C M A P central midlands audit partnership

Derby City Council -**Audit Progress Report**

Audit & Governance Committee: 22nd March 2023





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Our Vision

To bring about improvements in the control, governance and risk management arrangements of our Partners by providing cost effective, high quality internal audit services.

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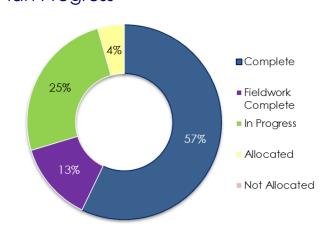
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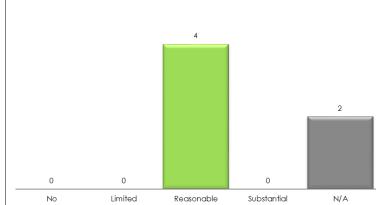
AUDIT DASHBOARD

Plan Progress



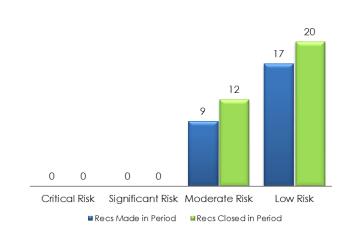
Jobs Completed in Period

Control Assurance Ratings During Period



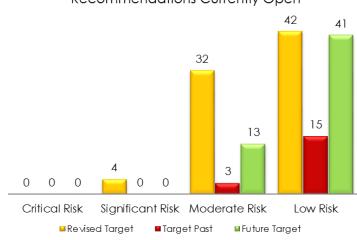
Recommendations

Movement During Period



Recommendations

Recommendations Currently Open



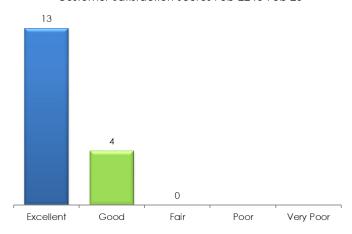
Recommendations

Overdue Recommendations



Customer Satisfaction

Customer Satisfaction Scores Feb 22 to Feb 23



AUDIT PLAN

Progress on 2022/23 Audit Assignments

The following table provide Audit and Governance Committee with information on how ongoing audit assignments were progressing as at 8th March 2023.

2022-23 Jobs	Status	% Complete	Assurance Rating
Chief Executive - Policy, Insight & Communications			ŭ
Organisational Performance Management 2022-23	Draft Report	95%	
Strategic Communications	Final Report	100%	Reasonable
Transparency Code	Draft Report	95%	
People Services			
Shared Lives 2022-23	Final Report	100%	Reasonable
Home Care 2022-23	Final Report	100%	Reasonable
Hospital to Home - Protection of Property	Final Report	100%	N/A
Whistleblowing - Learning, Inclusion and Skills	In Progress	70%	
Element 3 Funding	Allocated	0%	
Fostering Services	Final Report	100%	Reasonable
Youth Offending Services	In Progress	30%	
D2N2 Children's Homes Contract	Draft Report	95%	
National Drugs Strategy	Draft Report	95%	
Individuals & Families in Need	Final Report	100%	N/A
Adult Social Care Reforms	In Progress	50%	
iPad Investigation	Final Report	100%	N/A
Corporate Resources		100%	,, .
Grant Certifications 2022-23	In Progress	70%	
Revenue Collection Contract Management (inc Lot 1)	Final Report	100%	Reasonable
FMS Data Migration 2022-23	In Progress	20%	rtodooridalio
Revenue Collection Contract (Lot 3 - Sundry Debts)	Allocated	10%	
Procurement Cards 2022-23	In Progress	60%	
Cash Handling 2022-23	Allocated	10%	
Key Financial Controls 2022-23	In Progress	25%	
Pre-Employment Checks	Final Report	100%	Limited
Payroll Fraud - Advice on Processes	Complete	100%	N/A
Contract Management Project	In Progress	90%	. ,,, ,
Declarations of Interest - Staff and Members	Final Report	100%	Reasonable
Contract Management - Data Analytics Follow-Up	Complete	100%	N/A
Procurement - Off-Contract Spend	Allocated	5%	. ,,, .
Property Design & Maintenance	Final Report	100%	Substantial
IT Key Controls 2022-23	Final Report	100%	N/A
Management of Information in a Remote Environment	In Progress	65%	14/71
Records Management 2022-23	Cancelled	N/A	
Project Management Office - Development Group	In Progress	80%	
PCI Compliance 2022-23	In Progress	60%	
Governance Weaknesses - Fact Finding	Complete	100%	N/A
Unitary & Single Tier Authorities Risk - Fact Finding	Complete	100%	N/A
Communities & Place			
Catering - Stocks & Stores	Draft Report	95%	
Derby's Cultural Offer	Final Report	100%	N/A
Building Consultancy	Fieldwork Complete	90%	10/1

Cash Seizure - POCA	Final Report	100%	N/A
Streetpride HGV Driver Resources	Final Report	100%	Reasonable
Trading Standards Complaint	In Progress	40%	
Trading Standards Complaint - Review of Statements	In Progress	75%	
Climate Change 2022-23	In Progress	40%	
Grounds Maintenance 2022-23	In Progress	60%	
General Licensing 2022-23	In Progress	50%	
Street Cleansing 2022-23	In Progress	15%	
Revenue Collection Contract (Lot 2 - Parking)	Fieldwork Complete	90%	
Street Lighting PFI 2022-23	In Progress	70%	
Ascend Programme	Final Report	100%	Reasonable
Right to Buy 2022-23	Draft Report	95%	
Long Term Waste Management Project	In Progress	95%	
Anti-Fraud & Corruption			
Counter Fraud and Corruption Framework	In Progress	65%	
Management of Fraud and Corruption Risks	Complete	100%	N/A
Schools			
Schools SFVS (25 Schools self-assessment)	In Progress	45%	
Schools SFVS (15 School visits planned) (1 Substantial, 7 Reasonable, 4 Limited)	In Progress	80%	

B/Fwd Jobs	Status	% Complete	Assurance Rating
People Services			
Care Act 2014	Final Report	100%	Reasonable
Safeguarding & Domestic Abuse	Final Report	100%	Substantial
Housing Framework for 16 & 17 Year Olds	Final Report	100%	N/A
Special Educational Needs and/or Disabilities	Final Report	100%	Limited
Corporate Resources			
Financial Management System Project	Final Report	100%	Substantial
CIPFA Financial Management Code	Complete	100%	N/A
Key Financial Controls 2021-22	Final Report	100%	N/A
Health & Safety 2021-22	In Progress	50%	
SIRO/Information Governance	Final Report	100%	Substantial
Digital By Default Project - Household Support Fund	Final Report	100%	Limited
Communities & Place			
Leisure Centres	Final Report	100%	Reasonable
Darley Fields - Building Security	Final Report	100%	N/A
Food Safety	Draft Report	95%	
Community Safety	Final Report	100%	Reasonable
Land Drainage & Flood Control	Final Report	100%	Reasonable
Climate Change - Roadside Air Quality	Draft Report	95%	
Transforming Cities /Mobility Programme	Final Report	100%	Reasonable
Parking Permits 2021-22	Final Report	100%	Reasonable
Economic Recovery 2021-22	Final Report	100%	Substantial
Planning Complaint - Pastures Hill	Final Report	100%	N/A
Business Continuity - In Light of Covid 19	Final Report	100%	Reasonable
Schools			
Schools SFVS Self Assessment 2021-22	Final Report	100%	Reasonable

AUDIT COVERAGE

Completed Audit Assignments

Between 12th January 2023 and 8th March 2023, the following audit assignments have been finalised since the last Progress Report was presented to this Committee (25th January 2023).

	Assurance	Recommendations Made				% Recs
Audit Assignments Completed in Period	Rating	Critical Risk	Significant Risk	Moderate Risk	Low Risk	Closed
Strategic Communications	Reasonable			1	2	33%
Shared Lives 2022-23	Reasonable			2	2	
IT Key Controls 2022-23	N/A			5	4	67%
Ascend Programme	Reasonable				6	
Streetpride HGV Driver Resources	Reasonable			1	3	
Derby's Cultural Offer	N/A					n/a

The opinions provided within the audits detailed below have been derived from risk-based audit work and as such, can only provide assurance relating to the specific areas within each objective inspected. These opinions do not imply that Internal Audit have reviewed all risks, controls and governance arrangements relating to this area. Likewise, full implementation of all agreed actions is essential if the benefits of the control improvements detailed in this audit report are to be realised. No system of control can provide absolute assurance against material misstatement or loss, nor can Internal Audit give absolute assurance.

Strategic Communications	No No	Assurance R		Substantial
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Robust controls and processes are in place to support the Councils channels of communication, both internal and external.	17	13	3	1
TOTALS	17	13	3	1
Summary of Weakness	1	Risk Rating	Agreed A	Action Date
The Council had not finalised and had not published its Communications a Strategy 2020/21 to 2022/23.	and Marketing	Low Risk	30/0	6/2023
The LGA Peer Review recommendation relating to responding to resident social media had not been progressed.	s enquiries on	Low Risk	27/0	3/2023
Significant spend has been identified with a supplier with no formal contract	ct in place.	Moderate Risk	Risk A	ccepted

Shared Lives 2022-23	No	Assurance F		Substantial
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Information held relating to Carers is complete and accurate to enable appropriate matching to customer needs.	10	7	3	0
Contributions from customers towards funding their care package are properly accounted for and carer performance is monitored, with training and development needs being identified.	7	6	1	0
TOTALS	17	13	4	0
Summary of Weakness		Risk Rating	Agreed A	Action Date
Required Health and Safety checks and Insurance documents were not fu all carers with approximately 54% of carers at the time of audit having an odcument.		Low Risk	28/0	2/2023
At least one training course required by the Council had not been complete refreshed by 92% of Shared Lives carers at the time of audit.	Moderate Risk	28/0	2/2023	
Access to the Shared Lives folder on the S: drive had not been adequately resulting in personal and sensitive information being accessible to unauthor		Moderate Risk	Imple	mented
Customer debt for care payments was not being actively pursued.		Low Risk	31/0	3/2023

IT Key Controls 2022-23

Assurance Rating: N/A

We performed a high-level IT key controls review of the derbyad.net domain, to coincide with the bi-annual password vulnerability testing of all administrative accounts, as agreed with the Council's IT department.

Summary of Weakness	Risk Rating	Agreed Action Date
An April 2022 password audit of administrative accounts in the derbyad.net domain found	Moderate Risk	31/07/2022
17 accounts had weak passwords, of which 9 were enabled accounts.		Implemented
A number of servers in the derbyad.net domain were operating unsupported, end-of-life	Moderate Risk	31/12/2022
versions of Windows, and were therefore not receiving monthly cumulative updates to		Being Implemented
address newly discovered vulnerabilities.		31/03/2023
Personal and sensitive information had been stored on all user accessible file shares on a	Moderate Risk	30/06/2022
number of application servers in the derbyad.net domain.		Implemented
There was significant variation in the versions of applications installed on the Council's	Moderate Risk	30/06/2022
server population, possibly indicating examples of 'Shadow IT', or at least gaps in centrally		Implemented
managed patching policies.		
The Control Up Agent was not installed on all production servers, which may impact	Low Risk	31/07/2022
effective infrastructure monitoring processes.		Implemented
The LAPS solution (Local Administrator Password Solution) was not protecting 78 servers	Low Risk	31/07/2022
in the derbyad.net domain.		Implemented
Not all access to the domain remote desktop users group could be justified, exposing the	Low Risk	30/06/2022
domain controllers to unauthorised access risks.		Implemented
Personal and sensitive data was being stored on all user accessible shared/public file	Moderate Risk	31/12/2022
shares, breaching data protection principles.		Being Implemented

		31/05/2023
The naming conventions of groups added to the access control lists for sensitive file	Low Risk	31/03/2024
shares did not align with best practice.		Future Action

Ascend Programme	So Limi	ssurance R		Substantial
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Appropriate arrangements are in place to administer and monitor the ASCEND (business growth) programme	9	5	4	0
Robust checks and procedures have been established and are being undertaken as part of the application approval process	13	10	3	0
TOTALS	22	15	7	0
Summary of Weakness		Risk Rating	Agreed	Action Date
The ToR for the Ascend Programme Selection Panel was not dated and d timeframe for review.	id not include a	Low Risk		3/2023
Declarations of Interest had not been made at the commencement of Sele meetings and a register of declarations had not been established, as requ Terms of Reference (ToR).		Low Risk	31/0	3/2023
A claim submitted by a Business Advisor had not been recorded in the Ascend Project Contract Monitoring tracker, used to ensure agreed amounts are not exceeded.		Low Risk	31/0	3/2023
The initial assessment of applications to the Ascend Programme, to check they met the eligibility criteria, was not being formally recorded.		Low Risk	31/0	3/2023
A grant funding agreement had not been signed and dated by both parties			31/0	3/2023
Grant awards for Business Advisor Support had not been approved, follow Selection Panel meeting.		Low Risk	31/0	3/2023

Streetpride HGV Driver Resources	Assurance Rating		etantial Substantial	
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Appropriate actions are being taken and controls are in place to recruit and retain HGV drivers.	10	5	3	2
TOTALS	10	5	3	2

Summary of Weakness	Risk Rating	Agreed Action Date
A Service Prioritisation Plan, as recorded in the risk register, could not be provided to	Moderate Risk	01/04/2023
Internal Audit. In its place a Priority Services Breakdown list was supplied.		
Social media was not always used to advertise and promote the jobs which involved HGV	Low Risk	06/08/2023
driving responsibilities.		
The use of positive reviews from long standing employees was not being used to promote	Low Risk	01/06/2023
job opportunities at the depot.		
Job adverts did not always present the benefits of working at the Council in a visually	Low Risk	06/08/2023
friendly way or include key benefits that may prove attractive to potential candidates.		

Derby's Cultural Offer

Assurance Rating: N/A

We worked in consultation with the Deputy Bid Director Derby City of Culture and conducted a review of the governance framework in place for the Culture Derby Partnership.

Potential Risk Mitigating Action If the governance arrangements for Culture Derby are not properly We would suggest that the document designed a

developed there is a risk to managing and achieving the aims and ambitions of the partnership. We have therefore suggested the working tool is formally accepted and progress in its use is also followed up.

We would suggest that the document designed as a working tool is endorsed by the Partnership Board to help ensure all partners accept and work in collaboration to implement a robust governance framework.

RECOMMENDATION TRACKING (as at 8th March 2023)

Final	Audit Assignments with Open	Assurance	Recommendations Open			
Report	Recommendations	Rating	Action Due	Being	Future	
Date		9	7 totion Buo	Implemented	Action	
Chief Exeed		D			0	
27-Jan-23	Strategic Communications	Reasonable			2	
Peoples						
07-Jul-22	Special Educational Needs and/or Disabilities	Limited	I	4	3	
20-Oct-21	Carelink	Limited		3		
27-Nov-19	Deprivation of Liberty	Limited		1		
07-Dec-22	Home Care 2022-23	Reasonable	_		6	
09-Feb-23	Shared Lives 2022-23	Reasonable	3		1	
16-Aug-22	Fostering Services	Reasonable		1	1	
18-Jan-22	Payments for Children's Social Care 2021-22	Reasonable		5		
07-Jul-22	Care Act 2014	Reasonable			12	
11-Jan-23	Hospital to Home - Protection of Property	N/A			1	
11-Oct-22	Individuals & Families in Need	N/A			1	
Corporate F						
19-Oct-22	Pre-Employment Checks	Limited		12		
16-Aug-22	Digital By Default Project - Household Support Fund	Limited		3	2	
15-Apr-19	Public Utilities Management	Limited		1		
23-Nov-22	Revenue Collection Contract Management	Reasonable		2		
11-Jan-23	Declarations of Interest - Staff and Members	Reasonable			4	
17-Jan-22	Digital Workforce - Windows 10 Build	Reasonable		2		
30-Mar-21	Controlled Use of Administrative Privileges	Reasonable		5		
31-Mar-22	Boundary Defence	Reasonable	1	6		
22-Apr-21	Microsoft 365 Security	Reasonable		1		
31-Mar-21	People Management	Reasonable		1		
20-Feb-20	Domain Accounts	Reasonable		1		
04-Oct-21	Corporate Resources - Risk Management	Reasonable	4	2		
24-Apr-19	Document Management & Network Printing	Reasonable		1		
09-Mar-20	Welfare Reform Reserve	Substantial	2			
05-Dec-22	Property Design & Maintenance	Substantial		1	2	
05-Apr-22	SIRO/Information Governance	Substantial	1			
04-Nov-21	Insurance 2020-21	Substantial		1		
07-Feb-22	Payment Systems - In Light of Covid 19	Substantial			1	
22-Sep-20	Creditors - Follow Up	Substantial		1		
09-Apr-20	Taxation	Substantial		1		
16-Aug-22		N/A		2	1	
16-Aug-21	Domain Password Security 2021-22	N/A		1		
29-Oct-21	Leaver Data Matching	N/A		1		
30-Mar-21	Domain Password Security	N/A		1		
Communitie						
13-Jul-20	Bus Station - Processes & Procedures	Limited		3		
16-Jan-20	Bereavement Services	Limited		1		
14-Jun-21	Derby Arena Car Parks	Limited		4		
26-Jan-23	Ascend Programme	Reasonable			6	
13-Feb-23	Streetpride HGV Driver Resources	Reasonable			4	
06-May-22	Parking Permits 2021-22	Reasonable		2	7	
08-Sep-22	Land Drainage & Flood Control	Reasonable	2	_	1	
05-Jan-23	Community Safety	Reasonable			5	
13-Jul-22	Business Continuity - In Light of Covid 19	Reasonable	4		J	
19-Apr-21	Neighbourhood Boards	Reasonable	4	2		
	_	Reasonable		2		
30-Sep-20	Strategic Housing - Disabled Facilities Grants					
13-Feb-19	Bus Station Recharges	Reasonable		1	1	
13-Jan-23	Economic Recovery 21-22	Substantial				

Final	Audit Assignments with Open	Assurance	Recommendations Open			
Report Date	Recommendations	Rating	Action Due	Being Implemented	Future Action	
29-Nov-21	Strategic Housing	Substantial		1		
10-Oct-19	CCTV - Access Control - Public Protection	N/A		1		
		Totals	18	77	54	

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 have not followed the matter up.

Audit Assignments with Decommendations	A	ction Due		Being Implemented		
Audit Assignments with Recommendations Due	Significant Risk	Moderate Risk	Low Risk	Significant Risk	Moderate Risk	Low Risk
Peoples	KISK	KISK	KISK	KISK	KISK	KISK
Special Educational Needs and/or Disabilities		1			1	3
Carelink					1	2
Deprivation of Liberty					1	_
Shared Lives 2022-23		2	1			
Fostering Services		_			1	
Payments for Children's Social Care 2021-22					3	2
Corporate Resources				I .		_
Pre-Employment Checks					4	8
Digital By Default Project - Household Support					1	2
Public Utilities Management						1
Revenue Collection Contract Management					2	·
Digital Workforce - Windows 10 Build					_	2
Controlled Use of Administrative Privileges					2	3
Boundary Defence			1		2	4
Microsoft 365 Security			·		_	1
People Management					1	
Domain Accounts						1
Corporate Resources - Risk Management			4			2
Document Management & Network Printing						1
Welfare Reform Reserve			2			
Property Design & Maintenance			_			1
SIRO/Information Governance			1			·
Insurance 2020-21			·			1
Creditors - Follow Up						1
Taxation						1
IT Key Controls 2022-23					2	
Domain Password Security 2021-22					1	
Leaver Data Matching					1	
Domain Password Security					1	
Communities & Place						
Bus Station - Processes & Procedures				2	1	
Bereavement Services				1		
Derby Arena Car Parks					3	1
Parking Permits 2021-22					1	1
Land Drainage & Flood Control			2			
Business Continuity - In Light of Covid 19			4			
Neighbourhood Boards				1	1	

Audit Assignments with Recommendations	A	ction Due		Being Implemented		
Due	Significant Risk	Moderate Risk	Low Risk	Significant Risk	Moderate Risk	Low Risk
Strategic Housing - Disabled Facilities Grants					1	1
Bus Station Recharges						1
Strategic Housing						1
CCTV - Access Control - Public Protection					1	
		3	15	4	32	41

It is the responsibility of the Head of Internal Audit to bring to this Committee's attention any recommendations where management actions have not been effectively implemented within a reasonable timeframe. It is suggested that the following timescales are introduced.

- Critical Risk and Significant Risk recommendations where management's original action date is exceeded by over 3 months.
- Moderate Risk recommendations where management's original action date is exceeded by over 6 months.
- Low Risk recommendations where management's original action date is exceeded by over 12 months.

		Moder	ate Risl	<		Signific	ant Risk	
Recommendations To Highlight to Committee	3 Months	3 - 6 Months	6 - 12 Months	12 Months >	3 Months	3 - 6 Months	6 - 12 Months	12 Months >
Peoples								
Special Educational Needs and/or Disabilities	1	1						
Carelink				1				
Deprivation of Liberty				1				
Shared Lives 2022-23	2							
Fostering Services	1							
Payments for Children's Social Care 2021-22		1	2					
Corporate Resources								
Pre-Employment Checks	1	3						
Digital By Default Project - Household Support	1							
Revenue Collection Contract Management	2							
Controlled Use of Administrative Privileges				2				
Boundary Defence			2					
People Management				1				
IT Key Controls 2022-23	2							
Domain Password Security 2021-22			1					
Leaver Data Matching				1				
Domain Password Security				1				
Community & Place								
Bus Station - Processes & Procedures				1				2
Bereavement Services								1
Derby Arena Car Parks			3					
Parking Permits 2021-22			1					
Neighbourhood Boards			1					1
Strategic Housing - Disabled Facilities Grants				1				
CCTV - Access Control - Public Protection				1				
	10	5	10	10				4

Highlighted Recommendations

The following update is provided for the Committee's information.

Significant Risk Recommendations (> 3 Months Overdue)

The four significant risk recommendations that are more than 3 months overdue for implementation that have been reported through to this Committee on a number of occasions are still open. At the January meeting of this Committee, Members asked that the relevant officers be invited to the March Committee meeting to provide a verbal update on the situation regarding implementation of the agreed actions. These recommendations are:

- Bus Station Processes & Procedures audit 2 significant recommendations (first reported to Committee on 27th January 2021)
- Bereavement Services audit 1 significant recommendation (first reported to Committee on 29th July 2020)
- Neighbourhood Boards audit 1 significant recommendation (first reported to Committee on 3rd November 2021)

Moderate Risk Recommendations (> 6 Months Overdue)

There are currently 35 moderate risk recommendations that are overdue for implementation. Twenty of these exceed the original action date by 6 months. The table below outlines the current state on these 20 recommendations. The Chair and the Head of Internal Audit will advise the Committee at the meeting on any actions that need to be taken in respect of these recommendations.

Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
Deprivation of Liberty	1	01/10/2020	31/03/2023	This audit recommendation was concerned with there being no policy that detailed the roles and responsibilities of the Council and other relevant parties during the deprivation of liberty process. The progress in implementing the required actions has been slower than anticipated due to staff shortages, other priorities and delays in the publication of the Liberty Protection Safeguards (LPS) Code of Practice by the Department of Health and Social Care. Until the full code of practice is published it will not be possible to release an updated Mental Care Act and LPS policy. The consultation on the draft Code ended in June 2022. In the meantime, it is proposed that some light touch amendments will be made to existing documentation. This will not be a
				policy though, it will be practice guidance.
Carelink	1	31/12/2021	30/11/2022	There was no formally documented action plan to help the Carelink service area implement the recommendations made by the external assessor, which in turn would help prepare for the Council's reassessment against the quality standards framework. The Telecare Services Authority (TSA) Accreditation Gap Analysis and work to meet standards cannot progress at present due to staff resource issues.
Controlled Use of Administrative Privileges	2	30/06/2021 8 31/08/2021	30/04/2023	One recommendation concerned the lack of dedicated administrative accounts within ICT.
				The second recommendation concerned the ineffective process for inventorying and verifying all administrative accounts and privileges across the Council's network
				network Both recommendations are being

Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
				addressed as part of an overarching cyber security improvement project, which will address a number of Internal Audit and Public Services Network (PSN) audit flagged issues. The pilot and detailed design is in progress and due to be delivered by early April; followed by the live roll out. For the purposes of these actions, we should have enough to be able to close them by end of April 2023.
People Management	1	31/10/2021	31/03/2023	We found that it was not routine for the Council's HR policies and procedures to have been regularly reviewed and updated within a maximum of a three-year period, in line with best practice. There has been delay due to reduced resource capacity and other priorities. All policies will be on a plan of review, and the relevant timelines for each review will be identified in the plan. Commitment is in place that all new/reviewed policies will have a version control table, and this can already be seen in action in the Attendance Management Policy.
Leaver Data Matching	1	31/12/2021	31/03/2023	User accounts were not disabled when officers left employment with the Council. Implementation of the actions to meet both recommendations was expected to have been completed by the end of June 2022. However, the go live of the process which will also address these recommendations has been put on hold whilst issues raised by Information Governance are decided on.
Domain Password Security	1	31/10/2021	31/05/2023	A number of misconfigurations were noted with the overall management of service accounts within the domain. A list has been completed as well as the preparation work, but now ICT team's priority is focused on Public Services Network (PSN) activity and the implementation of Privilege Access Management (PAM). This is a highly manual task, so ICT are going to look at the possibility of some automation scripts. This is pushing back the date for implementation of the recommended action.

				-
Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
Bus Station - Processes & Procedures	1	31/08/2020	31/03/2023	See comments on page 13 in relation to the update on the Bus Station Audit.
Neighbourhood Boards	1	31/03/2022	01/05/2023	There was no record of instances where Neighbourhood Managers had provided advice regarding a possible application and that application had not then been made. Committee were updated on this issue at the January 2023 meeting. Audit are awaiting further evidence to support the claimed implementation.
Strategic Housing - Disabled Facilities Grants (DFG)	1	01/11/2021	01/04/2024	There was an inadequate system in place for generating management information which had also resulted in maintaining a duplicate record in the format of a Microsoft Excel spreadsheet.
				Replacement of the Civica APP system is still in tendering process. Current systems have been reviewed to reduce duplication as far as possible but both Civica APP and the spreadsheet are currently still needed as they perform different functions for managing the DFG process
CCTV - Access Control - Public Protection	1	31/10/2019	31/12/2020	This recommendation covers the responsibility for the back-up of servers on which the CCTV images are being stored on. We are still requiring further information on the actions taken to implement it.
				At its meeting on 5th October, Committee decided to "call in" this audit so that a verbal update could be provided by officers. Supporting evidence regarding progress with the action is awaited.
Payments for Children's Social Care 2021-22	2	04/04/2022	03/04/2023	The two moderate risk recommendation were made to address the findings that:
		31/07/2022		There was no overarching strategic document in place that clearly detailed the Council's policy on how it defined and administered the social care sundry payments made to Looked After Children and Children in Need.
				The details provided by the social worker to explain the reason for requesting financial assistance and the team manager as justification for approval, were not always clearly

Audit Review	No of	Original	Revised	Reason for Delay
Audii keview	Recs	Action	Date	Reason for Delay
	overdue			
				explained and properly input to the Request and Decision forms designed in Liquid Logic. Management had commenced a review of the Finance Assistance Policy and was due to hold a series of workshops in July 2022 with operational services and commissioning to look at the issues around consistency of payments and policies around "Looked After Children". The implementation of the first recommendation is dependent on affordability, the review so far has identified it is too costly to ensure sundry payments are updated and made consistent which is the entire purpose of the policy. The situation will be reviewed again in April 2023. Regarding the second recommendation, this is in place as part of Council wide budget management controls. There are ongoing monthly budget meetings between Heads of Service and Finance partners and the Liquid Logic system (LCS) is able to provide a breakdown of spend per cost centre and per team, individual worker.
Boundary Defence	2	30/06/2022 & 31/07/2022	31/03/2023 & 31/05/2023	 The two moderate risk recommendation were made to address the findings that: We found that generic default accounts with administrative access to the edge firewalls were not protected by minimum password length, maximum failed login or maximum password age settings. There was no formal schedule in place to review boundary firewall rule bases at set intervals, such as biannually. In respect of admin passwords, certain restrictions have been implemented to check better quality and increased length of time. Depending on what can be done further, IT may need to accept the risk.
Domain Password Security 2021-22	1	31/03/2022	30/09/2023	We found that administrative privileges were being granted directly to user accounts, as opposed to the best practice of assigning privileges to role

Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
				groups. Indirectly this can be picked up with the Privilege Access Management (PAM) project. This would be something that would be picked up after the roll out of the pilot but would need to be scheduled according to priority with other tasks within this project. IT are aiming for the completion of the roll out of PAM to be 30th September following pilot due to be delivered in early April.
Derby Arena Car Parks	3	30/06/2022	31/03/2023	 The three moderate risk recommendation were made to address the findings that: There was no formal contract /agreement in place between the Council and the Park & Ride bus service operator. The letter of terms in place was not being adhered to and had no provision for insurance requirements. There was no reconciliation of ticket information to verify the fixed fee payment being requested from the Council for tickets being issued. There was no provision to conduct a value for money assessment of the Park & Ride bus service, due to the lack of a fees & charges schedule being in place.
Parking Permits 2021-22	1	01/07/2022	30/06/2023	Two-factor authentication was not available on the MiPermit system. Indirectly this can be picked up with the Privilege Access Management (PAM) project. This would be something that would be picked up after the roll out of the pilot but would need to be scheduled according to priority with other tasks within this project. IT are aiming for the completion of the roll out of PAM to be 30th September following a pilot due to be delivered in early April.

Low Risk Recommendations

There are currently 57 low risk recommendations that are overdue for implementation. Of these 57, there are 17 that exceed 12 months, and in 15 of these cases Internal Audit has agreed a revised

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implementation date. The remaining two relate to the Welfare Reform Reserve which was due for implementation in April 2020, and we are still waiting for updates to be provided. Given the length of time these two actions have been outstanding, Committee is advised to request an explanation.

QUALITY ASSURANCE & IMPROVEMENT PLAN

Background

A quality assurance and improvement programme is designed to enable an evaluation of the Internal Audit activity's conformance with the Definition of Internal Auditing and the Standards and an evaluation of whether internal auditors apply the Code of Ethics. The programme also assesses the efficiency and effectiveness of the Internal Audit activity and identifies opportunities for improvement.

In line with the Public Sector Internal Audit Standards, we have included the latest version of the CMAP Quality Assurance & Improvement Plan (QAIP) within the Internal Audit Annual Reports that have gone to each Partner's Audit Committee. This update is to inform the Committee on the progress in addressing the actions of the QAIP going forward.

Current Position

The current progress on the QAIP is shown below:

Actions	Update Position
 We should continue to heighten our profile by building on the relationship management already established with each partner organisation. i.e. regular meetings with Senior Management combined with an on-site presence. 	Completed.
2. We should map competency levels of staff over the various audit disciplines (e.g. contract, IT, probity, investigations etc.) that we can link to audit engagements to demonstrate that the staff assigned are appropriate. We should continue to promote a culture of continuous improvement which considers the needs of individuals by:	The Training and Development Plan is now being drawn up.
 staff completing the AMS in respect of any training received, 	
 undertaking staff appraisals (GPCs) in accordance with the hosts requirements and 	
producing a Training &	

Actions	Update Position
Development Plan.	
3. We should ask staff to complete a Personal Development Plan and then produce a Training & Development Plan for the Team.	Being done in conjunction with the overall Training and Development plan
 4. We should aim to increase our knowledge around the use of data analytics and other CAATs and identify the benefits it could bring to the audit processes. To ensure that audit engagements are supported by appropriate tools, we need to develop a strategy for the use of data analytics. 	Four members of the team have been on a data analytics training course. Data analytics is being used in audits. CMAP needs to develop a Data Analytics Strategy to guide its work.
5. To demonstrate stakeholder engagement with the process, we should ensure that the QAIP Action Plan is a standard agenda item on both the CMAP Operational Group and at Audit Section meetings.	Completed
6. To demonstrate each work programme has been appropriately approved, we should seek earlier formal sign off of the control evaluation so we can better demonstrate scrutiny and approval of coverage by audit management.	Completed
7. CMAP needs to explore potential external assessors that can deliver the appropriate level of validation required and that understand the partnership ethos/approach.	Completed.
8. We should continue to develop the process for incorporating other assurance information into our	This is all about CMAP establishing an assurance mapping framework with partners to build on and develop.

Actions	Update Position
overall risk assessment process and our overall opinion and how the other assurance provider information we gather can be used to demonstrate an audit assurance framework for each organisation.	Ideally we need to get all Partners interested in producing their own Assurance Maps.
 We should ensure that our Audit Manual is complete, up-to-date, readily available and used by all audit staff. 	Completed - Business as usual task
10.To support the improvement of the organisation's governance framework, we should undertake consultancy work to facilitate the self-assessment of the effectiveness of the Audit Committee at all partner organisations.	The annual exercise at Derby City Council has taken place in February 2023. Another partner does a similar annual exercise with its Audit Committee. Other partners need to be encouraged to adopt an Audit Committee effectiveness assessment process.
11.We should consider how we could systematically evaluate the potential for the occurrence of fraud at each partner organisation and how each organisation manages fraud risk.	Audit work to inform this continues at Derby City Council. Each year CMAP are sent a series of fraud risk management related questions for each partner by the External Auditor.
12. To review all CMAP reports to assess compliance with the Web Content Accessibility Guidelines (WCAG).	An initial assessment was done. Its currently on hold as CMAP wants to review the report templates available in the new Audit Management System when it is procured.