



Ashfield District Council – Audit Progress Report

Audit Committee: 27 July 2023



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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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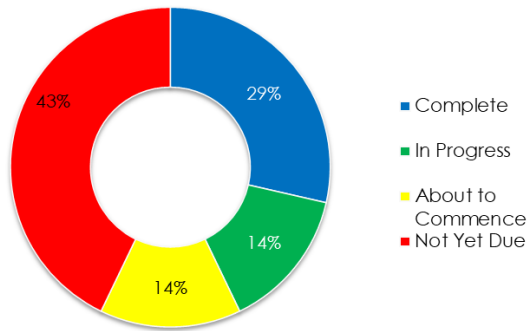
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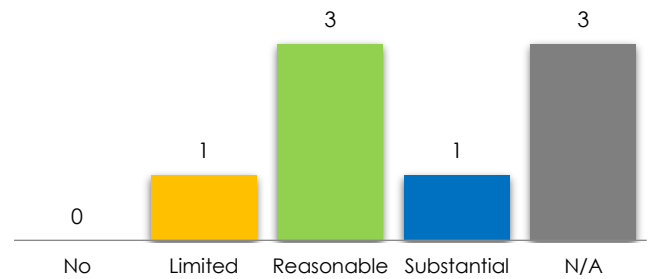
AUDIT DASHBOARD

Plan Progress



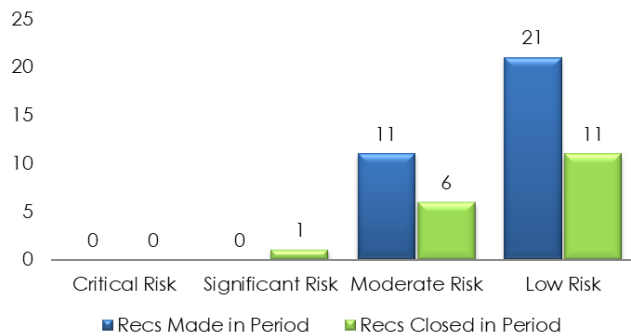
Assurance Ratings

Control Assurance Ratings Issued During Period



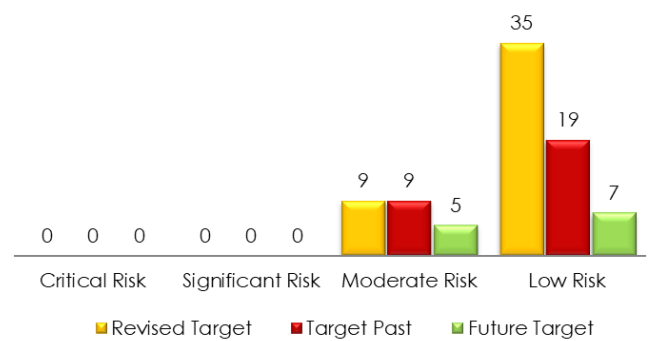
Recommendations

Movement During Period



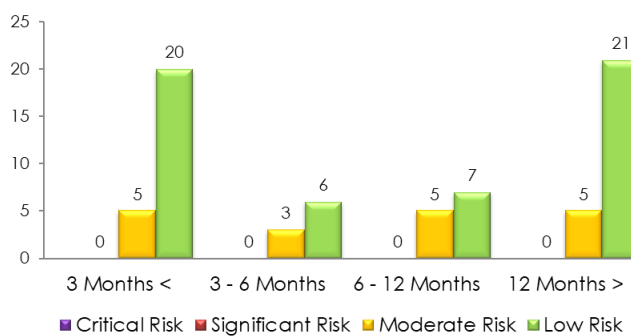
Recommendations

Recommendations Currently Open



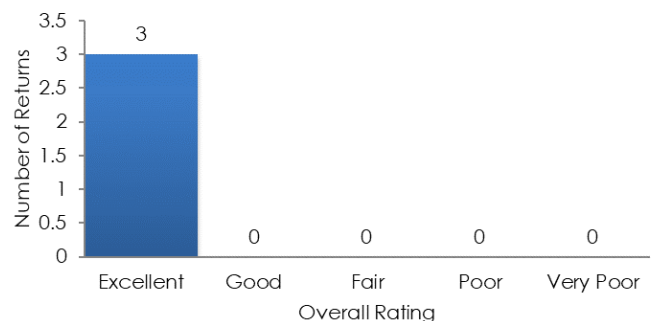
Recommendations

Overdue Recommendations



Customer Satisfaction

Returns Jan 2023 - July 2023



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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 10 July 2023.

2023-24 Jobs	Status	% Complete	Assurance Rating
Member Code of Conduct & Officer/Member Protocol	Not Allocated	0%	
Anti-Fraud & Corruption 2023-24	Not Allocated	0%	
Information Governance 2023-24	In Progress	30%	
Audit Committee Effectiveness	Final Report	100%	N/A
Finance System Implementation 2023-24	In Progress	20%	
Cyber Security & Entity Level Controls 2023-24	Allocated	5%	
Data Management 2023-24	Not Allocated	0%	
Commercial Investment Property 2023-24	Not Allocated	0%	
Contract Procedure Rules 2023-24	Not Allocated	0%	
Revenues Systems 2023-24	Not Allocated	0%	
Trade Waste 2023-24	Not Allocated	0%	
Pest Control 2023-24	Not Allocated	0%	
Markets 2023-24	Allocated	0%	
Responsive and Planned Maintenance 2023-24	Not Allocated	0%	
Health & Safety - Lifts	Draft Report	95%	
Outdoor Recreation - Equipment Safety 2023-24	Allocated	5%	
B/Fwd Jobs	Status	% Complete	Assurance Rating
General Ledger - Data Analytics 2022-23	Final Report	100%	Reasonable
Estates 2022-23	Final Report	100%	Reasonable
Section 106 Agreements 2022-23	Final Report	100%	Substantial
Leisure Centre 2022-23	Final Report	100%	Reasonable
Future High Streets Fund 2022-23	Final Report	100%	Limited

Audit Plan Changes

The Executive Director – Governance has requested that two additional pieces of work be undertaken in addition to the Internal Audit Plan for 2023-24 that was agreed on 20 March 2023. These are a review of Audit Committee Effectiveness and a review of the Member Code of Conduct and the Officer/Member protocol.

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AUDIT COVERAGE

Completed Audit Assignments

Between 4 March 2023 and 10 July 2023, 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	
Anti-fraud & Corruption 2022-23*	N/A	0	0	0	0	n/a
Biodiversity Net Gain 2022-23*	N/A	0	0	0	0	n/a
Leisure Centres 2022-23	Reasonable	0	0	1	4	0%
Section 106 Agreements 2022-23	Substantial	0	0	0	3	0%
Estates 2022-23	Reasonable	0	0	2	9	0%
Future High Street Fund & Towns Fund	Limited	0	0	5	5	10%
Audit Committee Effectiveness	N/A	0	0	0	0	n/a
General Ledger – Data Analytics	Reasonable	0	0	3	0	0%
TOTALS		0	0	11	21	3%

Note - * indicates that the audit was completed in 2022/23 as part of that year’s plan and therefore not brought forward into 2023/24.

Anti-Fraud & Corruption	Assurance Rating - Not Applicable
<p>Time was agreed in the 2022-23 Internal Audit Plan to support the Council in the management and development of their response to anti-fraud and corruption matters. Officers from CMAP worked with the Council to advise them on the development and implementation of a sound control environment with a view to ensuring the Council's approach to anti-fraud and corruption matters continued to be developed and improved. Our work largely focused on attendance at the Anti-Fraud and Corruption Group meetings and consultation on associated agenda items, reports and policies, as well as feedback and advice on the Council's Fraud Risk Register.</p>	

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Biodiversity Net Gain Grant	Assurance Rating - Not Applicable
<p>Biodiversity net gain is about improving biodiversity by protecting existing habitats and ensuring that lost or degraded habitats are compensated for by enhancing or creating habitats that are of greater value to wildlife and people. As reported to the Audit Committee on 20 March 2023, time was agreed in the Internal Audit Plan for CMAP to certify a Biodiversity Net Gain Grant for 2022-23.</p> <p>The Department for Environment, Food and Rural Affairs required the spend for the Biodiversity Net Gain Grant be certified by Internal Audit and the Chief Executive. The audit ensured that the grant claimed was done so in accordance with the grant conditions set out in the Grant Determination.</p> <p>The grant was certified and returned to the Department by 30 March 2023 deadline.</p>	

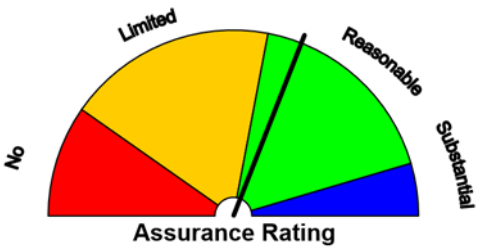
Leisure Centres 2022-23	<p>The Assurance Rating pie chart is divided into four segments: 'No' (red, approximately 15%), 'Limited' (yellow, approximately 35%), 'Reasonable' (green, approximately 40%), and 'Substantial' (blue, approximately 10%). A pointer indicates the current rating is 'Reasonable'.</p>			
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
There are controls and processes in place for monitoring contract performance.	6	4	2	0
The controls and processes for Everyone Active complaints are effective and meet customer expectations.	3	2	1	0
The controls and processes for decision making and movement of funding have been followed and documented as required.	4	2	1	1
TOTALS	13	8	4	1
Summary of Weakness		Risk Rating	Agreed Action Date	
Everyone Active did not provide income and expenditure information, as required by the Service Specification.		Low Risk	31/05/2023	
The Health and Wellbeing Manager did not possess the skills and experience needed to identify issues during quarterly Property Audits, with practices and procedures that could cause issues with the fabric of the building or health and safety concerns.		Low Risk	30/04/2023	
The Council were not provided with the details of customer comments and complaints to ascertain if customers were satisfied with the services provided by Everyone Active.		Low Risk	30/04/2023	
A consultant engaged by the Council had approved changes to the Kirkby Leisure Centre contract, however, there was no evidence to demonstrate that he had delegated approval		Moderate Risk	30/04/2023	

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to make those changes. In addition, one change to contract had taken place without the appropriate Client Instruction being completed.	
The General Ledger had not been used as a commitments system and had not been reconciled to the cost reports provided by the Project Management Company each month.	Low Risk 30/04/2023

Section 106 Agreements 2022-23				
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Policy and procedures relating to Section 106 agreements adhere to both Council policy and legislation.	3	3	0	0
Existing Section 106 agreements are monitored in accordance with the requirements of the agreement.	7	6	1	0
Incoming Section 106 funds are appropriately managed and allocated in a timely manner.	3	2	1	0
Expenditure of Section 106 funds is appropriate and meets the terms of the agreement.	2	2	0	0
TOTALS	15	13	2	0
Summary of Weakness		Risk Rating	Agreed Action Date	
A summary record showing the balance for all live Section 106 agreements was not available.		Low Risk	31/05/2023	
We found minor errors in the calculation of indexation for the Land at the Watnall Road development.		Low Risk	13/04/2023	
We found that the calculation method for interest on overdue payments did not take into account changes in the bank's base lending rate that occurred during the period the payment was overdue.		Low Risk	13/04/2023	

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Estates 2022-23	 <p style="text-align: center;">Assurance Rating</p>			
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
There are appropriate and approved policies and procedures in place which are regularly reviewed and maintained.	2	1	1	0
There is effective property management for the current commercial tenancies, including the use of a property database and reconciliation of available properties.	8	2	3	3
There are effective arrangements in place for the charging and recovery of rent.	6	1	5	0
TOTALS	16	4	9	3
Summary of Weakness		Risk Rating	Agreed Action Date	
There was no formal commercial lettings policy to explain processes and guide decisions for new and current tenants.		Low Risk	31/12/2023	
The use of an application form for commercial letting was not being enforced, and the form required updating as it referred to outdated data protection legislation.		Moderate Risk	30/06/2023	
Pre-tenancy checks did not include credit checks, identity checks or Companies House checks. Testing also noted 3 occasions where current pre-tenancy checks could not be evidenced.		Moderate Risk	30/06/2023	
The new tenancy process had not been subject to independent review historically, due to staffing issues.		Low Risk	30/06/2023	
Termination procedures had not been followed for all the tenancy terminations completed between April 2022 and January 2023.		Low Risk	30/06/2023	
Procedures for property visits for tenancy terminations had not been consistently followed during the financial year.		Low Risk	30/06/2023	
The commercial property and tenancy information was stored in a spreadsheet. Spreadsheets have a number of inherent faults that make them susceptible to error where data could be inappropriately or accidentally amended or deleted without an audit trail.		Low Risk	31/03/2024	
Review of the calculations for the first invoice of new tenancies had identified one with a calculation error and one where the tenant had been given an unofficial reduction which had not been appropriately noted.		Low Risk	30/06/2023	

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The Council did not require rent deposits to be made before tenancies commenced.	Low Risk	31/03/2024
Tested noted properties which had not been subject to a rent review for a significant number of years, but their lease stated that a rent review should be undertaken every 2 years.	Low Risk	30/06/2023
Service charges had not been reviewed for a number of years and therefore didn't accurately reflect current costs.	Low Risk	31/12/2023

<h2>Future High Street Funds & Towns Funds</h2>	<p>The chart is a semi-circle divided into four segments: 'No' (red, ~15%), 'Limited' (yellow, ~25%), 'Reasonable' (green, ~40%), and 'Substantial' (blue, ~20%). A pointer indicates the current rating is 'Limited'.</p>
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Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
The governance over the grant funding programme ensures that accountability, transparency, and effective control exist in the administration, approval and reporting for individual project and the entire programme.	12	5	6	1
Risks are identified and controls are in place to reduce risks or to detect vulnerabilities for each project including the overarching programme, and are reported to Cabinet.	4	2	2	0
The Council has ensured that long term benefits and drawbacks of each project have been taken into account.	2	1	1	0
TOTALS	18	8	9	1

Summary of Weakness	Risk Rating	Agreed Action Date
The Terms of Reference for the Discover Ashfield Board did not directly refer to the Towns Deal and the responsibility for the Board to ensure that projects are kept in line with the approved Town Investment Plan.	Low Risk	30/09/2023
A new Local Enterprise Partnership representative had been selected for Discover Ashfield Board membership, however they had yet to attend a meeting and were not included in the expected attendees on the minutes to the meeting.	Low Risk	30/06/2023
There was no requirement in the Local Assurance Framework to ensure that progress, risks and approvals of the Towns Deal programme and projects are reported to Cabinet.	Low Risk	30/10/2023
Testing noted that there were some documents unavailable to evidence the approval process had been followed.	Moderate Risk	30/06/2023

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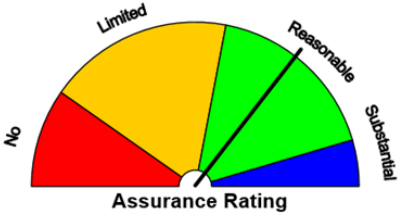
It was not evidenced in the minutes that the Discover Ashfield Board had approved a change to a business case before the Project Adjustment Request was submitted to the Department of Levelling up, Housing and Communities.	Moderate Risk	30/06/2023
Testing noted that delays in the delivery of the projects had not been reported to Council Cabinet or the Discover Ashfield Board.	Low Risk	30/06/2023
The Council's Cabinet did not receive reports on detailed expenditure updates.	Low Risk	30/10/2023
The reviewed and updated full programme risk register was not presented to every meeting of the Discover Ashfield Board and updated individual project risks were not submitted to the Board.	Moderate Risk	Implemented
Cabinet had not been informed of the risks to the Council should the projects and/or the programme fail.	Moderate Risk	30/10/2023
Exit strategies for individual project Business Cases were not being considered and documented as part of the business case development.	Moderate Risk	31/03/2024

Audit Committee Effectiveness	Assurance Rating - Not Applicable
<p>The audit focused on ensuring the Council's Audit Committee is complying with the Chartered Institute of Public Finance & Accountancy's (CIPFA) position statement on Audit Committees for Local Authorities and Police 2022. This statement is supported by the Department for Levelling up, Housing and Communities and the Home Office.</p> <p>The audit was undertaken on a consultancy basis as the Council were in a period of change; a local election had just taken place (May 2023) and membership of the Audit Committee was substantially changed following this.</p>	
Summary of Weakness	
The Audit Committee Terms of Reference did not include right of access for the Audit Committee to constructively engage with other committees.	
The Terms of Reference did not specifically state the Audit Committee had the right to request reports and seek assurances from relevant Officers where the Audit Committee has concerns with reports submitted to the Committee.	
The Audit Committee had a delegated responsibility to approve the Council's statement of account. This does not adhere to the CIPFA recommendation not to have a delegated power as it takes the Audit Committee beyond its advisory role.	
The Audit Committee did not have any Co-opted Independent Members.	

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<p>The last time any risk management report was submitted to the Council's Audit Committee was March 2022, which is over a year ago. Infrequent reporting on risk management weakens the Committee's ability to consider the effectiveness of risk management arrangements at the Council.</p>
<p>The Audit Committee did not receive regular updates on implementation status of the External Audit recommendations.</p>
<p>Only 5 out of the 12 Members serving the Audit Committee (in the period 2021 to 2023) had attended the Audit Committee training sessions provided. In addition, Audit Committee Members had not received any Risk Management Training.</p>
<p>There was no evidence that the Audit Committee had challenged the Executive (the Cabinet).</p>
<p>There were no private meetings or discussions between the Audit Committee and Internal Audit or External Audit.</p>
<p>The Council did not video record the meetings of the Audit Committees for transparency.</p>
<p>The Audit Committee had not evaluated its impact on the Council and its adherence to the CIPFA position statement to identify areas for improvement.</p>
<p>The Audit Committee did not compile an annual report detailing how they have complied with the CIPFA position statement for Audit Committees, discharged its responsibilities and assessed its own performance.</p>

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<h2>General Ledger – Data Analytics</h2>				
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Procurement rules are in place and adhered to according to procurement thresholds and documentation recording this is up to date.	3	0	3	0
TOTALS	3	0	3	0
Summary of Weakness		Risk Rating	Agreed Action Date	
There were 10 suppliers with spend over £100,000 in the 2021-22 financial year where contracts had not been recorded in the contract register, and it could not be determined if contracts were already in place for all.		Moderate Risk	31/01/2024	
There were 35 suppliers with spend over £100,000 across the last five financial years where contracts had not been recorded in the contract register, and it could not be determined if contracts were already in place for all.		Moderate Risk	31/01/2024	
The contracts register was out of date and incomplete, missing some contracts held by the Council. Also, the Transparency Code was not fully complied with.		Moderate Risk	30/04/2024	

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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	0	1	0
24-Apr-18	ICT Performance Management	Reasonable	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	1	0
31-Jan-20	Information Governance	Reasonable	0	1	0
21-Jun-21	Management of Fraud Risk	Limited	0	9	0
10-May-21	People Management	Reasonable	0	4	0
21-Jun-21	Delegated Decisions	Reasonable	0	1	0
16-Aug-21	Teleworking Security	Reasonable	0	3	0
05-Oct-21	PCI Compliance in Organisational Transformation	Reasonable	0	2	0
28-Feb-22	Outdoor Recreation - Sports Bookings	Limited	0	4	0
29-Mar-22	Scrutiny	Reasonable	0	1	0
08-Apr-22	Accounting Systems 2021-22	Substantial	0	3	0
11-Jul-22	Planning	Reasonable	2	0	0
28-Jul-22	Housing - Data Quality 2022-23	No	2	6	0
25-Oct-22	Licensing 2022-23	Reasonable	0	3	0
10-Nov-22	IT Asset Inventory 2022-23	Limited	3	0	0
23-Jan-23	Health & Safety 2022-23	Limited	2	2	0
17-Apr-23	Leisure Centre 2022-23	Reasonable	5	0	0
21-Apr-23	Section 106 2022-23	Substantial	3	0	0
12-May-23	Estates	Reasonable	7	0	4
23-Jun-23	Future High Streets Fund & Towns Fund	Limited	4	0	5
06-Jul-23	General Ledger - Data Analytics	Reasonable	0	0	3
		TOTALS	28	44	12

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	0	0	0	1
ICT Performance Management	0	0	0	0	1	0
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	0	1
Information Governance	0	0	0	0	1	0
Management of Fraud Risk	0	0	0	0	1	8
People Management	0	0	0	0	0	4
Delegated Decisions	0	0	0	0	0	1
Teleworking Security	0	0	0	0	1	2
PCI Compliance in Organisational Transformation	0	0	0	0	0	2
Outdoor Recreation - Sports Bookings	0	0	0	0	0	4
Scrutiny	0	0	0	0	0	1
Accounting Systems 2021-22	0	0	0	0	0	3
Planning	0	2	0	0	0	0
Housing - Data Quality 2022-23	0	2	0	0	4	2
Licensing 2022-23	0	0	0	0	0	3
IT Asset Inventory 2022-23	0	0	3	0	0	0
Health & Safety 2022-23	0	0	2	0	0	2
Leisure Centre 2022-23	0	1	4	0	0	0
Section 106 2022-23	0	0	3	0	0	0
Estates	0	2	5	0	0	0
Future High Streets Fund & Towns Fund	0	2	2	0	0	0
TOTALS	0	9	19	0	9	35

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Highlighted Recommendations

The following recommendations, that have not yet been implemented, are detailed for Committee's scrutiny.

Being Implemented Recommendations

Information Governance	Rec No. 4
Summary of Weakness / Recommendation	Risk Rating
<p>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.</p> <p>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.</p>	Moderate Risk
Management Response/Action Details	Action Date
<p>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:</p> <ul style="list-style-type: none"> - 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
<p>Actions have been taken to restrict folders and files. Internal Audit will be reviewing these actions as part of the ICT Key Controls audit.</p> <p>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.</p>	30/06/2022

ICT Performance Management	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
<p>Despite commitment to performance management in the Council's 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.</p> <p>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.</p>	Moderate Risk

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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
<p>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.</p> <p>The first version of the ICT Service Desk software is now in place but ICT still need to review its reporting capabilities. The post of Service Desk Team Leader is currently being advertised.</p> <p>The Service Manager for ICT has requested a further extension whilst the newly appointed service desk team leader investigates the implementation of the recommendation.</p> <p>To be resolved with the implementation of the House on the Hill service desk application.</p>	30/11/2022

Teleworking Security		Rec No. 2
Summary of Weakness / Recommendation		Risk Rating
<p>Accounts with Remote Desktop Gateway access permissions were not always being disabled in a timely manner for leavers, creating data protection risks.</p> <p>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.</p>		Moderate Risk
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
<p>Not all entrance doors to flats comply with Fire Safety Regulations.</p> <p>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.</p>	Moderate Risk
Management Response/Action Details	Action Date
<p>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.</p>	31/03/2020
Status Update Comments	Revised Date
<p>Standard fire doors (majority); installations to commence 07/02/22.</p> <p>The works are not yet complete. We have continued to have difficulties in terms of supply to source doors which comply with the regulations and at a fair price and meet other requirements. We have also had difficulty with closing strengths of doors (which stopped us from fitting Sherwood Court doors previously).</p> <p>We are making progress in terms of sourcing suppliers and our Contractor, J Tomlinson are hoping to fit the remaining doors as follows:-</p> <ul style="list-style-type: none"> Leaseholder fire doors (Feb/March) Sherwood Court doors (requiring additional works to the door heads and surrounds up to ceiling height (March/April) Fire doors with sidelights (April/May). 	31/05/2023

Management of Fraud Risk	Rec No. 6
Summary of Weakness / Recommendation	Risk Rating
<p>The Council did not have trained fraud investigators with professional accreditation to review and investigate all areas of potential fraud.</p> <p>We recommend that the Council ensure they have access to fully trained fraud investigators, who can be called upon to investigate any areas of suspected fraudulent activity.</p>	Moderate Risk
Management Response/Action Details	Action Date
<p>The Council will consider how to access a suitably trained fraud investigator.</p>	30/04/2022
Status Update Comments	Revised Date
<p>Action still being progressed.</p>	31/03/2023

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Housing Data Quality 2022-23	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
<p>Components were not automatically updated in the Capita Housing System following repairs and maintenance work tickets being completed. The manual process had led to instances of inaccuracy and inconsistency in the data sets maintained in the System.</p> <p>We recommend that all components are reviewed to ensure they show accurate data, and that the Council consider looking into an automated process so completed repairs and maintenance jobs directly update the component Masterfile within the Capita Housing System.</p>	Moderate Risk
Management Response/Action Details	Action Date
<p>Current component data to be extracted and cleansed.</p> <p>New Schedule of Rates (SOR) codes to be created to mirror components used.</p> <p>New Totalmobile (TM) forms to be created to enable direct/automatic upload from works completed on site into the Capita system.</p> <p>Creation of role to ensure Capita data is reconciled, accurate and relevant.</p>	31/03/2023
Status Update Comments	Revised Date
<p>Review and cleanse of Components and attribute data is complete and ongoing, as above.</p> <p>Surveyors now using Total Mobile to update components in OPEN while on site (stock condition surveys). Outside of this, Components should be updated by the repairs admin team – they have a process in place. Component Data has been reviewed and updated to ensure they are accurate</p> <p>Some of this could be new functionality (automatically updating the component based on the SOW used) but the repairs team have been informed about how the system works and should be updating component data in OPEN.</p> <p>New career graded role has been created and added to establishment – now in recruitment.</p>	30/06/2023

Housing Data Quality 2022-23	Rec No. 2
Summary of Weakness / Recommendation	Risk Rating
<p>Testing identified that windows component data was not always being updated, or updated completely and accurately, in the Capita Housing System following completion of routine planned maintenance works.</p> <p>We recommend that the Council put in place processes to ensure all planned maintenance works are updated accurately in the components on the Capita Housing System. The Council should consider developing an automated process so component data for completed planned maintenance works are directly updated within the Capita Housing System without the need for manual data entry.</p>	Moderate Risk
Management Response/Action Details	Action Date
<p>Current component data to be extracted and cleansed.</p> <p>Work undertaken by Major Works contractors is currently in the process of being automated with direct input to capita via SOR's.</p> <p>Creation of role to ensure Capita data is reconciled, accurate and relevant.</p>	31/03/2023
Status Update Comments	Revised Date
<p>Works completed by the contractor are being updated as part of the current repairs interfaces, however components still have to be updated manually.</p>	30/06/2023

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We can automate this so that the SOR updates the components automatically, however the team have been working on other priorities (i.e. correcting the component data).

We will speak to the repairs team to identify which component gets updated for each programme of works – then we can set the job (SOW) to update the component automatically on completion.

Housing Data Quality 2022-23	Rec No. 4
Summary of Weakness / Recommendation	Risk Rating
<p>There were three different components for electrical testing within the Capita Housing System, all containing inconsistent information and possible errors.</p> <p>We recommend that any duplicated components are made 'historical' in the System and that processes are put in place to ensure the current component is updated in a timely manner following electrical condition testing activities.</p>	<p>Moderate Risk</p>
Management Response/Action Details	Action Date
<p>Current component data to be extracted and cleansed.</p> <p>A new service contract has been introduced which will present new (rationalised) coding to capita.</p> <p>As also effects Decent Homes data detailed testing is required to ensure the integrity of the DHS calculation.</p> <p>Creation of role to ensure Capita data is reconciled, accurate and relevant.</p>	<p>31/10/2022</p>
Status Update Comments	Revised Date
<p>The Electrical Components have been tidied up and duplicates removed.</p> <p>Gas and Electric used to be completed on one job. In order to update components automatically once a job is complete we will need to do some more work this is additional functionality.</p>	<p>30/06/2023</p>

Housing Data Quality 2022-23	Rec No. 9
Summary of Weakness / Recommendation	Risk Rating
<p>The personal and sensitive data stored in the Capita Housing System, may be out of date as it was obtained at the point of tenancy application and not refreshed thereafter.</p> <p>We recommend that the personal and sensitive data included in the Capita Housing System is reviewed to ensure it is accurate and up to date. Any personal and sensitive data not required should be deleted from the System.</p>	<p>Moderate Risk</p>
Management Response/Action Details	Action Date
<p>Data characteristics to enable accurate profiling to be determined.</p> <p>Current data to be extracted and cleansed.</p> <p>Rolling programme of collection and deletion to be established.</p> <p>Creation of role to ensure Capita data is reconciled, accurate and relevant.</p>	<p>31/03/2023</p>
Status Update Comments	Revised Date
<p>Data has been extracted, the information reviewed and a report has been completed on needs to be done. This report will be discussed at the Housing Regulation Management Team Meeting on the 22nd May, at which point a realistic timeframe will be decided.</p>	<p>31/05/2023</p>

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Action Due

Planning	Rec No. 2
Summary of Weakness / Recommendation	Risk Rating
There were no processes in place that enabled management to monitor progress against tasks detailed on the Local Plan Work Programme. We recommend that management is provided with performance information, linking to the Local Plan Work Programme, from the Forward Planning Team on a regular basis.	Moderate Risk
Management Response/Action Details	Action Date
The team will be asked to provide a monthly report to the Assistant Director on a monthly basis.	31/07/2022
Status Update Comments	Revised Date

Planning	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
There was a lack of audit trail regarding changes made to the Local Plan Work Programme and the status of tasks completed. We recommend that the Forward Planning Team ensure that there is an audit trail of changes to the Work Programme and the status of each task. The Work Programme should be updated regularly.	Moderate Risk
Management Response/Action Details	Action Date
This will be developed in the interim, but a key focus of the new team Manager will be project management of the work programme	31/10/2022
Status Update Comments	Revised Date

Housing Data Quality 2022-23	Rec No. 5
Summary of Weakness / Recommendation	Risk Rating
Data Matching and testing identified that the smoke detector component fields within the Capita Housing System do not accurately reflect the true status of the smoke detectors in Council properties. We recommend that the smoke detector components are updated to ensure they accurately reflect the status of each smoke detector and that a process is developed to ensure they continue to be updated. This process should ensure data quality checks are performed to ensure accuracy and completeness of smoke detector component data maintained within the Capita Housing System.	Moderate Risk
Management Response/Action Details	Action Date
Current component data to be extracted and cleansed. System is already partly automated; however acceleration of the programme means that both in-house and contractors are installing alarms meaning the use of both TM for in-house and a data loader for contractor. Creation of role to ensure Capita data is reconciled, accurate and relevant.	30/11/2022
Status Update Comments	Revised Date

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Housing Data Quality 2022-23	Rec No. 10
Summary of Weakness / Recommendation	Risk Rating
<p>Access to the various Excel spreadsheets used to record component works such as checks, installations and replacements, had not been appropriately restricted.</p> <p>We recommend that management reviews the permissions on the folders storing the Excel spreadsheets that currently represent a master copy of component related works. Where possible, access to amend the data in the files should be significantly restricted, and other users where appropriate should only be given read only access permissions.</p>	<p>Moderate Risk</p>
Management Response/Action Details	Action Date
<p>All housing folders to be reviewed for permissions/restrictions NB needs to be measured against the move to SharePoint /Windows 365 as to the appropriate time to enact.</p> <p>IT to restrict access to housing specific folders (file holding areas) to a list of identified users, preferably belonging and controlled by departmentally assigned Active Directory group(s).</p>	<p>31/10/2022</p>
Status Update Comments	Revised Date