

Audit Committee: 31 January 2022





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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.

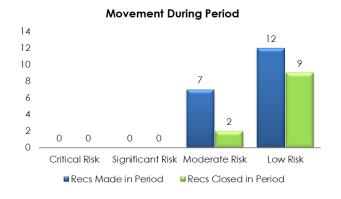
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AUDIT DASHBOARD Plan Progress Assurance Ratings **Control Assurance Ratings Issued During** 0 Period 14% Complete In Progress About to Commence Not Yet Due 0 0

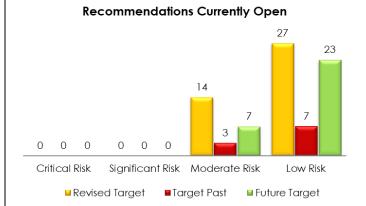
Recommendations



Recommendations

None

Limited



3

Reasonable

1

N/A

0

Substantial

Recommendations



Customer Satisfaction

7 6 6 Number of Returns 5 4 3 2 2 1 0 0 0 0 Excellent Good Fair Poor Very Poor Overall Rating

Returns Between Apr 2021 - Jan 2022

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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 of 19 January 2022.

2021-22 Jobs	Status	% Complete	Assurance Rating
Scrutiny	In Progress	60%	
Accounting Systems	Allocated	0%	
Creditors (including Purchase Cards)	Allocated	0%	
IT Consultancy – Office 365	In Progress	10%	
IT Key Controls 2021-22	Final Report	100%	Reasonable
PCI in Organisational Transformation	Final Report	100%	Reasonable
Risk Management	Reviewed	90%	
Debtors	Final Report	100%	Reasonable
Homes England Grant Compliance	Final Report	100%	N/A
Payroll	Draft Report	95%	
Planning	Allocated	0%	
Environmental Health	Final Report	100%	Reasonable
Outdoor Recreation	Reviewed	90%	
Selective Licensing	Final Report	100%	Reasonable
Housing Health & Safety Statutory Compliance	Draft Report	95%	
Anti-Fraud & Corruption	In Progress	40%	
B/Fwd Jobs	Status	% Complete	Assurance Rating
Teleworking Security	Final Report	100%	Reasonable
Financial Health & Resilience	Final Report	100%	Reasonable
Management of Fraud Risk	Final Report	100%	Limited
People Management	Final Report	100%	Reasonable
Delegated Decisions	Final Report	100%	Reasonable

Audit Plan Changes

A People Management Audit had been planned to review the Council's system for administering Annual Leave. However, the Council has experienced difficulties getting all employees onto a new system. Therefore, with the approval of the Director of Legal and Governance, we have removed this audit from the plan and undertaken some further work on the Risk Management Audit that is currently underway. We intend to carry out the People Management Audit in the first quarter of the 2022/23 Audit Plan year, subject to discussions with the Corporate Leadership Team.

Ashfield District Council – Audit Progress Report AUDIT COVERAGE

Completed Audit Assignments

Between 6 October 2021 and 19 January 2021, the following audit assignments have been finalised since the last progress update was given to the Audit Committee.

Audit Assisuments Completed in	A	Re	ecommenda	lions Made		%
Audit Assignments Completed in Period	Assurance Rating	Critical Risk	Significant Risk	Moderate Risk	Low Risk	Recs Closed
Debtors	Reasonable	0	0	1	4	0%
Selective licensing	Reasonable	0	0	3	3	0%
IT Key Controls 2021-22	Reasonable	0	0	3	5	0%
Homes England Grant	N/A	0	0	0	0	0%
TOTALS		0	0	7	12	0%

Debtors	2	Assurance Ra	Reserves	Substantial
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Up-to-date policy, procedures and guidance are in place for Debtors and access to the Debtors system is properly administered.	6	4	2	0
Invoices required for the providers of goods and services are accurate and issued in a timely manner.	7	5	2	0
Adequate credit control processes are in place to monitor debts and for the recovery of overdue payments.	6	5	1	0
TOTALS	19	14	5	0
Summary of Weakness		Risk Rating	Agreed A	Action Date
The Debt Collection Policy was out of date and had not been updated and on the service areas shared drive and the Council's internet or intranet page		Low Risk	31/	03/2022
There were several former employees that still had access to the Civica Fi system, including 2 employees who had changed directorate and still had access but with no business need.		Low Risk	31/	12/2021
There was a 3-month delay in an invoice being raised due to a service are business continuity procedures in place for an absent officer.	a not having	Low Risk	31/	01/2022

Testing identified that a credit note was raised without appropriate approval and another that had been approved by management, but the approval had not been recorded on the file.	Low Risk	31/12/2021
There were recurring issues with a service area not chasing invoice debt, raising credit notes or amending invoices that were incorrect. These issues had not been escalated to senior management.	Moderate Risk	31/12/2021

Selective Licensing	9	Assurance Rat	Reasonad	Substantial
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
The selective licensing processes and procedures are adequately controlled, effective and timely.	7	1	6	0
The Council has procedures in place to ensure all the rented properties in the area have applied for and obtained a selective licence.	3	2	1	0
TOTALS	10	3	7	0
Summary of Weakness The procedural documents for selective licensing were not dated, nor did t version control. The Data Protection statement on the application form for selective licensi	·	Risk Rating Low Risk Moderate Risk	31/0	Action Date 3/2022 3/2022
the Data Protection Act (1988). Testing of selective licensing applications noted occasions where docume been obtained and retained as evidence that the Council had completed re		Moderate Risk	31/0	3/2022
The Council had not been enforcing receipt of annual declarations and gas certificates for the selective licence properties/landlords.	s safety	Moderate Risk	31/0	3/2022
There had been delays in processing the application forms for selective lic	ensing.	Low Risk	31/0	3/2022
Testing had identified 2 out of 10 cases where a property had been sold be had not communicated with the new owner to ensure they obtained a licen		Low Risk	31/0	3/2022

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Ashfield District Council – Audit Progress Report

IT Key Controls 2021-22	2	Assurance Ratin	Researchatige	Substantial
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Network security and data protection issues identified in previous IT Audit coverage are being effectively managed, and assess how well controls are being used to protect information assets and business critical data	18	8	0	10
TOTALS	18	8	0	10
Summary of Weakness		Risk Rating	Agreed A	Action Date
An account that did not represent a dedicated administrative account had local administrator privileges on live servers.	peen granted	Low Risk	31/0	3/2022
Access permissions on a sample of 6 S:\ drive directories could not be jus also no regular verification of access permissions on sensitive S:\ drive dir operation.		Moderate Risk	31/1	0/2022
Personal and sensitive data was accessible on all user accessible file share in the Council's IT network.	es and folders	Moderate Risk	31/1	0/2022
The number of active domain admins group members was excessive, with accounts, including the entire IT section. A number of the accounts had no activity.		Low Risk	31/0	3/2022
Non-default local administrator accounts on live servers in the Council's ne login activity or password change activity in several years.	twork had no	Low Risk	31/0	3/2022
Domain admin accounts had been used to login to workstations, which do good practice.	es not align with	Low Risk	31/0	3/2022
10 workstations with November 2021 login activity, were operating version 10 no longer supported by Microsoft.	s of Windows	Moderate Risk	31/0	3/2022
Concerns were identified with the configuration and permissions assigned party software support accounts.	to certain 3rd	Low Risk	31/1	0/2022

Homes England Grant Certification

Assurance Rating - Not Applicable

The Council was required to appoint an independent auditor to carry out a compliance audit for a capital grant of £360,000. The scheme was to demolish 2 Community Centres and build affordable housing on these sites and also on a redundant car park.

CMAP were asked to undertake the role of independent auditor and carry out the audit of the Stoney Street Affordable Homes scheme and submit our findings in line with Homes England requirements. The Stoney Street Scheme covers three different sites namely; Stoney Street car park, The Beeches Community Centre and The Poplars Community Centre.

Audit findings are not permitted to be shared with the Council, only Homes England. Homes England will report to the Council prior to 31 March 2022 and the findings will be shared with the Audit Committee at that point.

RECOMMENDATION TRACKING

	Audit Assignments with Open		Reco	ommendations C	pen
Final Report Date	Audit Assignments with Open Recommendations	Assurance Rating	Action	Being	Future
			Due	Implemented	Action
14-Feb-19	Risk Registers	Reasonable	1	0	0
10-Jan-19	Depot Investigation	Limited	0	4	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
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	3	0
09-Jul-20	Digital Transformation	Reasonable	0	3	0
27-Jul-20	Rent Control	Reasonable	0	1	0
16-Nov-20	Disabled Facilities Grants	Reasonable	0	1	0
18-Feb-21	Transformation Project Assurance	Limited	0	1	0
21-Jun-21	Management of Fraud Risk	Limited	0	3	10
10-May-21	People Management	Reasonable	0	6	0
21-Jun-21	Delegated Decisions	Reasonable	4	0	1
16-Aug-21	Teleworking Security	Reasonable	0	4	0
01-Oct-21	Environmental Health	Reasonable	2	0	3
05-Oct-21	PCI Compliance in Organisational Transformation	Reasonable	0	2	0
06-12-21	Debtors 2021-22	Reasonable	3	0	2
06-12-21	Selective Licensing	Reasonable	0	0	6
12-01-22	IT Key Controls 2021-22	Reasonable	0	0	8
		TOTALS	10	41	30

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.

Audit Committee: 31 January 2022

Ashfield District Council – Audit Progress Report

	A	ction Due		Being	Implemente	d
Audit Assignments with Recommendations Due	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	3	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
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	2
Digital Transformation	0	0	0	0	2	1
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
Management of Fraud Risk	0	0	0	0	1	2
People Management	0	0	0	0	0	6
Delegated Decisions	0	1	3	0	0	0
Teleworking Security	0	0	0	0	1	3
Environmental Health	0	1	1	0	0	0
PCI Compliance in Organisational Transformation	0	0	0	0	0	2
Debtors 2021-22	0	1	2	0	0	0
TOTALS	0	3	7	0	14	27

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.	Moderate Risk
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.	
Management Response/Action Details	Action Date
The strategy will be reviewed and presented for approval.	30/04/2020
Status Update Comments	Revised Date
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.	31/03/2022
There have been a number of resourcing issues therefore we have taken on an Interim to undertake and complete these tasks.	
Interim commenced Dec 2021 and this task will be completed by 31/03/2022.	

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.	Moderate Risk
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.	
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
Actions have been taken to restrict folders and files. Internal Audit will be reviewing	31/03/2022
M	Page 11 of 17

these actions as part of the ICT Key Controls audit.

We are currently in the process of migrating documents to Sharepoint/Teams which will introduce private channels. This will make it easier for managers to check who has access to the data held in them.

CT Performance Management Summary of Weakness / Recommendation espite commitment to performance management in the Council's latest Technology trategy, we could not find any documented performance management metrics and oals to support this. Similarly, performance metrics for IT did not appear to be subject	Risk Rating
trategy, we could not find any documented performance management metrics and	Risk Kulling
o annual review, or agreed or monitored by the Council.	Moderate Ris
/e recommend that Management defines performance management metrics for the service, and implements policies and procedures for monitoring and reporting ompliance. Metrics, goals and targets should also be subject to annual review.	
Management Response/Action Details	Action Date
nere is a review of the ICT Helpdesk due shortly where performance metrics will be efined and agreed.	01/09/2018
Status Update Comments	Revised Date
ne Service Manager for ICT has updated audit that a prerequisite for this ecommendation is the implementation of a new helpdesk system which will have ppropriate reporting capabilities.	31/03/2022
ne first version of the ICT Service Desk software is now in place but ICT still need to eview its reporting capabilities. The post of Service Desk Team Leader is currently eing advertised.	
ne Service Manager for ICT has requested a further extension whilst the newly ppointed service desk team leader investigates the implementation of the ecommendation.	
	Rec No. 2
CT Performance Management	
Summary of Weakness / Recommendation	Risk Rating
	Risk Rating
Summary of Weakness / Recommendation eviews of the team's performance in relation to the resolution of incidents and service equests did not appear to comply with a formal schedule, and evidence of previous eviews could not be provided as the actions/discussions were not documented in	Risk Rating
Summary of Weakness / Recommendation eviews of the team's performance in relation to the resolution of incidents and service equests did not appear to comply with a formal schedule, and evidence of previous eviews could not be provided as the actions/discussions were not documented in ninutes. /e recommend that Management defines a schedule for reviewing performance of acident and request resolution times, and ensures any agreed actions are	Risk Rating
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Summary of Weakness / Recommendation eviews of the team's performance in relation to the resolution of incidents and service equests did not appear to comply with a formal schedule, and evidence of previous eviews could not be provided as the actions/discussions were not documented in ninutes. //e recommend that Management defines a schedule for reviewing performance of ocident and request resolution times, and ensures any agreed actions are ocumented in minutes which are retained. Management Response/Action Details nere is a review of the ICT Helpdesk due shortly where performance metrics will be efined and agreed. Status Update Comments ne Service Manager for ICT has updated audit that a prerequisite for this acommendation is the implementation of a new helpdesk system which will have	Risk Rating Moderate Ris Action Date 01/09/2018 Revised Date

appointed service desk team leader investigates the implementation of the recommendation.

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.	Moderate Risk
We recommend that Management ensure they are complying with the Council's 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.	
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.	30/08/2022
The roll out is almost complete but there are a number of employees who have a digital skills gap or don't have a valid ADC email address in the system. These issues will need to be resolved before implementation is complete.	

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.	Moderate Risk
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.	
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. Training to be completed by the end of October 2021.	31/10/2021

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.	Moderate Risk
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.	
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. Training to be completed by the end of October 2021.	31/10/2021

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.	Moderate Risk
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.	
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.	30/04/2022
We need to look at each contract and make sure that on renewal contracts are detailed and in place for each application.	
We have reviewed all of the major applications and will be reviewing the rest by April 22.	

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.	Moderate Risk
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.	
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	30/04/2022

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.

Reviewed all of the major applications and will be reviewing the rest by April 22. All the entries on the software register have been reviewed by Solutions Manager and Procurement Officer, to get details of those known and applicable, including contract end dates and dates to review renewals.

Rent Control	Rec No. 2
Summary of Weakness / Recommendation 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.	Risk Rating Moderate Risk
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.	
Management Response/Action Details	Action Date
Part 1.	30/09/2020
This has been completed for 2019/20 but this was after the internal rent audit. 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 fix 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.	
Status Update Comments	Revised Date
Part 1 completed. Part 2 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. A solution has been given however it requires finance to complete labour intensive changes to the system, therefore the deadline will need to be amended.	31/01/2022

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.	Moderate Risk
We recommend that a comprehensive Medium Term Financial Strategy is produced as soon as possible and approved by Members, and produced regularly thereafter.	
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

Teleworking Security	Rec No. 2
Summary of Weakness / Recommendation	Risk Rating
Accounts with Remote Desktop Gateway access permissions were not always being disabled in a timely manner for leavers, creating data protection risks.	Moderate Risk
We recommend that management defines, documents and implements a more comprehensive approach to disabling network access for former employees or 3rd parties. This could include populating the account expiration date in advance, once a leavers date has been agreed with the employee to reduce the risk of administrative error.	
Management Response/Action Details	Action Date
We will review the process. We do have quite comprehensive processes in place but it is still possible to miss people leaving in the short term (they should get detected later due to another process). We will review each part of the process to ensure they are being carried out properly and look at implementing the "expiration date" where possible.	01/10/2021
Status Update Comments	Revised Date
Process is to be documented and added to Service Desk guidelines. 3rd party accounts are not left active when not in use. It will be raised that we need a proper process in place once HR comes back into the Council.	30/09/2022

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Fire Safety	Rec No. 5
Summary of Weakness / Recommendation	Risk Rating
Not all entrance doors to flats comply with Fire Safety Regulations.	Moderate Risk
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.	
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

Action Due Recommendations

Delegated Decisions	Rec No. 4
Summary of Weakness / Recommendation	Risk Rating
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
We recommend that the Council develops a process to ensure that the comments on a decision record can be traced back to the officer who provided the comment, therefore ensuring accountability.	
Management Response/Action Details	Action Date
A process will be implemented whereby the appraisee will add their initials and a date to the comments included in a report. The process will firstly be communicated to appraisees and then explained to CLT followed by a MOTD/e-mail to all Service Managers to cascade to regular report authors to make them aware of the new process.	31/08/21
Status Update Comments	Revised Date
An email was sent out on the 30/06/2021, explaining the new system. And requesting any decisions going forward to include a initials and date comment given. The email states anything after August should have this approach.	