



# Ashfield District Council – Audit Progress Report

Audit Committee: 28<sup>th</sup> November 2016



## 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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## Contents

## Page

Introduction	3
Audit Coverage	4
Audit Coverage	6
Audit Performance	11
Recommendation Tracking	13
Recommendation Tracking	15
Status of Previous Audit	
Recommendations	16
High Level Outstanding	
Recommendations	17
Ashfield Homes Ltd – Outstanding	
Recommendations	18



# Ashfield District Council – Audit Progress Report

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## Introduction

### Role of Internal Audit

The Internal Audit Service for Ashfield District Council is now provided by the Central Midlands Audit Partnership (CMAP). The Partnership operates in accordance with standards of best practice applicable to Internal Audit (in particular, the Public Sector Internal Audit Standards – PSIAS). CMAP also adheres to the Internal Audit Charter.

The role of internal audit is to provide independent assurance that the organisation's risk management, governance and internal control processes are operating effectively.

### Recommendation Ranking

To help management schedule their efforts to implement our recommendations or their alternative solutions, we have risk assessed each control weakness identified in our audits. For each recommendation a judgment was made on the likelihood of the risk occurring and the potential impact if the risk was to occur. From that risk assessment each recommendation has been given one of the following ratings:

- Critical risk.
- Significant risk.
- Moderate risk
- Low risk.

These ratings provide managers with an indication of the importance of recommendations as perceived by Audit; they do not form part of the risk management process; nor do they reflect the timeframe within which these recommendations can be addressed. These matters are still for management to determine.

### Control Assurance Definitions

Summaries of all audit reports are to be reported to Audit Committee together with the management responses as part of Internal Audit's reports to Committee on progress made against the Audit Plan. All audit reviews will contain an overall opinion based on the adequacy of the level of internal control in existence at the time of the audit. This will be graded as either:

- **None** - We are not able to offer any assurance. The areas reviewed were found to be inadequately controlled. Risks were not being well managed and systems required the introduction or improvement of internal controls to ensure the achievement of objectives.
- **Limited** - We are able to offer limited assurance in relation to the areas reviewed and the controls found to be in place. Some key risks were not well managed and systems required the introduction or improvement of internal controls to ensure the achievement of objectives.
- **Reasonable** - We are able to offer reasonable assurance as most of the areas reviewed were found to be adequately controlled. Generally risks were well managed, but some systems required the introduction or improvement of internal controls to ensure the achievement of objectives.
- **Comprehensive** - We are able to offer comprehensive assurance as the areas reviewed were found to be adequately controlled. Internal controls were in place and operating effectively and risks against the achievement of objectives were well managed.

This report rating will be determined by the number of control weaknesses identified in relation to those examined, weighted by the significance of the risks. Any audits that receive a None or Limited assurance assessment will be highlighted to the Board in Audit's progress reports.

# Ashfield District Council – Audit Progress Report

## Audit Coverage

### Progress on Audit Assignments

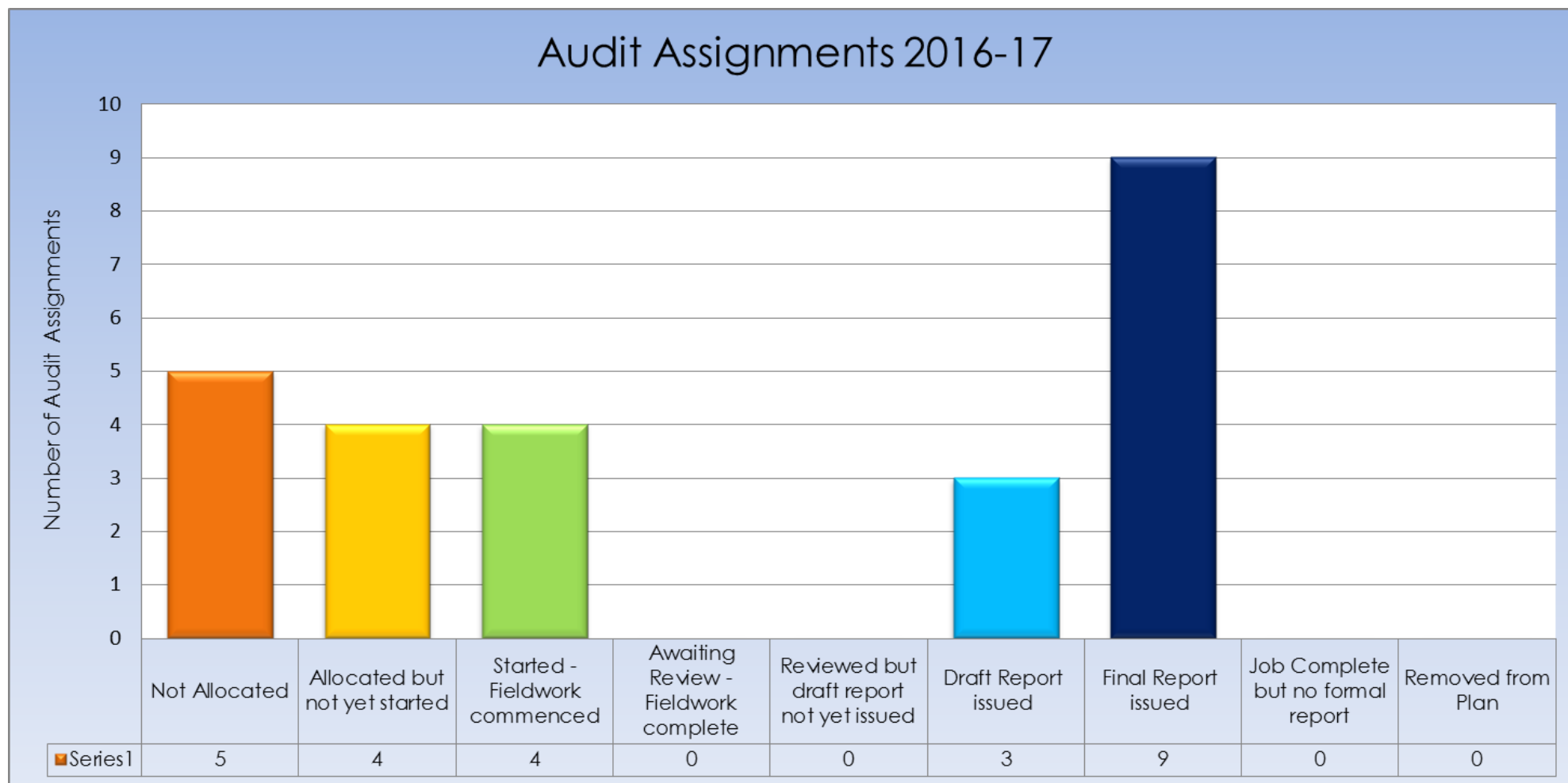
The following table provides the Board with information on how audit assignments were progressing as at 31<sup>st</sup> October 2016.

2016-17 Audit Plan Assignments	Type of Audit	Current Status	% Complete	Level of Assurance
Data Quality & Performance Management	Governance Review	Not Allocated	0%	
Main Accounting Systems 2016-17	Key Financial System	Not Allocated	0%	
Treasury Management	Key Financial System	In Progress	15%	
Creditors	Key Financial System	Not Allocated	0%	
Housing Benefit & Council Tax Support	Key Financial System	Not Allocated	0%	
Council Tax	Key Financial System	Allocated	0%	
NDR	Key Financial System	Allocated	0%	
Refuse Collection	Systems/Risk Audit	Final Report	100%	Reasonable
Safeguarding	Governance Review	Final Report	100%	Reasonable
New Cross Initiative	Systems/Risk Audit	Final Report	100%	Reasonable
Leisure Centres	Systems/Risk Audit	Final Report	100%	Comprehensive
Business Continuity & Emergency Planning	Systems/Risk Audit	In Progress	65%	
PCI Compliance	Systems/Risk Audit	Final Report	100%	Comprehensive
IT Applications	IT Audit	Not Allocated	0%	
Email Security	IT Audit	Final Report	100%	Reasonable
Payroll	Systems/Risk Audit	Draft Report	95%	
Ethical Processes & Payments (Members & Officers)	Systems/Risk Audit	Allocated	5%	
Time Recording	Investigation	Draft Report	95%	
Private Sector Housing	Systems/Risk Audit	In Progress	50%	
Housing Benefit Subsidy Claim	Advice	In Progress	90%	
Safeguarding (Housing Services)	Systems/Risk Audit	Draft Report	95%	
OPEN Housing/Contractor IT Security Assessment	IT Audit	Allocated	0%	
<b>Audit Plan Assignments B/fwd from 2015-16</b>				
Ashfield - Main Accounting (MTFP)	Key Financial System	Final Report	100%	Reasonable
Ashfield - Risk Management	Governance Review	Final Report	100%	Reasonable
Ashfield DC - Revenues Systems Overview	Key Financial System	Final Report	100%	Comprehensive

# Ashfield District Council – Audit Progress Report

## Audit Coverage

### Progress on Audit Assignments Chart



Two of the finalised audit assignments have already been reported to this committee.

# Ashfield District Council – Audit Progress Report

## Audit Coverage

### Completed Audit Assignments

Between 1<sup>st</sup> September 2016 and 31<sup>st</sup> October 2016, the following audit assignments reached their conclusion:

- Safeguarding.
- New Cross Initiative.
- Leisure Centres.
- PCI Compliance.
- Email Security.
- Refuse Collection.
- Main Accounting (MTEP).

### Safeguarding

#### Overall Assurance Rating: **Reasonable**

This audit focused on safeguarding strategy, governance and training of staff with regards to the safeguarding of Adults and Children.

From the 15 key controls evaluated in this audit review, 8 were considered to provide adequate control and 7 contained weaknesses. This report contained 5 recommendations, 4 of which were considered to present a low risk and 1 presenting a moderate risk. Another 1 minor risk issue was also highlighted for management's consideration. The following issues were considered to be the key control weaknesses:

- Review of links on the online safeguarding procedures identified a link to an out of date policy. (Low Risk)
- A formal central log of all the safeguarding alerts raised was not being maintained to provide a consolidated record and summary for reporting purposes. (Low Risk)

- Statistical information was not being routinely provided to assist the Corporate Vulnerability and Safeguarding Group with the monitoring and evaluation of the Safeguarding Policy and Procedures. (Low Risk)
- A dedicated email address had not been set up for receiving and responding to safeguarding alerts. (Low Risk)
- Review of HR recruitment checks done for 10 new starters identified 3 cases where there was no evidence that the recruitment checking procedures had been followed. (Moderate Risk)

All 5 of the issues raised in this report were accepted and actions were agreed to address all issues. One issue had already been addressed by the end of the audit, another 3 were agreed to be addressed by 31<sup>st</sup> March 2017 with the final issue due to be completed by 31<sup>st</sup> December 2017.

### New Cross Initiative

#### Overall Assurance Rating: **Reasonable**

The New Cross Initiative was set up to challenge and change the established way of assisting the residents of New Cross Area. Management recognised that there was evidence that the current "multi- agency" way of working did not help people in the way it should and wasted money. Council Cabinet approved the decision to approach service delivery differently to most services and establish a pilot that would 'learn by doing' to see if there was a better way of working. This system-led approach was adopted to provide officers with the freedom to use innovative approaches to assist the community rather than employ traditional control mechanisms which could stifle initiative.

This audit focused on reviewing the adequacy of controls within the project for ensuring the security of data, governance over the initiative, monitoring and recording of actions undertaken. It was intended to highlight any residual risks that the 'learn by doing' process may have left, in order that management could consider whether the control

# Ashfield District Council – Audit Progress Report

framework needed to be strengthened. It is recognised that management made a conscious decision to relax certain controls in line with the aspirations of the pilot and that where gaps in controls have been identified these may have been deliberate omissions rather than unintended weaknesses.

From the 24 key controls evaluated in this audit review, 6 were considered to provide adequate control and 18 contained weaknesses. This report contained 8 recommendations, 7 of which were considered to present a low risk and 1 presenting a moderate risk. Another 4 minor risk issues were also highlighted for management's consideration. The following issues were considered to be the key control weaknesses:

- The procedures established for information collection had not been documented regarding how the data is recorded. (Low Risk)
- By design, Management had chosen not to set and measure operational performance targets to give officers the freedom to provide innovative solutions, at the expense of regular and timely information on the performance of the initiative. (Low Risk)
- There had not been any formal documentation of outcomes and decisions taken in one to one meetings and team briefings. (Low Risk)
- Although Officers were able to demonstrate they were aware of the Data Protection Act, there was no evidence that employees working within the Initiative had received formal Data Protection Training. (Low Risk)
- Sensitive information was at risk of being emailed outside of the GCSX secure network, as Team leaders were unsure how and when to use it, potentially in breach of the Data Protection Act. (Moderate Risk)
- There were no formal written agreements in place for the coming period, there is a risk that partners may not provide the funding and/or secondments offered. (Low Risk)

- Cabinet approved the initial project which set out the objectives of the project and that it was operating within the wider Nottinghamshire Prevent Strategy, However; there was no single 'Initiative specific' policy or strategy document in place for the management of the Initiative. (Low Risk)
- There were no written procedural guidelines in place for documenting findings and actions taken, on the E-CINS system.. (Low Risk)

All 8 of the issues raised in this report were accepted and actions were agreed to address all issues. Three were agreed to be addressed by 1st October 2016, 2 are to be addressed by 1st November 2016, and the remaining 3 will be completed during 2017 (including the Moderate Risk issue).

## Leisure Centres

### Overall Assurance Rating: **Comprehensive**

This audit focused on the arrangements in place for the reporting and monitoring of the Sports and Leisure Management Contract (SLM) through which the Council have outsourced their leisure centre facilities.

From the 15 key controls evaluated in this audit review, 13 were considered to provide adequate control and 2 contained weaknesses. This report contained 3 recommendations, all of which were considered to present a low risk. Another 2 minor risk issues were also highlighted for management's consideration. The following issues were considered to be the key control weaknesses:

- All Centres were not including their Service Improvement Notice action points and their status in the monthly KPI reports and summary KPI monitoring reports were not being submitted to CLT. (Low Risk)
- Review of 3 months Leisure Centre monthly performance reports identified a number of inconsistencies regarding the information included. (Low Risk)



# Ashfield District Council – Audit Progress Report

- The Leisure Performance Officer was unable to evidence that the Planned Preventive Maintenance Programme, Market Plan, the Environmental Management Plan and Edgewood Inventory for 2016, were completed, had been reviewed and were up-to-date. (Low Risk)

All 3 of the issues raised in this report were accepted and actions were agreed to address all issues. Two were agreed to be addressed by 30<sup>th</sup> September 2016 with the final issue due to be completed by 31<sup>st</sup> May 2017.

## PCI Compliance

### Overall Assurance Rating: Comprehensive

This audit focused on reviewing non-IT issues relating to Payment Card Industry Data Security Standard (PCI DSS) compliance.

From the 18 key controls evaluated in this audit review, all 18 were considered to provide adequate control and none contained weaknesses. This report contained only positive assurance and no recommendations.

## Email Security

### Overall Assurance Rating: Reasonable

This audit focused on the security, configuration and management of the Council's Exchange server environment, and the Council's cloud based email security application – Mimecast. Specifically, we reviewed Node128, the non-GCSX mailbox database server, Node106, the client access server, and Node68, the GCSX mailbox database server.

From the 39 key controls evaluated in this audit review, 31 were considered to provide adequate control and 8 contained weaknesses. This report contained 4 recommendations, 2 of which were considered to present a low risk and 2 presenting a moderate risk. Another 1 minor risk issue was also highlighted for management's consideration. The following issues were considered to be the key control weaknesses:

- There were no formal schedules in operation for doing test restores of the Exchange servers and mailbox databases. Problems with mailbox database backup procedures or backup media are often not discovered until after a recovery of a mailbox, or database is needed. (Moderate Risk)
- A number of auto-forward rules had been configured to send mail immediately on to external private accounts such as hotmail.com accounts. This makes the likelihood of the mail being accessed by unauthorised parties much greater, which could lead to privacy violations and data protection breaches. (Moderate Risk)
- There were a number of users with access to shared mailboxes, such as the Revenues Support and Environment mailboxes, whose access could not be justified. Failure to restrict access to shared mailboxes can expose any sensitive information received to unauthorised access. (Low Risk)
- A Website Development Officer had been granted Organisation Management permissions over the Exchange Server environment, despite not having direct responsibilities for managing Exchange. Organisation Management is essentially a full administrator role which allows complete access and authority over the System and should only ever be assigned to authorised and trained Exchange administrators. (Low Risk)

All 4 of the issues raised were accepted and positive actions was agreed to address 2 of the issues by the end of the audit, 1 of the recommendations by the end of December 2016, and the final recommendation by the end of March 2017.

## Refuse Collection

### Overall Assurance Rating: Reasonable

This audit focused on reviewing compliance with the requirements of Waste Regulations 2011, in particular regulation 13, the monitoring of refuse service, and administration system for Trade Waste.



## Ashfield District Council – Audit Progress Report

From the 18 key controls evaluated in this audit review, 12 were considered to provide adequate control and 6 contained weaknesses. This report contained 6 recommendations, all of which were considered to present a low risk. Another 1 minor risk issue was also highlighted for management's consideration. The following issues were considered to be the key control weaknesses:

- Although there was a waste statement in place which required updating, there was no fully encompassing waste strategy document for the Council. (Low Risk)
- There were no procedure notes to document the established processes for the monitoring of waste collection. (Low Risk)
- There was no process in place for ensuring that the details on route sheet database agreed to those on the Bartec (in cab) system. (Low Risk)
- Customers with 3 instances of non-compliance with waste separation and presentation requirements were not being visited by Supervisors to discuss issues with their bins, in line with agreed guidance. (Low Risk)
- The levels of complaints / missed bins were not being monitored, on a team by team basis to identify any training needs. (Low Risk)
- Guidance on granting discounts on fees charged to trade waste customers required updating. (Low Risk)

All 6 issues raised were accepted and management has resolved to take action to address 5 issues by 31<sup>st</sup> March 2017, with the one remaining issue to be addressed by 31<sup>st</sup> July 2017.

### Main Accounting (MTFP)

#### Overall Assurance Rating: **Comprehensive**

This audit focused on ensuring that the model underpinning the Council's Medium Term Financial Plan (MTFP) was accurate and free

from error. It also sought to ensure that there was an established protocol in respect of the Council's earmarked reserves.

From the 21 key controls evaluated in this audit review, 8 were considered to provide adequate control and 13 contained weaknesses. This report contained 11 recommendations, all of which were considered to present a low risk. The following issues were considered to be the key control weaknesses:

- The Medium Term Financial Plan spreadsheet was not password protected and therefore provided the potential for unauthorised officers to access the information and make unauthorised changes to the financial data. (Low Risk – Risk Accepted)
- The tracked changes facility within the MTFP model had not been activated, to provide an audit trail of changes made to the spreadsheet. (Low Risk)
- Changes made to the Council's MTFP model were not being verified to original source data to confirm its accuracy. (Low Risk)
- The MTFP model was not subject to review or logic inspection by an officer who was independent of its use. (Low Risk)
- Sensitive information within the MTFP spreadsheet model had not been protected to prevent accidental change or unauthorised amendment. (Low Risk)
- An assessment of risks had not been included in the Revenue Budget and MTFP report to demonstrate the potential impact of internal and external risks on the Council's financial position. (Low Risk)
- Meetings and Away Days held between officers and Members to discuss the Council's budget and savings proposals had not been minuted as they were not constituted meetings. (Low Risk)
- The Council had not included an estimated amount in respect of the Apprenticeship Levy in their MTFP. This was new legislation announced as part of the Chancellor's Autumn Statement on 25th November 2015. (Low Risk)

## Ashfield District Council – Audit Progress Report

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- The Council had not established a protocol setting out specific details regarding its earmarked reserves in accordance with best practice guidance issued by CIPFAs Local Authority Accounting Panel and the Councils Financial Procedure Rules. (Low Risk)
- An assessment on the "Robustness of Estimates" had not been included in the Revenue Budget report provided to Council Cabinet as part of the process of considering the Council's budget requirement. (Low Risk)
- In assessing the adequacy of the Council's reserves, no account had been included in respect of the potential risks facing the Council and the impact those risks could have on reserve levels. (Low Risk)

All 11 issues raised within this report were accepted. Management decided to accept the risk in respect of one issue raised and was to take no further action. Action was agreed to be taken to address the remaining 10 issues by the end of February 2017.

### Audit Plan Changes

At the request of the Council's Deputy Chief Executive (Resources), Internal Audit has provided assistance to the Council to help complete the workbooks, supplied by external audit for testing a sample of benefit claims included in the Council's 2015/16 Housing Benefit Subsidy Claim.

# Ashfield District Council – Audit Progress Report

## Audit Performance

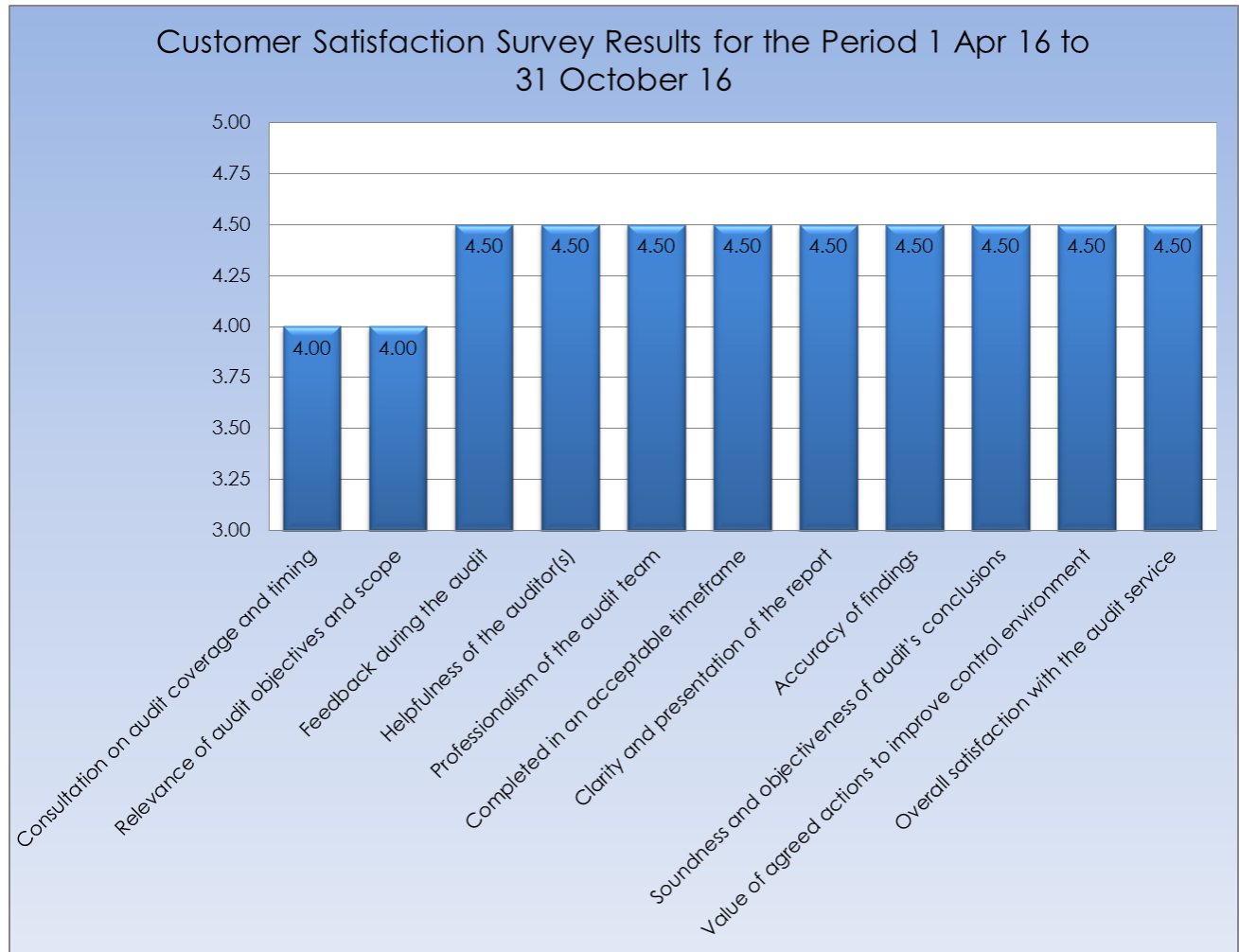
### Customer Satisfaction

The Audit Section sends out a customer satisfaction survey with the final audit report to obtain feedback on the performance of the auditor and on how the audit was received. The survey consists of 11 questions which require grading from 1 to 5, where 1 is very poor and 5 is excellent. The chart across summarises the average score for each question from the 2 responses received between 1<sup>st</sup> April 2016 and 31<sup>st</sup> October 2016. The overall average score from the surveys was 48.5 out of 55.

The overall responses are graded as either:

- Excellent (scores 47 to 55)
- Good (scores 38 to 46)
- Fair (scores 29 to 37)
- Poor (scores 20 to 28)
- Very poor (scores 11 to 19)

Of the 2 responses received to date, 1 categorised the audit service they received as excellent and the other as good.



# Ashfield District Council – Audit Progress Report

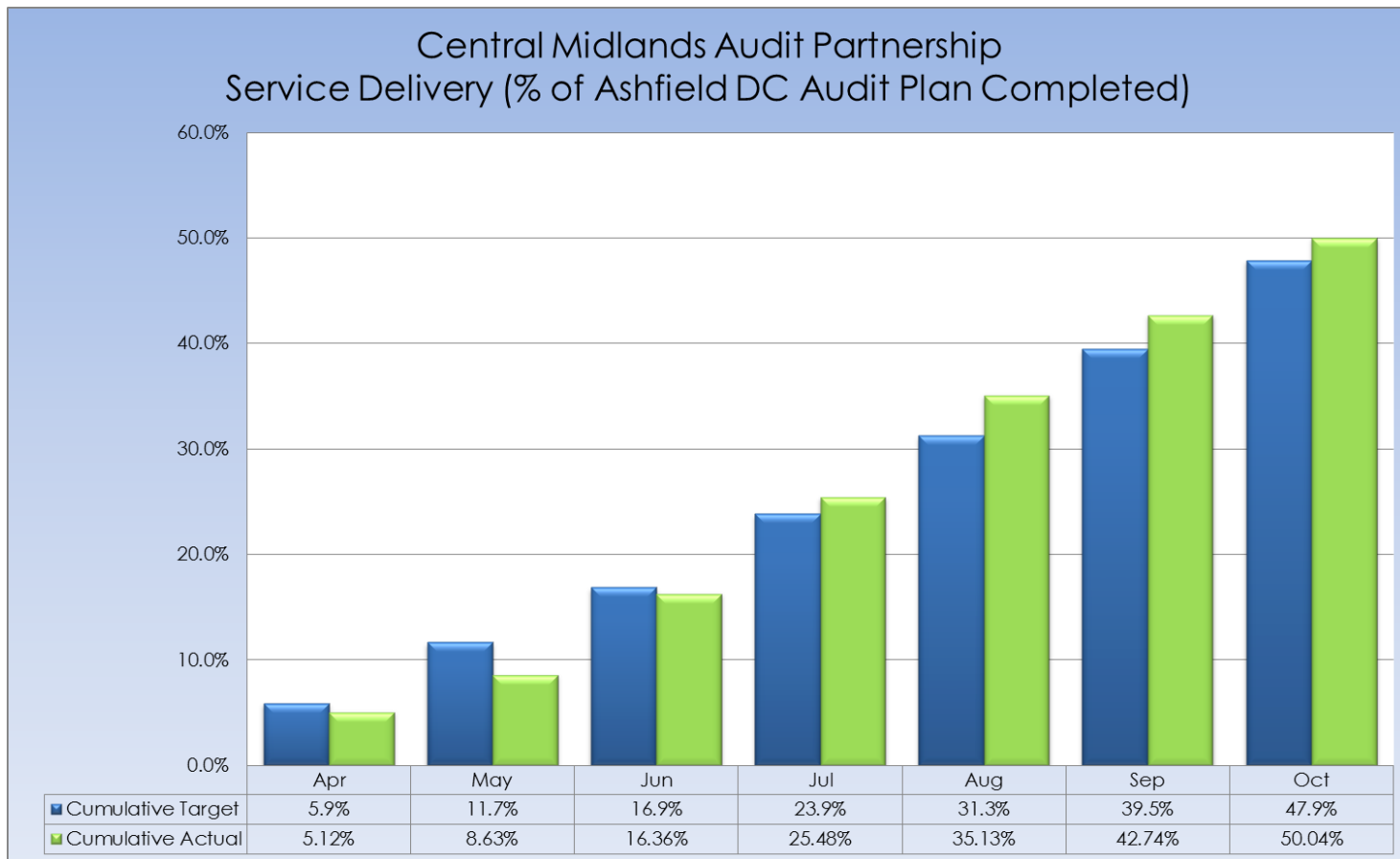
## Audit Performance

### Service Delivery (% of Audit Plan Completed)

At the end of each month, Audit staff provide the Audit Manager with an estimated percentage complete figure for each audit assignment they have been allocated. These figures are used to calculate how much of each Partner organisation's Audit Plans have been completed to date and how much of the Partnership's overall Audit Plan has been completed.

Shown across is the estimated percentage complete for Ashfield DC 2016-17 Audit Plan (including incomplete jobs brought forward) after approximately 7 months of the Audit Plan year.

For the first time, the monthly target has been profiled to reflect the expected productive time available each month, but still assumes that time will be spent evenly over each partner organisation in proportion with their contributions which is not always the case.



# Ashfield District Council – Audit Progress Report

## Recommendation Tracking

### Follow-up Process

The Council has operated its own procedure for monitoring the implementation of agreed Audit recommendations. This process will now be undertaken by Internal Audit.

Internal Audit has developed a bespoke system whereby emails, automatically generated by our recommendations database, can be sent to officers responsible for action where their recommendations' action dates have been exceeded. The emails request an update on each recommendation's implementation status, which will be fed back into the database, along with any revised implementation dates.

Each recommendation made by Internal Audit will be assigned one of the following "Action Status" categories as a result of our attempts to follow-up management's progress in the implementation of agreed actions. The following explanations are provided in respect of each "Action Status" category:

- **No Progress Information** = Action is due and Audit has been unable to ascertain any progress information from the responsible officer.
- **Future Action Date** = Action is not due yet, so Audit has not followed up.
- **Implemented** = Audit has received assurances that the agreed actions have been implemented.
- **Superseded** = Audit has received information about changes to the system or processes that means that the original weaknesses no longer exist.
- **Being Implemented** = Management is still committed to undertaking the agreed actions, but they have yet to be completed. (This category should result in a revised action date)
- **Risk Accepted** = Management has decided to accept the risk that Audit has identified and take no mitigating action.

### Implementation Status Details

Reports to the Board are intended to provide members with an overview of the current implementation status of all agreed actions to address the control weaknesses highlighted by audit recommendations made between 1<sup>st</sup> April 2016 and 31<sup>st</sup> October 2016:

	Implemented	Being Implemented	Risk Accepted	Superseded	No progress information	Future Action Date	Total
Low Risk	8	3	1	0	3	26	41
Moderate Risk	0	0	0	0	0	4	4
Significant Risk	0	0	0	0	0	0	0
Critical Risk	0	0	0	0	0	0	0
<b>Totals</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>30</b>	<b>45</b>

The table below shows those recommendations not yet implemented by dept.

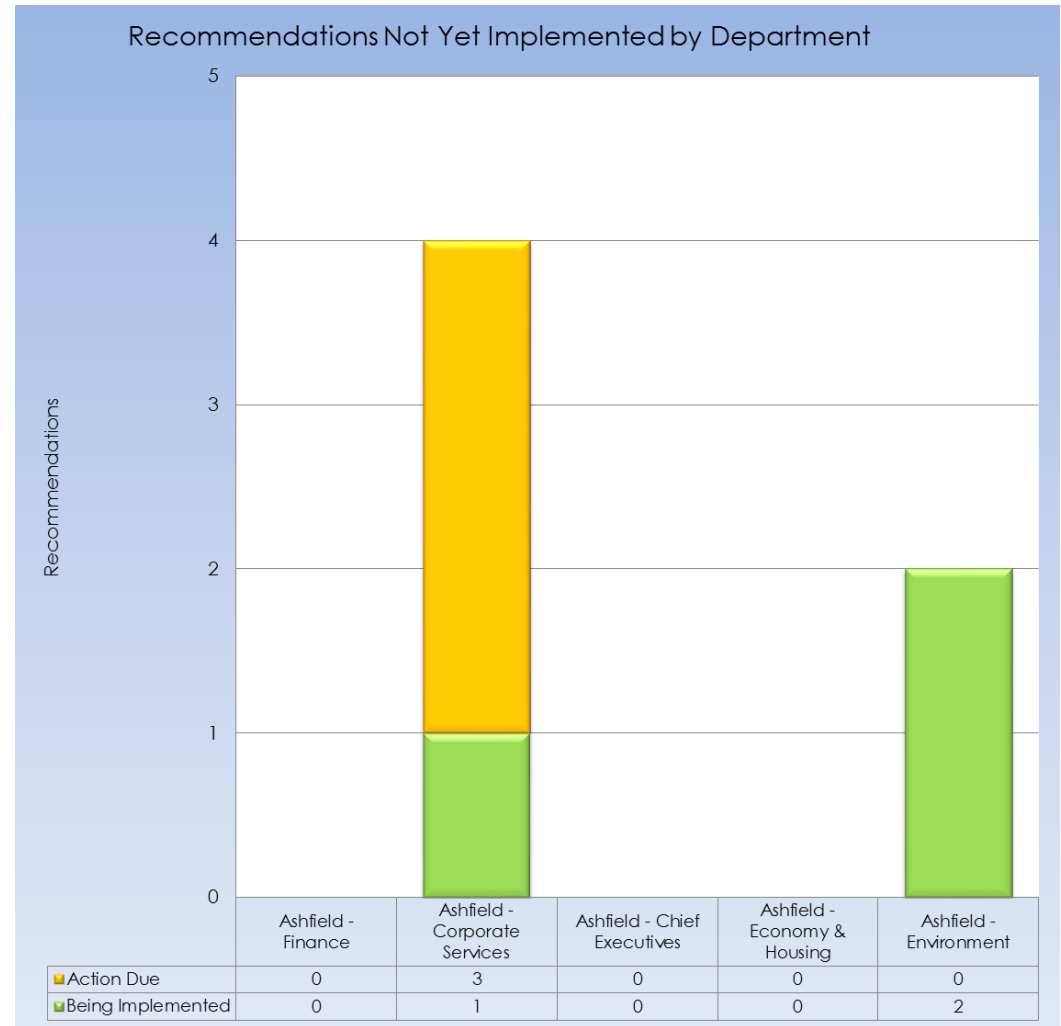
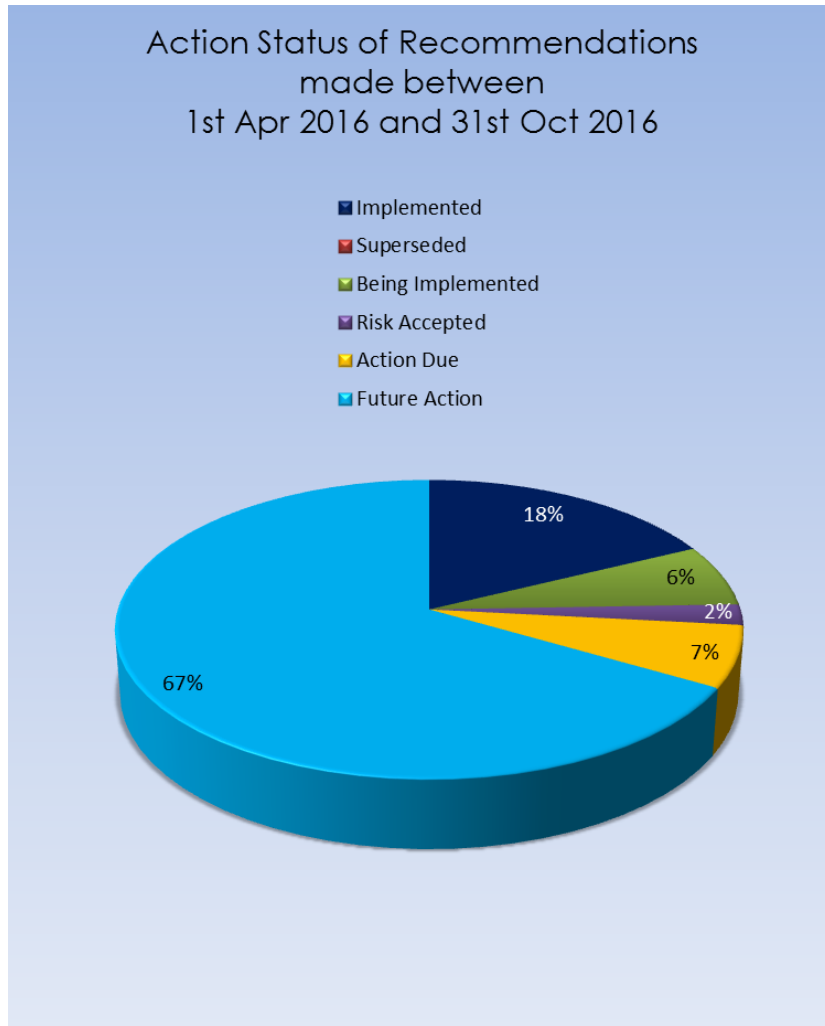
Recommendations Not Yet Implemented	Finance	Corporate Services	Chief Executives	Economy & Housing	Environment	Totals
Being Implemented	0	1	0	0	2	3
No progress information	0	3	0	0	0	3
	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>

Internal Audit has provided Committee with summary details of those recommendations still in the process of 'Being Implemented' and those that have passed their due date for implementation. We will provide full details of any moderate, significant or critical risk issues where management has decided not to take any mitigating actions (shown in the 'Risk Accepted' category above).

# Ashfield District Council – Audit Progress Report

## Recommendation Tracking

### Implementation Status Charts



# Ashfield District Council – Audit Progress Report

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## Recommendation Tracking

### Highlighted Recommendations

We have included this section of this report to bring recommendations to your attention.

#### Corporate Services & Transformation

##### Risk Management

**Control Issue 2** - Operational risks were not being reviewed and an update documented on the Covalent system on a regular basis by the nominated risk owners, despite prompting by the system..

**Risk Rating** – Low Risk

**Status Update** – No Response Received.

**Original Action Date** 30 Sep 16      **Revised Action Date** n/a

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**Control Issue 4** - Control actions implemented were not adequately mitigating risks identified.

**Risk Rating** – Low Risk

**Status Update** - No Response Received.

**Original Action Date** 30 Sep 16      **Revised Action Date** n/a

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**Control Issue 5** - Risk Management monitoring and reporting arrangements as outlined in the Risk Management Strategy and Process document were not being adhered to. The document also did not include the monitoring and reporting requirements for the Audit Committee, in respect of risk management.

**Risk Rating** – Low Risk

**Status Update** - A revised governance structure for risk has been agreed and the strategy will be updated in accordance with this.

**Original Action Date** 31 Jul 16      **Revised Action Date** 30 Sep 16

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**Control Issue 8** - There was only limited evidence of adherence to the provisions for consideration of risks within partnerships, as detailed in the Partnership Protocol, from the two partnerships considered during the audit.

**Risk Rating** – Low Risk

**Status Update** - No Response Received.

**Original Action Date** 31 Oct 16      **Revised Action Date** n/a

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#### Place & Communities

##### New Cross Initiative

**Control Issue 4** - Although Officers were able to demonstrate they were aware of the Data Protection Act, there was no evidence that employees working within the Initiative had received formal Data Protection Training.

**Risk Rating** – Low Risk

**Status Update** - This has not yet happened. However, training has been requested and we are awaiting suitable dates for the team attend.

**Original Action Date** 1 Nov 16      **Revised Action Date** 1 Jan 17

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**Control Issue 6** - There were no formal written agreements in place for the coming period, there is a risk that partners may not provide the funding and/or secondments offered.

**Risk Rating** – Low Risk

**Status Update** - Not all secondments have been finalised. Notts Police is being assessed by Legal services at the moment. It is expected that all SLA's to have been signed by January 2017.

**Original Action Date** 1 Nov 16      **Revised Action Date** 1 Jan 17

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# Ashfield District Council – Audit Progress Report

## Status of Previous Audit Recommendations

### Recommendations Not Implemented

There are a number of Audit Recommendations that were issued and agreed prior to Ashfield District Council joining the Central Midlands Audit Partnership. These recommendations continue to be monitored via the Covalent system and what follows is a summary of the latest position of those recommendations.

The table below provides a summary of the audit recommendations made to the 16<sup>th</sup> October 2016 and agreed by management, which have reached their agreed implementation date, but which currently remain outstanding.

	Previous Years Audits	2015/16 Audits	Recommendations outstanding @ 14 <sup>th</sup> September 2016
<b>High Priority</b>	0	1	1
<b>Medium Priority</b>	2	4	6
<b>Low Priority</b>	0	1	1
<b>Total</b>	<b>2</b>	<b>6</b>	<b>8</b>

The table below provides an analysis of those same recommendations, but split into the relevant service areas.

Service Area	High	Medium	Low	Total
<b>Resources</b>	0	2	1	3
<b>Governance</b>	1	1	0	2
<b>Corporate &amp; Transformation</b>	0	3	0	3
<b>Planning &amp; Economic Development</b>	0	0	0	0
<b>Place &amp; Communities</b>	0	0	0	0
<b>Housing</b>	0	0	0	0
<b>Total</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>8</b>



The table following provides an analysis of those previous audit recommendations agreed which have action dates set in the future.

Service Area	High	Medium	Low	Total
<b>Resources</b>	0	0	0	0
<b>Governance</b>	0	0	0	0
<b>Corporate &amp; Transformation</b>	0	1	0	1
<b>Planning &amp; Economic Development</b>	2	0	0	2
<b>Place &amp; Communities</b>	0	0	0	0
<b>Housing</b>	0	0	0	0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>

The Audit Committee held in June 2011 requested details of all individual high level outstanding recommendations to be presented at all future meetings of the Audit Committee. There is currently only one high priority recommendation outstanding and this is detailed in the following section.

# Ashfield District Council – Audit Progress Report

## High Level Outstanding Recommendations

Category	Data Management				
Recom. No.	Recommendation	Risk Factor (1 High, 3 Low)	Impl. Date	Status	Progress Bar
AUD/1516 - 09/03	The Assistant Chief Executive commission training for managers and other employees whose duties require informed compliance with Council policies on data management.	1	30-Jun-2016		
	Response				
	Agreed				
	Manager				
	Ruth Dennis; Robert Mitchell				
Comment History	10-Nov-2016	Requests have been made to the training department all training should be completed by the end of December.			
	14-Sep-2016	Employee requiring training identified and prioritised according to needs. Roll out will be progressed shortly.			
	14-Jun-2016	Training module developed for roll out via the ELA training system including testing at the end of the module and a pass mark. Next stage is to identify employees who will be required to undertaking the training module and to roll it out.			

## Ashfield District Council – Audit Progress Report

### Ashfield Homes Ltd – Outstanding Recommendations

Report	Recommendation	Responsible officer	Due date	Update
<b>C</b> Welfare Reform 15/16-08	The report written previously on how the Company plan to handle a roll out of the Universal Credit scheme is reviewed and submitted to Senior Management and Council for information.	Temporary Senior Housing Operations Manager (Housing)	30/10/16	The report is being revisited to review the proposals moving forward to manage the project. There are no dates at present for wider roll out of UC. This issue has been raised and discussed at Welfare Reform Board Meetings (ADC and AHL). <b>Update 14/11/16 – As there is no planned wider roll out of UC at present, the report has not been revisited. This cannot be revisited and the proposals updated until we have a clear date moving forward. This can be raised at the next Welfare Reform meeting in December 2016. BEING IMPLEMENTED</b>
<b>C</b> Housing Maintenance 15/16-10	The full review of the in-house Schedule of Rates is given an end target date, and progress is monitored and reported to SMT.	Responsive and Voids Maintenance Manager & Support Services Manager	31/03/18	A full programme is in place to complete the review of the schedule of rates. Progress of this will be monitored through Senior Management Team <b>Update 16/11/2016 Potentially looking at buy off the shelve paper less system and therefore changing the system altogether. BEING WORKED ON.</b>