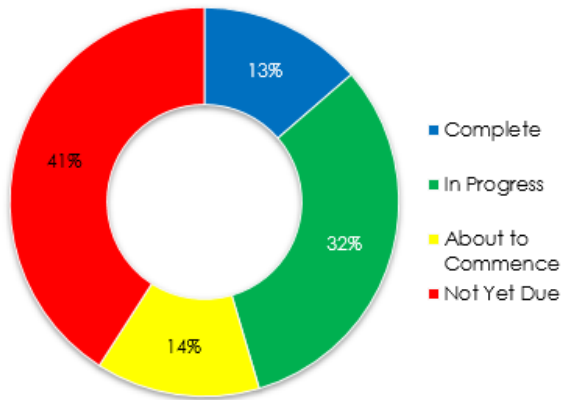mandy.marples@centralmidlandsaudit.co.uk

CMAP central midlands audit partnership

Providing Excellent Audit Services in the Public Sector
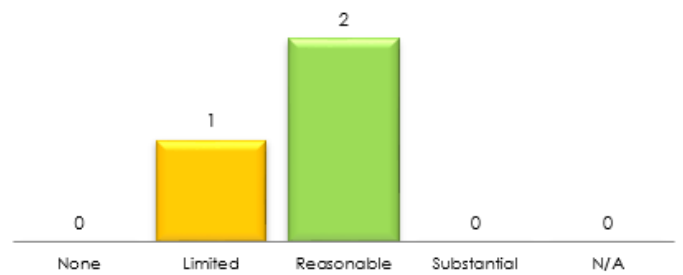
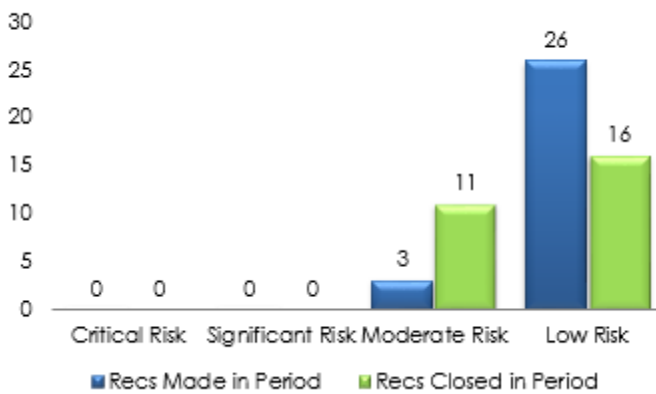# Ashfield District Council – Audit Progress Report

AUDIT DASHBOARD

Plan Progress

- Complete — 13%
- In Progress — 32%
- About to Commence — 14%
- Not Yet Due — 41%

Assurance Ratings

Control Assurance Ratings Issued During Period

None	Limited	Reasonable	Substantial	N/A
0	1	2	0	0

Recommendations

Movement During Period

	Critical Risk	Significant Risk	Moderate Risk	Low Risk
Recs Made in Period	0	0	3	26
Recs Closed in Period	0	0	11	16

Recommendations

Recommendations Currently Open

	Critical Risk	Significant Risk	Moderate Risk	Low Risk
Revised Target	0	0	16	20
Target Past	0	0	0	2
Future Target	0	0	3	22
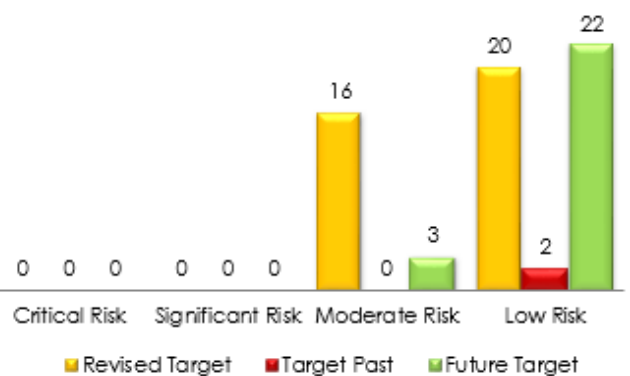
Recommendations

Overdue Recommendations

	3 Months <	3 - 6 Months	6 - 12 Months	12 Months >
Critical Risk	0	0	0	0
Significant Risk	0	0	0	0
Moderate Risk	0	2	3	11
Low Risk	3	3	7	9
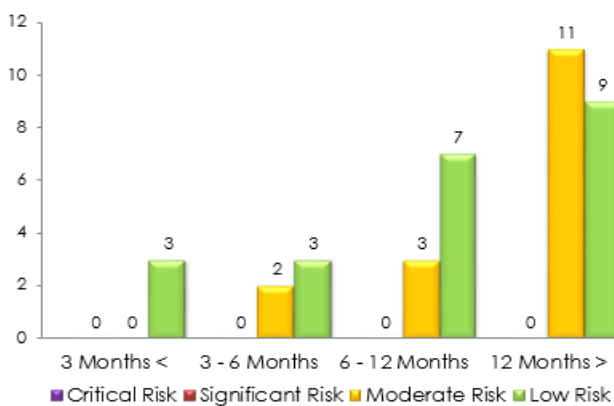
Customer Satisfaction

Returns Between Apr 2021 - Jul 2021

Overall Rating	Excellent	Good	Fair	Poor	Very Poor
Number of Returns	2	2	0	0	0
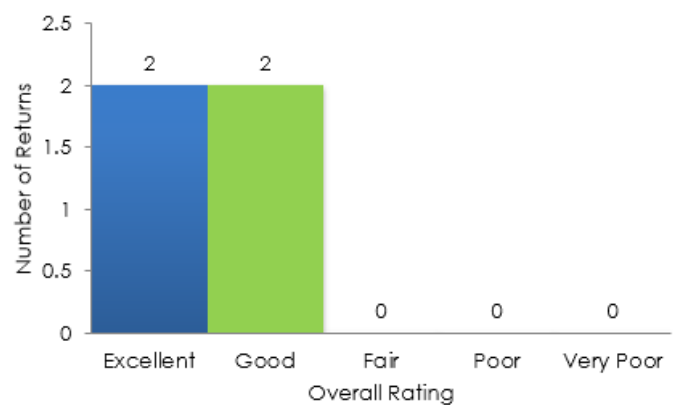
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AUDIT PLAN

Progress on Audit Assignments

The following table provides the Committee with information on how audit assignments were progressing as at 13 July 2021.

2021-22 Jobs	Status	% Complete	Assurance Rating
Scrutiny	Not Allocated	0%	
Accounting Systems	Not Allocated	0%	
Creditors (including Purchase Cards)	Not Allocated	0%	
IT Applications/Infrastructure	Not Allocated	0%	
IT Asset Management	In Progress	15%	
PCI in Organisational Transformation	In Progress	70%	
Risk Management	Not Allocated	0%	
Debtors	Not Allocated	0%	
People Management	Not Allocated	0%	
Payroll	Not Allocated	0%	
Planning	Not Allocated	0%	
Environmental Health	In Progress	90%	
Outdoor Recreation	Allocated	0%	
Selective Licensing	Allocated	0%	
Housing Health & Safety Statutory Compliance	In Progress	10%	
Anti-Fraud & Corruption	In Progress	10%	
Homes England Grant Compliance	Allocated	0%	
B/Fwd Jobs	**Status**	**% Complete**	**Assurance Rating**
Teleworking Security	In Progress	90%	
Financial Health & Resilience	In Progress	90%	
Management of Fraud Risk	Final Report	100%	Limited
People Management	Final Report	100%	Reasonable
Delegated Decisions	Final Report	100%	Reasonable

Audit Plan Changes

The Council has been selected for audit under the Homes England 2021-22 Compliance Audit Programme. Management have requested that CMAP undertake the Independent Auditor role. We have therefore agreed with the Director of Legal & Governance to include the Homes England Grant Compliance audit in the 2021-22 Internal Audit Plan. In order to deliver this work, we have agreed to remove the time allocated to COVID related work.

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AUDIT COVERAGE

Completed Audit Assignments

Between 18 March 2021 and 13 July 2021, the following audit assignments have been finalised since the last progress update was given to the Audit Committee.

Audit Assignments Completed in Period	Assurance Rating	Recommendations Made				% Recs Closed
		Critical Risk	Significant Risk	Moderate Risk	Low Risk	
Management of Fraud Risk	Limited	0	0	2	12	7%
People Management	Reasonable	0	0	0	9	22%
Delegated Decisions	Reasonable	0	0	1	5	17%
TOTALS		0	0	3	26	14%

Management of Fraud Risk	

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
To ensure accountabilities and responsibilities for managing fraud, bribery and corruption risk are defined across all levels of the organisation.	5	1	3	1
To ensure staff have the skills, awareness and capability to protect the organisation against fraud, bribery and corruption.	5	1	4	0
To ensure controls are in place to mitigate fraud, bribery and corruption risks and are regularly reviewed to meet evolving threats.	3	0	2	1
To ensure fraud risk management practices, tools and methods continue to evolve in line with industry trends, threats and best practice.	2	0	2	0
To consider the implications of COVID-19 on the anti-fraud policies and procedures, ensuring that additional procedures have been implemented to mitigate any additional risks.	3	1	1	1
TOTALS	18	3	12	3

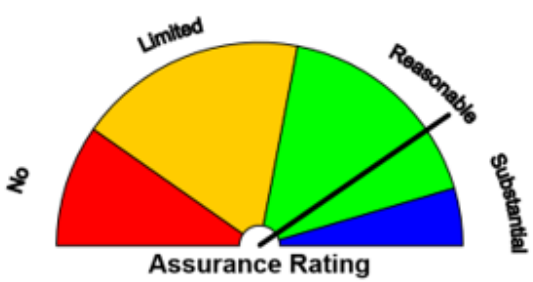| Summary of Weakness	Risk Rating	Agreed Action Date
The Council's counter fraud roles and responsibilities had not been defined in accordance with the Counter Fraud Functional Standard.	Low Risk	30/04/2022

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The Council's Anti-Fraud and Corruption Strategy did not include all of the key areas of best practice as set out within the Counter Fraud Functional Standard.	Low Risk	30/04/2022
The Council did not report identified losses to the counter fraud centre of expertise, or other professional bodies by way of fraud surveys, to help monitor and combat losses from fraud, bribery, corruption and error in the public sector.	Low Risk	30/04/2022
There was not a register of interest for officers.	Low Risk	Risk Accepted
The Council's Anti-Fraud and Corruption Strategy and the Anti-Bribery Policy did not include information on the Council's approach to fraud risk assessment.	Low Risk	30/04/2022
The Council did not have trained fraud investigators with professional accreditation to review and investigate all areas of potential fraud.	Moderate Risk	30/04/2022
Anti-fraud, bribery and corruption training had not been delivered to all staff, and the Council did not have a plan for ensuring regular training would take place.	Low Risk	30/04/2022
The Council's fraud risk assessments and therefore the fraud risk register was not broken down between high level risks and department/business unit risks, as advised by the Counter Fraud Functional Standard.	Low Risk	30/04/2022
Fraud risks included in the risk register were not consistently and regularly being reviewed, assessed and updated by responsible officers.	Low Risk	31/12/2021
The Council's fraud detection activities were limited, and they did not belong to any fraud groups nor were they a member of the National Anti-Fraud Network (NAFN).	Moderate Risk	31/10/2021
The annual fraud action plan was last updated in January 2020, and had not been reviewed, monitored and updated.	Low Risk	30/04/2022
The Council had not yet defined outcomes for fraud detection activity and did not have in place metrics to measure the targeted outcomes.	Low Risk	30/04/2022
The Council's policies, procedures and risk register had not been reviewed in light of the additional fraud risks presented by the COVID-19 Pandemic.	Low Risk	30/04/2022
The Council had not introduced procedures such as reviewing transactions and contracts awarded since the commencement of lockdown in March 2020.	Low Risk	31/12/2022

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People Management

Assurance Rating

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
The recording of time in the current hybrid working arrangements across the Council is effective and consistent.	3	1	2	0
The Flexi-Time Scheme Policy is being applied consistently and dovetails with the Home Working Policy and the Smarter Working Guidelines.	3	0	3	0
Monitoring and review of time recording, flexi-time and agile working is robust.	4	0	4	0
TOTALS	**10**	**1**	**9**	**0**

Summary of Weakness	Risk Rating	Agreed Action Date
The Flexi-Time Scheme Policy had not been reviewed or updated since February 2016.	Low Risk	30/07/2021
The guidance on the intranet was not the most recent version and the hyperlink on the main agile working page was not linked correctly.	Low Risk	30/05/2021
There were areas of inconsistency between the Smarter Working Guidelines, the Flexi-Time Scheme Policy and the Home Working Policy, which if reviewed together could be misunderstood by managers and officers.	Low Risk	30/07/2021
The Flexi-Time Scheme Policy did not state that management must retain the working hours spreadsheet securely and in a format which cannot be altered.	Low Risk	30/07/2021
The working hours spreadsheet was not sufficiently flexible to allow more than one break.	Low Risk	31/08/2021
The office-based employees within Housing Repairs did not complete time records to declare the hours they had worked. This contravened the Flexi-Time Scheme Policy which required all employees with electronic access to complete the working hours spreadsheet, with no exclusions for employees on fixed hours contracts.	Low Risk	31/08/2021
Approaches to monitoring of time recording was not consistent across the Council.	Low Risk	30/07/2021
There was ineffective monitoring of workload and performance during the pandemic for one service area considered in this audit.	Low Risk	Implemented
Testing identified there had been occasions where management/employees had not followed the rules around flexible working during the COVID-19 pandemic.	Low Risk	Implemented

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Delegated Decisions

Assurance Rating

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
The processes and procedures for Officer and Executive Decisions are clear and are understood by management.	5	3	2	0
The Officer Decision Records and Executive Decision Records have been completed when required, and in accordance with defined processes.	4	1	2	1
The Officer and Executive Decision Records have been documented and stored correctly to ensure transparency within decision making.	3	1	2	0
TOTALS	**12**	**5**	**6**	**1**

Summary of Weakness	Risk Rating	Agreed Action Date
Guidance available on the intranet did not detail comprehensive step by step procedures from the start to the end of the decision-making process.	Low Risk	31/08/2021
Training to support Executive and officer decision making had not been formally provided since 2018.	Low Risk	31/12/2021
The Council did not have a central register of all officer delegated powers.	Low Risk	30/04/2022
The comment making process for decision records was not controlled, and unauthorised officers could provide responses. This meant that there was no process in place to enforce accountability.	Moderate Risk	31/08/2021
Access to the Democratic Services area of the network had not been appropriately restricted to only those officers with a business need.	Low Risk	Implemented
The Council's document retention schedule did not specifically state the retention period for Officer Decision Records or Executive Decision Records.	Low Risk	31/08/2021

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RECOMMENDATION TRACKING

Final Report Date	Audit Assignments with Open Recommendations	Assurance Rating	Recommendations Open		
			Action Due	Being Implemented	Future Action
14-Feb-19	Risk Registers	Reasonable	1	0	0
10-Jan-19	Depot Investigation	Limited	0	5	0
27-Mar-18	Rent Arrears	Substantial	0	1	0
24-Apr-18	ICT Performance Management	Reasonable	0	2	0
22-Jun-18	Health & Safety	Substantial	0	1	0
16-Aug-19	Fire Safety	Reasonable	0	1	0
12-Mar-19	Treasury Management & Banking Services	Reasonable	0	1	0
03-Dec-19	Data Quality & Performance Management	Reasonable	0	4	0
29-Nov-19	Anti-Fraud	N/A	0	2	0
31-Jan-20	Information Governance	Reasonable	0	2	0
30-Apr-20	Creditors 2019-20	Substantial	0	2	0
27-May-20	Medium Term Financial Plan	Reasonable	0	6	0
08-Jul-20	Anti-Fraud & Corruption 2019-20	Reasonable	0	1	0
09-Jul-20	Digital Transformation	Reasonable	0	4	0
27-Jul-20	Rent Control	Reasonable	0	1	0
16-Nov-20	Disabled Facilities Grants	Reasonable	0	1	0
26-Jan-21	Procurement Follow Up	Substantial	0	0	1
18-Feb-21	Transformation Project Assurance	Limited	0	1	0
16-Mar-21	Business Support Grants	Reasonable	0	1	0
21-Jun-21	Management of Fraud Risk	Limited	0	0	13
10-May-21	People Management	Reasonable	1	0	6
21-Jun-21	Delegated Decisions	Reasonable	0	0	5
		TOTALS	2	36	25

Action Due = The agreed actions are due, but Internal Audit has been unable to ascertain any progress information from the responsible officer.

Being Implemented = The original action date has now passed and the agreed actions have yet to be completed. Internal Audit has obtained status update comments from the responsible officer and a revised action date.

Future Action = The agreed actions are not yet due, so Internal Audit has not followed the matter up.

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Audit Assignments with Recommendations Due	Action Due			Being Implemented		
	Significant Risk	Moderate Risk	Low Risk	Significant Risk	Moderate Risk	Low Risk
Risk Registers	0	0	1	0	0	0
Depot Investigation	0	0	0	0	4	1
Rent Arrears	0	0	0	0	0	1
ICT Performance Management	0	0	0	0	2	0
Health & Safety	0	0	0	0	0	1
Fire Safety	0	0	0	0	1	0
Treasury Management & Banking Services	0	0	0	0	0	1
Data Quality & Performance Management	0	0	0	0	1	3
Anti-Fraud	0	0	0	0	2	0
Information Governance	0	0	0	0	1	1
Creditors 2019-20	0	0	0	0	0	2
Medium Term Financial Plan	0	0	0	0	1	5
Anti-Fraud & Corruption 2019-20	0	0	0	0	0	1
Digital Transformation	0	0	0	0	2	2
Rent Control	0	0	0	0	1	0
Disabled Facilities Grants	0	0	0	0	0	1
Transformation Project Assurance	0	0	0	0	0	1
Business Support Grants	0	0	0	0	1	0
People Management	0	0	1	0	0	0
TOTALS	**0**	**0**	**2**	**0**	**16**	**20**

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Highlighted Recommendations

The following significant or moderate risk rated recommendations, that have not yet been implemented, are detailed for Committee's scrutiny.

Being Implemented Recommendations

Data Quality & Performance Management	Rec No. 4
Summary of Weakness / Recommendation	Risk Rating
The Data Quality Strategy required updating and had not been formally approved by the Council. We recommend that the Data Quality Strategy is reviewed to ensure it is up to date specifically with current processes and organisational structure. The updated strategy should be approved in accordance with the Council's Constitution.	Moderate Risk
Management Response/Action Details	Action Date
The strategy will be reviewed and presented for approval.	30/04/2020
Status Update Comments	Revised Date
We have successfully recruited to a Business Improvement Lead position in the last month; this role will lead effective delivery of our performance management framework. This action will be deferred to enable us to not only update the strategy but also make significant changes in alignment with our digital transformation programme.	30/07/2021

Information Governance	Rec No. 4
Summary of Weakness / Recommendation	Risk Rating
Sensitive, personal data was being stored in locations which were not suitably restricted to only those officers with a genuine business need to access such information. We recommend that management take appropriate action to ensure that all personal, sensitive data is secured in files, within restrictive sub-folders, with access limited to only those officers who have a genuine business need to access such information.	Moderate Risk
Management Response/Action Details	Action Date
The IT Security Policy Framework is under review. As part of this review we will ensure it is updated to take account of GDPR requirements. Specifically, we will introduce the following measures to assist with ensuring access to data is suitably restricted to only those officers with a genuine business need to access such information: - Starters/Transfers/Leavers E-Form – to be completed by the Section Manager. This form will identify access rights of starters, amendments for staff transferring internally and identify when staff leave the Council. This will be used in conjunction/cross-references with the report received from HR on a quarterly basis. - E-Form for completion by Managers/Directors for folder access changes. - Introduction of new file structure guidelines and cascade through ELT/ALT, DMTs and MOD. - Provision of Group Access Permission lists on a quarterly basis to Service Managers for checking and confirmation/amendment. IT to meet with individual Managers to confirm, amend and clarify what is required of Managers as part of this new process.	30/06/2020
Status Update Comments	Revised Date
Action on hold due to Covid-19.	30/09/2020

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ICT Performance Management	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
Despite commitment to performance management in the Councils latest Technology Strategy, we could not find any documented performance management metrics and goals to support this. Similarly, performance metrics for IT did not appear to be subject to annual review, or agreed or monitored by the Council. We recommend that Management defines performance management metrics for the IT service, and implements policies and procedures for monitoring and reporting compliance. Metrics, goals and targets should also be subject to annual review.	Moderate Risk
Management Response/Action Details	Action Date
There is a review of the ICT Helpdesk due shortly where performance metrics will be defined and agreed.	01/09/2018
Status Update Comments	Revised Date
The Service Manager for ICT has updated audit that a prerequisite for this recommendation is the implementation of a new helpdesk system which will have appropriate reporting capabilities. The revised target for addressing this issue is now the end of July 2021.	30/07/2021

ICT Performance Management	Rec No. 2
Summary of Weakness / Recommendation	Risk Rating
Reviews of the team's performance in relation to the resolution of incidents and service requests did not appear to comply with a formal schedule, and evidence of previous reviews could not be provided as the actions/discussions were not documented in minutes. We recommend that Management defines a schedule for reviewing performance of incident and request resolution times, and ensures any agreed actions are documented in minutes which are retained.	Moderate Risk
Management Response/Action Details	Action Date
There is a review of the ICT Helpdesk due shortly where performance metrics will be defined and agreed.	01/09/2018
Status Update Comments	Revised Date
The Service Manager for ICT has updated audit that a prerequisite for this recommendation is the implementation of a new helpdesk system which will have appropriate reporting capabilities. The revised target for addressing this issue is now the end of July 2021.	30/07/2021

Depot Investigation	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
The Zeus time recording system was not being used fully and consistently across the Service. We recommend that Management ensure that employee time is recorded accurately, fully and consistently. Management should perform adequate checks to ensure time recording systems are being used as expected and hold staff to account where appropriate. Training should be given to staff where required and supported by procedural guidance notes.	Moderate Risk

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Management Response/Action Details	Action Date
Review of time recording systems and policy. Training and reminder messages for managers and officers. Introduce spot checks.	30/09/2019

Status Update Comments	Revised Date
The Zeus system will be getting removed and replaced by a different system, this will fully address this recommendation.	30/06/2021

Depot Investigation	Rec No. 2

Summary of Weakness / Recommendation	Risk Rating
Management and staff were not always adhering to the Council's Leave Policy with meeting requests being used to request and approve leave. We recommend that Management ensure they are complying with the Councils Leave Policy and use the official process to authorise and record leave. After the year end, a sample of leave records should be examined by Management, independently of authorising Managers, to check for accuracy and review the appropriateness of records maintained.	Moderate Risk

Management Response/Action Details	Action Date
Review policy. Implementation of electronic leave request and approval system through MyView. Training and reminder messages for managers and officers. Introduce sample checks	01/04/2020

Status Update Comments	Revised Date
Policy has been reviewed and circulated to trade unions. Training is still to be undertaken. This has been put on hold due to retirement of the System Administrator and COVID-19. MyView is being rolled out to all Services, this is behind schedule due to COVID-19 however the roll out has recommenced using a virtual platform for the training and assistance.	31/07/2021

Depot Investigation	Rec No. 3

Summary of Weakness / Recommendation	Risk Rating
We were informed by the Investigating officer that the Transport Manager's Purchase card had been photocopied and was available for use, unsecured in the general office. We recommend that all Purchase Card holders are reminded of the corporate policy and their personal responsibilities in relation to holding a card. Management should take appropriate action where instances of misuse are found.	Moderate Risk

Management Response/Action Details	Action Date
Carry out a review of the policy and procedure and then roll out to officers through the provision of information and training.	31/10/2019

Status Update Comments	Revised Date
Review of policy and procedure has been completed. A report will be presented to CLT before the 30th June 2021, thereafter the revised policy will be rolled out to Officers and training provided.	30/09/2021

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Depot Investigation		Rec No. 4
Summary of Weakness / Recommendation		Risk Rating
There were variances between Directorates over the controls in place for the authorisation and the recording and retention of supporting information for Purchase card usage. We recommend that corporate guidance is provided to Card holders which detail how they should be authorising and recording card purchases and the requirements for supporting information retention. The use of Purchase cards should be subject to regular Management oversight.		Moderate Risk
Management Response/Action Details		Action Date
Carry out a review of the policy and procedure and then roll out to officers through the provision of information and training. The revised policy will include a process for ensuring management oversight.		31/10/2019
Status Update Comments		Revised Date
Review of policy and procedure has been completed. A report will be presented to CLT before the 30th June 2021, Thereafter the revised policy will be rolled out to Officers and training provided.		30/09/2021

Anti-Fraud		Rec No. 1
Summary of Weakness / Recommendation		Risk Rating
The Anti-fraud Sub-group had not met regularly for some months and the Baseline Assessment had not been completed. Therefore, the review of the Council's anti-fraud measures could not be completed. We recommend that the Service Manager, Revenues & Benefits, resumes the Anti-fraud Sub-group meetings with a priority action to complete the Baseline Assessment. This will enable the group to compare the Council's anti-fraud activities with good practice in each service area and produce a development plan. Regular updates should then be provided to Management, the Anti-Fraud Group and the Audit Committee.		Moderate Risk
Management Response/Action Details		Action Date
Data-matching Sub-Group Meetings will resume and will report on its actions to the main Anti-Fraud Officer Working Group.		31/03/2020
Status Update Comments		Revised Date
Action on hold due to COVID-19.		30/09/2020

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Anti-Fraud	Rec No. 2
Summary of Weakness / Recommendation	Risk Rating
The Council's use of the NFI and Data Matching exercises to identify fraud and error had been limited. We were unable to identify the Council's plans for further development in this area. We recommend that the Service Manager, Revenues & Benefits, evaluates the current NFI and Data Matching provision within the Council and explores results of the NFI and Data Matching exercises to determine which of the matches should be pursued and appropriately resourced. The Service Manager, Revenues & Benefits should also evaluate the suggested further actions in the Anti-Fraud Review and make appropriate recommendations to the Anti-Fraud Group in order to develop and embed an anti-fraud culture within the Council.	Moderate Risk
Management Response/Action Details	Action Date
The Council is considering its current arrangements and will review these in light of best practice in order to develop an action plan designed to embed an anti-fraud culture within the Council including carrying out NFI and data matching exercises.	31/03/2020
Status Update Comments	Revised Date
Action on hold due to COVID-19.	30/09/2020

Fire Safety	Rec No. 5
Summary of Weakness / Recommendation	Risk Rating
Not all entrance doors to flats comply with Fire Safety Regulations. We recommend that the Council reviews all flat entrance doors to identify those which do not comply with Fire Safety Regulations, or those that have failed recent government tests. The Council should then take action to ensure the appropriately accredited fire safety doors are installed at the entrances to all flats.	Moderate Risk
Management Response/Action Details	Action Date
An assessment of all flat entrance doors has been completed and the results forwarded to the Assets & Investment Section for building into future door replacement programme(s). However, due to uncertainties around the manufacture, testing, certification and subsequent affected supply of composite fire doors, it is currently not possible to identify a definitive timescale for completion. The option to use alternative timber fire doors of the appropriate fire safety standards and specification are currently being looked into.	31/03/2020
Status Update Comments	Revised Date
The Framework is with procurement and legal are reviewing the lease holder agreement regarding the replacement of doors where there flat is leased.	30/09/2021

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Digital Transformation	Rec No. 5
Summary of Weakness / Recommendation	Risk Rating
The Council did not have signed, up to date and adequate contracts in place for some of the applications tested. We recommend that a review is undertaken to ensure that the Council has a signed, up to date and adequate contract in place for all Council applications. Where contracts are not in place, the Council should take action to formalise the provision and maintenance of applications in use.	Moderate Risk
Management Response/Action Details	Action Date
Solution architecture review to be completed across the portfolio.	31/10/2020
Status Update Comments	Revised Date
This review has now commenced by the Innovations and Solutions Manager and Procurement and Projects Officer. We need to look at each contract and make sure that on renewal contracts are detailed and in place for each application. We need to look at all of the applications in the systems document and review whether there is a contract and any recurring payment. Suggest the implementation date is adjusted to 30/09/21 to enable the solution manager to complete all necessary contract reviews across the solution architecture.	30/09/2021

Digital Transformation	Rec No. 6
Summary of Weakness / Recommendation	Risk Rating
The contracts register did not include accurate detail for the applications reviewed as part of the audit. We recommend that the Council ensure all application contracts are included in the contracts register where appropriate, and any upgrades or new contract details are recorded on the register on a timely basis.	Moderate Risk
Management Response/Action Details	Action Date
Solution architecture review to be completed across the portfolio.	31/10/2020
Status Update Comments	Revised Date
We have looked at all of the contracts and dates in the contracts register but we need to make sure that all of our applications are fully covered. Innovations and Solutions Manager will be doing this work over the next months.	30/09/2021

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Rent Control		Rec No. 2
Summary of Weakness / Recommendation		**Risk Rating**
There was no evidence of which officers had completed and reviewed the annual housing rent reconciliation. There were also a number of reconciling items from prior years which needed to be reviewed and adjustments made to the system where possible to remove these prior year balancing items on the reconciliation. We recommend that documentary evidence is retained to evidence the completion and review of the annual housing rent reconciliation. Also, that the prior year reconciling items are reviewed, and adjustments made to the system where possible to remove these prior year balancing items on the reconciliation.		Moderate Risk
Management Response/Action Details		**Action Date**
Part 1. This has been completed for 2019/20 but this was after the internal rent audit. Reviewed by B.Bull. Documented on the audit deliverables presented to Mazars. Agree to continue to complete the review annually. Part 2. These reconciling items are to do with system problems within the Open Housing Rent module this has caused errors with some transactions. System fixes are required to correct the balances in the rent groups on the Open Housing System. Until the fixes are completed, this carries forwards incorrect balances, by including these problems, on the Open Housing System. These prior year reconciling items are itemised and documented and do not change year on year. If separate system fixes to the current errors are not possible in the Open Housing System then a forced fixed will be required to the Open Housing System balance on the rent group. A time frame will be set as to when to make this adjustment failing the production of a fix from the software company. Other balances for example minor variance balances and the domestic alarm issue from 2016/17 will be adjusted as soon as possible		30/09/2020
Status Update Comments		**Revised Date**
Part 1 completed. Part 2 as mentioned in the action details column relies on system fixes by the software provider and is being worked with IT (out of our hands regarding completion date, if at all). The other items are complete.		30/09/2021

Ashfield District Council – Audit Progress Report

Medium Term Financial Plan	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
A full and comprehensive Medium Term Financial Strategy had not been produced and approved by Members since October 2015. We recommend that a comprehensive Medium Term Financial Strategy is produced as soon as possible and approved by Members, and produced regularly thereafter.	Moderate Risk
Management Response/Action Details	Action Date
Agreed. A full MTFS will be produced which reflects the next spending round announcements in the Autumn 2020. With the impact of the Covid-19 pandemic we know that there will be delays to implementing the Fair Funding Review, level of Business Rates retention and possibly the reset. This, combined with the Governments response to recovering from the financial consequences of the Covid-19 pandemic will vastly increase the uncertainty of future funding streams and this uncertainty will be reflected in the new Strategy. The Strategy will be reviewed annually with amendments being presented to Members and a full Strategy will be produced at least every 4 years, earlier if changes to circumstances necessitate this (e.g. Significant changes to key funding streams, change in administration, etc.).	28/02/2021
Status Update Comments	Revised Date
Delayed due to COVID-19 and a single year settlement being announced for 2021/22. A full MTFS will be produced which reflects the next spending announcements in Autumn 2021. The strategy will be reviewed annually and presented to members. A full strategy will be produced every 4 years.	31/01/2022

Business Support Grants	Rec No. 4
Summary of Weakness / Recommendation	Risk Rating
There were no checks with neighbouring councils to ascertain if businesses had already made grant claims for the same accounts in different jurisdictions. We recommend that the two cases found in the sample test are investigated to ascertain if the businesses were eligible for the grant they received, and recovery action is taken if duplicate grants are found to have been paid. We also suggest that in the future, the Council introduce a process for cross-authority checking where there are potential fraudulent claims submitted.	Moderate Risk
Management Response/Action Details	Action Date
We only paid a grant if the Business premise was located in Ashfield, this would also be the case for other Local Authorities in relation to businesses located in their area. So, there was no point in checking with neighbouring LAs as no one would be able to claim a grant for a premise that was not within the LAs own area. Also, where businesses had more than one premises, either within a specific area or across multiple LA areas, the business was entitled to claim a grant for each sperate hereditament form the LA where the property was located. Where applications have been received for discretionary grants for Market Traders and Taxi Drivers we have only paid grants to those who reside in District. We have received some applications from Market Traders who trade in Ashfield but reside outside of the District. In these instances these businesses have been redirected to their District/Borough Council. Where application deadlines have been missed through applying to the wrong Council, the affected businesses have been supported through the Council making contact with the relevant Council to arrange payment. The two cases identified in the report are in the process of being investigated.	31/03/2021
Status Update Comments	Revised Date
The two cases identified are being reviewed, assurance has been given that the first case was eligible and the second case requires further clarification.	30/06/2021