

Audits			
Audit: Contain Outbreak Management Fund			
Risk identified:	Level of Control:	Overall opinion:	Recommendations:
<p>Legislative & Policy Compliance:</p> <p>The grant monies have not been spent in accordance with the conditions of the Contain Outbreak Management Fund (COMF) Grant Determination 2021/22 statutory instrument No31/5518</p>	Substantial	<p>In 2021-22 the government awarded Local Authorities with a Contain Outbreak Management Fund.</p> <p>Tewkesbury Borough Council received a grant allocation of £109,658.67.</p> <p>The purpose of the grant was to provide financial support to the council, towards expenditure lawfully incurred, or to be incurred, in relation to the mitigation and management of local outbreaks of COVID-19.</p> <p>Attached to the grant were a number of conditions requiring compliance as follows:</p> <p><u>Condition 1:</u></p> <p><i>In two tier areas, this grant is conditional on upper tier authorities working closely with their lower tier partners and ensuring those partners are given opportunities to deliver the outcomes this grant is meant to support where delivery by those partners would be the most efficient and cost-effective means of delivery. In those cases, it is essential that upper tier authorities provide sufficient resources to lower tier authorities within the former's allocated funding, so that the latter can carry out any responsibilities that they are asked to undertake.'</i></p> <p>Audit findings confirm that this grant condition has been met.</p> <p>The resources required to both mitigate against and manage local COVID-19 outbreaks in the borough were in place via the provision of Community Protection/ Covid Protection Officers (CPO's), as well as a Covid Compliance Events Officer. These resources were provided via Gloucestershire City Council in accordance with the Gloucestershire Safe (Covid-19 Multi Agency Project), and via a recruitment agency.</p> <p>The resource for the provision of Covid Compliance Events Officer, was provided for the period May 2021 to March 2022. Their role was to ensure COVID compliance and assess Covid risk regarding events held across the Borough.</p>	None.

		<p>In respect of the Community Protection/Covid Protection Officers (CPO's), these were provided 5 days per week from 1 October 2021 to 31 March 2022. The purpose of the role was, that whilst they could not enforce the rules regarding COVID during that time, they would be able to alleviate certain pressure from both the police and council officers, who did have those powers.</p> <p>Whilst there is assurance that the hours worked by the individuals undertaking these duties were charged correctly, the audit identified that signed terms of agreements/ service agreements were not held on file. It would therefore be expected that for any future use of contractors via Multi Agency Support such as this, documentation is appropriately and accurately recorded.</p> <p>The audit confirmed that the full grant fund of £109,658.67 has been spent in funding these resources and meeting condition 1. An overspend of £7,654.85 was incurred, however there is no requirement for this to be declared.</p> <p><u>Condition 2:</u></p> <p><i>The Chief Executive and Chief Internal Auditor are required to sign and return to the Contain Outbreak Management Fund Team by 30 June 2022 the following declaration.</i></p> <p><i>"To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the conditions attached to the LOCAL AUTHORITY TEST AND TRACE CONTAIN OUTBREAK MANAGEMENT FUND GRANT DETERMINATION 2021/22: No 31/5518 have been complied with."</i></p> <p>This declaration has been signed and returned.</p> <p><u>Condition 3:</u></p> <p><i>Local authorities will cooperate with monitoring and evaluation of the scheme where requests are made in a reasonable and timely manner by the Department.</i></p> <p>Audit findings confirm that this condition has been met, on the basis that the council has submitted the necessary returns as requested.</p> <p>There is therefore assurance that all grant conditions attached to the Contain Outbreak Management Fund 2021/22 have been complied with and monies have been spent in accordance with this.</p>	
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Audit: Sundry Debtors Audit 2021-22

Introduction: This audit is completed as part of the recovery audit action plan for 2021/22. The debtors balancing statements note an arrears brought forward of £1,669,643.84 from 2020/21, and for the period 01/04/2021 to 31/08/21 receipts of £3,859,084.00. Debtor invoices are raised directly by the services, with adjustments being made through Financial Services. This audit will look to confirm that invoices are raised promptly and accurately; income is correctly accounted, and effective recovery action is taken when required.

Risk identified:	Level of Control:	Overall opinion:	Recommendations:
Legislative & Policy Compliance (LPC) LPC1: Retention of data does not adhere to the Council's retention schedule and therefore the service is in breach of GDPR regulations leading to the possibility of prosecution/fine	Reasonable	<p>A review of records held within the debtor system found that the majority of data is being held for the correct period. There are however some instances where records are being retained for longer than the set period within the corporate retention schedule of 6 years plus the current year.</p> <p>It is also noted that for individual service areas, there is some inconsistency within the retention schedule in terms of the retention periods set for invoice associated activities.</p> <p>The council's GDPR action plan includes an action to review the current corporate retention schedule, and this is overseen by the Information Board. It has therefore been agreed that the findings of this audit will be incorporated into the review.</p>	<u>Agreed Action:</u> The scheduled review of the council's corporate retention schedule to incorporate the findings of the Sundry Debtors Audit 21-22 in relation to data held within the debtor's system. (Responsible Officer – SPOC)
Operational (O) O1: Sundry debts are not raised promptly, accurately and income received is not accurately accounted, resulting in a loss of income/misstatement of accounts.	Reasonable	<p>Invoices were found to have been raised correctly and expected income allocated to the appropriate cost code within the general ledger. Of the invoices tested, 80% had been raised promptly, i.e., within a week of the service being conducted. For the remaining 20%, the delay in raising the invoice ranged from 3 months to 24 months. This was primarily due to resources being limited or having been re-allocated as a result of COVID duties.</p> <p>Adjustments to debtor accounts were found to have been made with sufficient justification and the associated changes to the general ledger had been correctly undertaken. In respect of adjustments where the debt was attributed to a contractually agreed price being reduced e.g., rent reduction during COVID, the appropriate level of authorisation had not been evidenced to Finance prior to the adjustment taking place. A recommendation has therefore been made in this respect [R1].</p> <p>A process is in place whereby payments received for debtor invoices are automatically allocated to the appropriate debtor accounts. Where payments cannot be automatically matched these are placed into a debtors suspense account. Payments in this account are reviewed regularly and are promptly allocated to the correct debtor. The performance of a monthly reconciliation between the debtors system and the general ledger provides assurance that potential misstatements are identified promptly.</p>	<u>Recommendation 1 [R1]:</u> <u>Recommendation priority:</u> Medium <u>Recommendation Details:</u> Appropriate authorisation should be obtained by Finance where adjustments relate to a debt associated with a contractual agreement in place e.g., a service already delivered for an agreed price, a rent reduction etc. The authorisation should be checked against the current 'Authorised Signatory List'. <u>Implementation date:</u> December 2022

			<p><u>Responsible Officer:</u> Accounts Payable and Receivable Officer</p>
<p>Operational (O) O2: Debt is not promptly recovered potentially resulting in a loss of income/misstatement of accounts</p>	Limited	<p>With regards to debt recovery, there is assurance that Financial Services are proactively facilitating the recovery of sundry debt through the issue of invoices, reminders and notifying services of unpaid invoices through monthly debt analysis reports.</p> <p>A sample of outstanding debt noted that some recovery action within service areas had been delayed/ suspended due to the council's response to the Covid-19 pandemic. It is also acknowledged that Financial Services recently conducted a debt review exercise with service areas, this identified a total debt of £8,245 which was written off at year end 2021/22.</p> <p>Therefore, the current level of outstanding debt, as at June 2022, is £2,005,337. 60% of which is noted as being set up to be paid on an instalment basis. The majority of those not being paid by instalment relate to debts associated with Licensing, Revenues & Benefits and Asset Management.</p> <p>Of the total debt currently outstanding, the latest analysis report indicates that £217,934 has been owed for in excess of 1 year; the majority of these debts relating to trade waste (31 accounts) and Licensing (82 accounts). Despite the recent exercise with service areas at year end, this level of debt remains high. It is therefore recommended that a further review of this debt be carried out by service areas to establish recovery action or to write off debts where appropriate to do so. This should include the arrangement of instalments and the suspension of the service where it is continuing to be delivered despite non-payment e.g., trade waste [R2]. Progress against reducing this level of debt should be reported to the appropriate senior management body on a six-monthly basis [R3]. It is acknowledged that service reviews within Licensing and Trade Waste are due to be undertaken and will encompass the process of debt recovery.</p>	<p>Recommendation 2 [R2]:</p> <p><u>Recommendation priority:</u> High</p> <p><u>Recommendation Details:</u> A further review of outstanding debt within each service area should be carried out to establish recovery action or to write off debts where appropriate. Proposed action should be documented against each debt.</p> <p><u>Implementation date:</u> August 2022</p> <p><u>Responsible Officer:</u> Operational Managers</p> <p>Recommendation 3 [R3]:</p> <p><u>Recommendation priority:</u> Medium</p> <p><u>Recommendation Details:</u> Progress against reducing the level of outstanding debt should be reported to the appropriate senior management body on a six-monthly basis.</p> <p><u>Implementation date:</u> November 2022</p> <p><u>Responsible Officer:</u> Finance Manager</p>

Audit: Homelessness Prevention Grant

Introduction: This audit is completed as part of the 2021/2022 audit plan. The Homelessness Prevention Grant scheme notes a set of principles and conditions that must be met. In essence, the grant was provided to the Council to help vulnerable households and those at risk of rough sleeping with rent arrears and so reduce the risk of them being evicted and becoming homeless. The grant monies must be committed by 31 March 2022. There is a requirement within the conditions that the Chief Executive, Section 151 Officer or Chief Internal Auditor must make a declaration, that the grant conditions have been complied with, to the Department for Levelling Up, Housing & Communities (formerly Ministry of Housing Communities and Local Government) by the 6 April 2022 for the Main Grant and 14 April 2022 for the Top Up Grant. As of 17 March 2022, a follow up instruction was received from the Department for Levelling Up, Housing & Communities that the declaration for both grants must be retuned and submitted via an online portal by 14 April 2022.

Risk identified:	Level of Control:	Overall opinion:	Recommendations:
<p>Legislative & Policy Compliance: The grant monies have not been spent in accordance with the following principles, as stated within the Homelessness Prevention Grants of; *Main 33-5546 (£210890) *Top Up 31-5863 (£44219) That there is non-compliance to the grant conditions relating to the Homelessness Prevention Grant Schemes leading to repayment in whole or any part of the grant</p>	Reasonable	<p>In 2021-22 the government awarded Local Authorities with Homelessness Prevention Grants. Tewkesbury Borough Council received a grant allocation of £210,890 and an additional top up grant of £44,219.</p> <p>The core purpose of the grant was to provide the council with the financial ability to help vulnerable households and those at risk of rough sleeping with rent arrears, and to reduce the risk of them being evicted and becoming homeless. In line with the scheme, the grant monies were committed by 31 March 2022, with 25% of the total spend being attributed to directly support homelessness applicants with rental costs. The remaining 75% being attributed to the delivery of the council's statutory duties to prevent homelessness.</p> <p>The grant conditions requiring compliance were as follows.</p> <p>Condition 1</p> <ul style="list-style-type: none"> a) <i>To fully enforce the Homelessness Reduction Act 2017 and contribute to ending rough sleeping by increasing activity to prevent single homelessness.</i> b) <i>Reduce family temporary accommodation numbers through maximising family homelessness prevention and reduce the use of unsuitable B&Bs for families.</i> c) <i>Ensure service financial viability of services by contributing to the costs of statutory duties, including implementing the Homelessness Reduction Act and supporting with the costs of temporary accommodation.</i> <p>Audit findings confirmed that grant condition 1 has been met and that Housing Services are fulfilling the duty of homelessness prevention requirements.</p> <p>In some homelessness cases sampled, pre-requisite documentation was not always available within the Housing Services Locata database. To ensure the process is consistently documented, a recommendation has been made to ensure all applicant evidence is accurately recorded. The importance of consistent documentation being recorded ensures compliance with the Housing Reduction Act 2017 (for example providing Personal Housing Plans to all applicants) and to ensure that there is constant service for the applicant (for example if a Housing Officer is off on holiday or sickness absence, having all the documents</p>	<p><u>Recommendation 1 [R1]</u></p> <p><u>Recommendation priority:</u> Medium</p> <p><u>Recommendation Details:</u></p> <p>A clear audit trail is required in respect of records/case reference numbers contained in Locata and Creditors in respect of Homeless Prevention cases. Sample checking should be regularly conducted by the Housing Manager. This check should include that there has been accurate completion (including signatures and dates) of:-</p> <ul style="list-style-type: none"> a) Rent deposit/rent in advance agreements for all individuals b) Personal housing plans c) Homeless prevention duty letters d) The retention of supporting documents in respect of the rent agreements <p><u>Agreed implementation date:</u> November 2022</p> <p><u>Responsible Officer:</u> Housing Services Manager</p>

		<p>and letters stored on Locata will ensure that any Officer can assist). This will also enable accurate financial reconciliations to take place as documentation (such as rental agreements, purchase orders and rent advances) can be easily traced from the finance system back to the housing system [R1].</p> <p><u>Condition 2</u></p> <p><i>The Chief Executive, Section 151 officer or Chief Internal Auditor were required to sign and return to the Ministry of Housing Communities and Local Government, a declaration confirming compliance by 14 April 2022.</i></p> <p>This was completed and submitted by The Chief Executive on 13 April 2022.</p> <p><u>Condition 3 & 4</u></p> <p><i>The authority agrees to produce and agree a B&B elimination plan with at any time during the funding period should they have more than 5 families in B&B accommodation for longer than 6 weeks and should they be requested to do so.</i></p> <p>Tewkesbury Borough Council did not have any families residing in B&B accommodation for longer than 6 weeks and therefore does not have a B&B elimination plan in place in accordance with the 2021-22 period.</p> <p>To summarise, the conditions attached to the 2021/22 homelessness prevention grant have been complied with and monies have been spent in accordance with this.</p> <p>In respect of the projected 2022/23 Homelessness Prevention grant funding of circa £210,000; this will be subject to a formal report, submitted to the Executive Committee along with an associated project/action plan prior to any grant monies being spent.</p>	
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Audit: Complaints

Introduction: This audit is completed as part of the 2022/2023 audit plan. The council has a Complaints policy, where there is a requirement for data in relation to Complaints to be collated and reported, including the capturing of any lessons learnt. Where relevant, the council will acknowledge faults, explain what went wrong, what will be done to prevent it happening again and if appropriate will provide a remedy in the form of a specific action. All lessons learnt should be considered and implemented by the appropriate service area. An annual report of complaints is presented to the Council's Overview and Scrutiny (O&S) Committee. It was verbally reported to this committee, that the intention would be to use internal audit as independent assurance that lessons learnt had actually been implemented. Days would be allocated in each audit plan to accommodate this work. The report to O&S Committee in October 2021 confirmed that for 2020/21, there had been a total of 144 complaints received. 59 of these were justified and 43 were partially justified.

Risk identified:	Level of Control:	Overall opinion:	Recommendations:
<p>Operational: If lessons learnt have not been implemented this contributes to the failure of customer related improvements and customer expectations and fails to potentially mitigate the receipt of future complaints.</p>	Reasonable	<p>The council has an approved Complaints Policy, where there is a requirement for data in relation to complaints to be collated and reported, including where relevant the recording of any lessons learnt.</p> <p>Customer complaints are managed within the Council's digital platform, Liberty Create, where all information is held within one database and is fully automated. The complaints framework is overseen by the corporate team and complaints are allocated by Customer Services.</p> <p>Complaints are allocated to the appropriate Operational Manager who is responsible for acknowledging the complaint with the customer and providing a response. This is tracked and recorded within the Liberty Create portal.</p> <p>In respect of any lessons learnt from complaints, audit testing considered the following:</p> <ul style="list-style-type: none"> - Are lessons learnt being identified and implemented? - Where the council is at fault, is this being acknowledged to the customer? - Does the customer receive an apology? - Is it being explained to the customer what went wrong? - Is the customer being notified of what will be done to prevent the issue happening again? - Are appropriate remedies being put in place? <p>Audit testing confirmed that the overall majority of lessons learnt have been implemented and actions put into place accordingly. From those tested, just one complaint had not had a lesson learnt implemented and this was due to an administration error. The outcome should have been recorded as 'none', as no lesson learnt was due, given that the reply provided to the customer was sufficient. This related to a customer who had complained due to the fact that they could not be issued with a new bin lid to do DIY repairs to their bin. In their response they had been notified that due to the national standards that would need to be adhered to, it was not something that the council would be able to support at the current time.</p>	<p><u>Recommendation 1 [R1]</u></p> <p><u>Recommendation priority:</u> Medium</p> <p><u>Recommendation Details</u></p> <p>To ensure a complete record of each complaint is held within the Liberty Create Portal, Operational Managers should be required to record any evidence relating to lessons learnt within the system.</p> <p>Where a lesson learnt has not been implemented, a note should be placed on the complaint file explaining the reason for this.</p> <p><u>Implementation date:</u> December 2022</p> <p><u>Responsible Officer:</u> Corporate Services Officer in conjunction with Operational Managers</p>

		<p>In all cases sampled, the fault had been acknowledged and an apology given to the customer.</p> <p>When explaining to the customer 'what went wrong' and had the customer been notified of the actions taken to prevent the issue from happening again, the majority of responses met the requirements. Where these statements were not adhered to is because the Operational Manager had either directly spoken with the customer to seek clarity that the matter had been resolved, or it had not been applicable due to the nature of the incident that led to the complaint. For example, regarding the delayed delivery of a garden waste bin, the customer had been telephoned to explain the reasons for this and to advise when delivery would be expected.</p> <p>In the majority of the cases sampled, the lessons learnt were considered to be fairly stated and appropriate. Whilst in some cases, although successful outcomes were still delivered, a more appropriate lessons learnt type could have been selected within the system to better reflect the actions taken. For example, a complaint relating to the post handling process and the return of original documents had a lesson learnt of 'better communication', whereas the error had been due to the increase in external mail and subsequently the process had been reviewed and the necessary changes applied. Therefore, a lesson learnt of 'review/ update system or process' would have been more appropriate.</p> <p>In carrying out the audit testing, Operational Managers were contacted to seek documentary evidence in relation to the lessons learnt held within their service area. It is recommended that for all future complaints this documentation is saved centrally with the complaint record within the Liberty Create Portal [R1].</p> <p>In summary there are reasonable assurances that lessons learnt are being discussed and implemented accordingly, and that in the majority of cases, the most applicable lesson learnt is being selected. Where a lesson learnt has not been applied there is sufficient justification as to why this was not required.</p>	
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Follow-ups				
Outstanding audit recommendations- implemented				
Service and Responsible Officer(s)	Audit & Recommendation:	Rec. Rating	Expected Implementation date:	Findings
Service: Corporate Services- Corporate Services Team Responsible Officer(s): Head of Corporate Services in conjunction with Corporate Services Manager	Audit Title: Project Management Framework Audit 2018-19 Recommendations. An annual review of service plans should be carried out in order to ensure all potential projects are identified and horizon forms should be completed in all cases	Low	Mar-22	A review of 2022/23 service plans has been undertaken and potential projects noted. These will be discussed with relevant managers and where relevant brought forward as horizon projects.

Outstanding Recommendations –not implemented with revised target dates/

Service and Responsible Officer(s)	Audit & Recommendation:	Rec. Rating	Expected Implementation date:	Findings	New implementation date
Service: Financial & Asset Management Services – Counter Fraud Unit Responsible Officer(s): Head of Counter Fraud and Enforcement Unit	Audit Title: Risk Management Audit 2019-20 Recommendations. An operational fraud risk register should be developed; to include consideration of risks in relation to serious and organised crime.	Medium	Mar-22	Recommendation status: <i>Not Implemented</i> Summary: This recommendation has not yet been completed and a fresh implementation date has been agreed for December 2022. Non-implementation is due to the resources of the CFEU being deployed to support such work as business grant assurance.	Dec 2022

Recommendations Rating

Priority:		Definition:
1	High	A fundamental weakness in the system that puts the Authority at risk. This might include non-compliance with legislation or council policy, or may result in major risk of loss or damage to council assets, information or reputation. Requires action as a matter of urgency; to be addressed within a 3-6 month timeframe wherever possible or within an extended time frame as agreed with Internal Audit if the recommendation requires extensive resources or time.
2	Medium	Observations refer mainly to issues that have an important effect on the system of internal control but do not require immediate action. Legislation or policy are unlikely to be breached as a consequence of these issues, although could cause limited loss of assets, information or adverse publicity or embarrassment. Internal audit suggest improvement to system design to minimise risk and/or improve efficiency of service. To be resolved within a 6-9 month timescale.
3	Low	Observations refer to issues that would if corrected, improve internal control in general and ensure good practice, but are not vital to the overall system of internal control. A desirable improvement to the system, to be introduced within a 9-12 month period.

Level of control

Level of control:	Definition:	Guidance:
Substantial	Substantial assurance- A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	No audit recommendations or no more than 3 low priority (3) recommendations.
Reasonable	Reasonable assurance- There is generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	No more than 2 medium priority (2) recommendations, possibly with some low (3) recommendations.
Limited	Limited assurance- Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Between 1 and 3 high priority (1) and possibly several other priority recommendations OR 3 or more medium (2) recommendations.
No Assurance	No Assurance- Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	4 or more Priority 1s OR 6 or more medium priority (2) recommendations.