C M A P central midlands audit partnership

Derby City Council -**Audit Progress Report**

Audit & Accounts Committee: 28th July 2021





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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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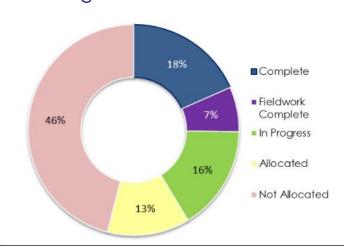
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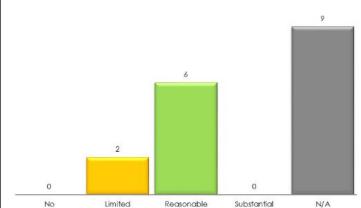
AUDIT DASHBOARD

Plan Progress



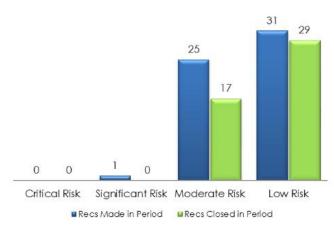
Jobs Completed in Period

Control Assurance Ratings During Period



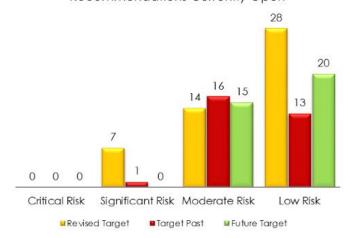
Recommendations





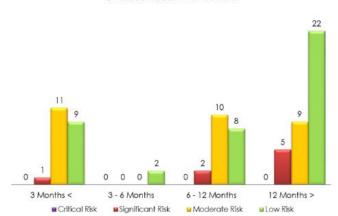
Recommendations

Recommendations Currently Open



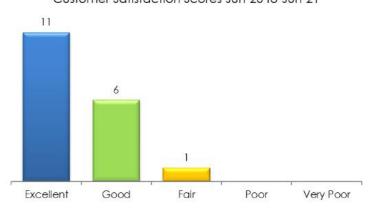
Recommendations

Overdue Recommendations



Customer Satisfaction

Customer Satisfaction Scores Jun 20 to Jun 21



AUDIT PLAN

Progress on 2021/22 Audit Assignments

The following table provide Audit and Accounts Committee with information on how ongoing audit assignments were progressing as at 30th June 2021.

| 2021-22 Jobs | Status | % Complete | Assurance Rating |
|--|--------------------|------------|---------------------|
| Policy, Insight & Communications | | | |
| Contract & Project Audit Assurance | Allocated | 10% | |
| Policy, Insight & Communications Contingency (1) | Not Allocated | 0% | |
| People Services | | | |
| Carelink | In Progress | 40% | |
| Direct Payments 2021-22 | In Progress | 25% | |
| Demand Management | Allocated | 5% | |
| Peoples Services Contingency (1) | Not Allocated | 0% | |
| Corporate Resources | | | |
| Accounts on Deposit | In Progress | 25% | |
| Grant Certification 2021-22 | In Progress | 30% | |
| Financial Management System Project | In Progress | 5% | |
| CIPFA Financial Management Code | Allocated | 0% | |
| Health & Wellbeing | Fieldwork Complete | 80% | |
| SIRO/Information Governance | Allocated | 0% | |
| Leaver Data Matching | Allocated | 10% | |
| Digital By Default Project | Allocated | 0% | |
| Digital Workforce | Allocated | 0% | |
| Compliance with Grievance Policy | Complete | 100% | N/A |
| Key Financial Systems Contingency (6) | Not Allocated | 0% | |
| Corporate Resources Systems/Risk Contingency (3) | Not Allocated | 0% | |
| Corporate Resources Governance Contingency (5) | Not Allocated | 0% | |
| IT Audit Contingency (4) | Not Allocated | 0% | |
| Anti Fraud Contingency (4) | Not Allocated | 0% | |
| Communities & Place | | | |
| Trading Standards & Environmental Health | Allocated | 0% | |
| Rough Sleeping & Foodbanks | Allocated | 15% | |
| Becketwell Project | In Progress | 40% | |
| Former Aida Bliss Site Project | In Progress | 60% | |
| Strategic Housing | Allocated | 0% | |
| Bed & Breakfast Framework | Draft Report | 95% | |
| Leisure & Business Development 2021-22 | Complete | 100% | N/A |
| Community & Place Contingency (5) | Not Allocated | 0% | |
| Schools | AL CAU | 00/ | |
| Schools SFVS Contingency (11) | Not Allocated | 0% | |

| B/Fwd Jobs | Status | % Complete | Assurance Rating |
|--|--------------------|------------|---------------------|
| People Services | | | |
| Pre-Paid Cards | Final Report | 100% | Reasonable |
| School Financial Irregularities | Final Report | 100% | N/A |
| School Whistleblowing - Expenses | Final Report | 100% | N/A |
| Corporate Resources | | | |
| Project Delivery - Fact Finding | Complete | 100% | N/A |
| Budget Management | In Progress | 75% | |
| Payment Systems - In Light of Covid 19 | In Progress | 30% | |
| Procurement Cards 2020/21 | Fieldwork Complete | 90% | |
| Financial Reporting - Impact of Covid19 | Draft Report | 95% | |
| Democratic Services - Impact of Covid 19 | Final Report | 100% | Reasonable |
| Insurance 2020-21 | In Progress | 75% | |
| SR5 - Non-complaint condition of council properties | Draft Report | 95% | |
| SR8 - Poor Data and Records Management | Final Report | 100% | N/A |
| Microsoft 365 Security | Final Report | 100% | Reasonable |
| Boundary Defence | In Progress | 40% | |
| Corporate Resources - Risk Management | Fieldwork Complete | 90% | |
| Communities & Place | | | |
| Business Continuity - In Light of Covid 19 | In Progress | 15% | |
| Sinfin Waste Plant | In Progress | 60% | |
| Neighbourhood Boards | Final Report | 100% | Reasonable |
| Section 106 Agreements 2020-21 | In Progress | 70% | |
| Covid - Community Hub | Superseded | | |
| Derby Arena Car Parks | Final Report | 100% | Limited |
| Schools | | | |
| Schools SFVS Self Assessment 2020-21 | Final Report | 100% | Reasonable |
| Schools SFVS (4 Schools – 1 Substantial, 3 Reasonable) | Final Report | 100% | Various |

Audit Programme of Work

The consultancy/advice work on the Community Hub initiative commenced during the pandemic is now to be superseded by audit work scheduled for quarter 2 on the "Better Together Approach".

As part of the quarterly planning approach we have created contingencies to help with future resource scheduling. The numbers in brackets after the contingencies in the table above indicate the potential number of audit jobs for that area.

Audit & Accounts Committee: 28th July 2021

Derby City Council - Audit Progress Report

AUDIT COVERAGE

Completed Audit Assignments

Between 9th March 2021 and 8th July 2021, the following audit assignments have been finalised since the last Progress Report was presented to this Committee.

| | | Recommendations Made | | | | % Recs |
|---|------------------|----------------------|---------------------|------------------|-------------|------------------|
| Audit Assignments Completed in Period | Assurance Rating | Critical Risk | Significant Risk | Moderate Risk | Low Risk | % Recs Closed |
| Fixed Assets 2018/19 | Limited | | | 4 | 4 | 75% |
| Derby Arena Car Parks | Limited | | | 3 | 2 | |
| Controlled Use of Administrative Privileges | Limited* | | | 4 | 5 | 44% |
| People Management | Reasonable | | | 4 | 4 | 50% |
| Neighbourhood Boards | Reasonable | | 1 | 2 | 2 | |
| Microsoft 365 Security | Reasonable | | | 3 | 4 | 43% |
| Pre-Paid Cards | Reasonable | | | | 7 | 43% |
| Democratic Services - Impact of Covid 19 | Reasonable | | | 1 | 1 | |
| Independent Review for Chief Executive | N/A | | | | | n/a |
| Compliance with Grievance Policy | N/A | | | | | n/a |
| Project Delivery - Fact Finding | N/A | | | | | n/a |
| Grant Certification Work 2020/21 | N/A | | | | | n/a |
| Leisure & Business Development 2021-22 | N/A | | | | | n/a |
| Domain Password Security | N/A | | | 4 | | |
| School Financial Irregularities | N/A | | | | | n/a |
| SR8 - Poor Data & Records Management | N/A | | | | | n/a |
| School Whistleblowing - Expenses | N/A | | | | 2 | |

Note: The Controlled Use of Administrative Privileges was erroneously categorised as "Reasonable Assurance" when issued. This was due to the two moderate recommendations that were issued in advance via memo not being properly included in the assurance assessment calculation. The correct assurance level is "limited". This does not impact on the Head of Audit's overall Annual Opinion presented at the June meeting.

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.

| Fixed Assets 2018/19 | Assurance Rating | | | |
|--|-----------------------|----------------------|---------------------|------------------|
| Control Objectives Examined | Controls Evaluated | Adequate Controls | Partial Controls | Weak Controls |
| There are robust systems in place to identify, report and manage changes to assets as a result of impairment. | 6 | 2 | 2 | 2 |
| There are robust systems in place to ensure that the Council's fixed assets are classified correctly. | 3 | 0 | 0 | 3 |
| TOTALS | 9 | 2 | 2 | 5 |
| Summary of Weakness | | Risk Rating | Agreed A | Action Date |
| There was no clear statement of who is responsible for the quality and accurate asset valuation information. | curacy of the | Low Risk | Imple | emented |
| At the time of the audit there were no procedure notes in place that provide how the Council would identify, record and account for impairment. | ed guidance on | Moderate Risk | | 4/2021 on Due |
| The proposed notification system relies on Departments to identify and repevents/changes with no oversight by SAM&E. | | Moderate Risk | | 4/2021 on Due |
| The Impairment and Enhancement Review for the 2018/19 year end processing completed and signed off. | ess had not been | Low Risk | Imple | emented |
| There was no evidence that the Council was considering all of the impairment indicators listed in IAS 36 when assessing if an asset's useful life, depreciation method, or residual value needed to be reviewed and adjusted. Moderate Risk Implemented | | | | |
| There is no clear statement that defined who was responsible for the final decision regarding changes to asset classifications. | | Low Risk | Imple | emented |
| At the time of the audit there were no procedure notes in place that provid how the Council would identify, record and account for changes to the class assets. | | Moderate Risk | Imple | emented |
| There was no standard procedure and forms to capture information to sup | Low Risk | Imple | emented | |

| Derby Arena Car Parks | None | Assurance | | Substantial |
|---|-----------------------|-------------------|---------------------|------------------|
| Control Objectives Examined | Controls Evaluated | Adequate Controls | Partial Controls | Weak Controls |
| Management information relating to cash collections at the Park & Ride Car Park is received regularly and reconciled to ensure integrity. | 4 | 4 | 0 | 0 |
| Use of the Park & Ride car park by the Arena is appropriate and any income generated is correctly allocated. | 5 | 1 | 2 | 2 |

| Use of the Park & Ride car park by Derby County Football Club is appropriate and any income generated is correctly allocated. | 4 | 0 | 0 | 4 |
|---|---------------|----------|--------------------|---|
| The Council's relationship with the Park & Ride bus service operator is appropriately managed and has sufficient controls in place to ensure value for money. | 3 | 0 | 0 | 3 |
| TOTALS | 16 | 5 | 2 | 9 |
| Summary of Weakness | Risk Rating | Agreed A | ction Date | |
| There was no formal review process for the Event Traffic Management con | Low Risk | | 9/2021 e Action | |
| There was no formal contract /agreement in place between the Council an Ride bus service operator. The letter of terms in place was not being adhe no provision for insurance requirements. | Moderate Risk | | 6/2022 e Action | |
| There was minimal /no monitoring of the service agreement with the Park service operator by management, review meetings were not being held an information was not requested or discussed. | Low Risk | | 6/2022 e Action | |
| There was no reconciliation of ticket information to verify the fixed fee paying requested from the Council for tickets being issued. | Moderate Risk | | 6/2022 Action | |
| There was no provision to conduct a value for money assessment of the P service, due to the lack of a fees & charges schedule being in place. | Moderate Risk | | 6/2022 Action | |

| Controlled Use of Administrative Privileges | Se la company de | Assurance F | Rating | Substantial |
|---|--|-------------------------|-----------------------------------|---|
| Control Objectives Examined | Controls Evaluated | Adequate Controls | Partial Controls | Weak Controls |
| Ensure that the Council has implemented effective processes to control the use, assignment and configuration of administrative level accounts and privileges across its IT Infrastructure. | 21 | 9 | 0 | 12 |
| TOTALS | 21 | 9 | 0 | 12 |
| Summary of Weakness | | Risk Rating | Agreed A | Action Date |
| The process for inventorying and verifying all administrative accounts and across the Council's network was not effective. | privileges | Moderate Risk | | 8/2021 e Action |
| The process for reviewing and addressing critical vulnerabilities reported in vulnerability scanning exercises, which may include default password issued comprehensive. | | Low Risk | | 9/2021 e Action |
| Vulnerability assessment reports conducted for PSN accreditation purpose appropriately restricted within the Council's document management system | | Low Risk | Imple | mented |
| Alerting and monitoring had not been configured in line with recommended best practice to inform of possible signs of attempted or successful attacks targeting administrative | | | | |
| | d best practice to | Low Risk | | 9/2021 e Action |
| inform of possible signs of attempted or successful attacks targeting admir | d best practice to nistrative | Low Risk Moderate Risk | Futur 30/0 Being Im | |
| inform of possible signs of attempted or successful attacks targeting admir privileges. | d best practice to nistrative | | 30/0 Being Im 30/0 Imple | e Action 6/2021 plemented 9/2021 mented |
| inform of possible signs of attempted or successful attacks targeting admir privileges. The use of dedicated administrative accounts was not consistent across the success of the process for identifying and disabling stale domain administrator accounts. | d best practice to nistrative ne network. | Moderate Risk | 30/0 Being Im 30/0 Imple | e Action 6/2021 plemented 9/2021 |

| Full control at the root of the DerbyAD domain had not been appropriately restricted. | Moderate Risk | 31/03/2021 |
|---|---------------|-------------|
| | | Implemented |
| Dedicated administrative accounts were not being used for accounts with full control over | Moderate Risk | Implemented |
| the DerbyAD domain. | | |

| People Management | Assurance Rating | | | Substantial |
|---|-----------------------|----------------------|---------------------|--------------------|
| Control Objectives Examined | Controls Evaluated | Adequate Controls | Partial Controls | Weak Controls |
| There are the appropriate policies and procedures in place to assist employees and managers in dealing with and resolving disciplinary, managing individual capability and grievances which are in line with the ACAS statutory Code of Practice. | 45 | 34 | 8 | 3 |
| There are robust controls in place to ensure compliance with policies and procedures and that there is accurate record keeping and the monitoring of outcomes. | 3 | 0 | 3 | 0 |
| TOTALS | 48 | 34 | 11 | 3 |
| Summary of Weakness | | Risk Rating | | Action Date |
| It was not routine for the Council's HR policies and procedures to have be | | Moderate Risk | | 0/2021 |
| reviewed and updated within a maximum of a three-year period, in line wit The Council did not operate an impartial mediation scheme to settle disput | | Low Risk | | e Action 4/2021 |
| concerned working relationships between employees. | ies triat | LOW INISK | | emented |
| Council policies and procedural guidelines for dealing with disciplinaries, d | lismissals and | Moderate Risk | | 6/2021 |
| grievances required clarification to be fully compliant with the ACAS Code | | | | on Due |
| There was a disparity in the timeframe by which to acknowledge the receipt | | Low Risk | | 4/2021 |
| between the formal grievance process described on iDerby which stated fi | | | Imple | emented |
| and the Grievance and Collective Grievance Policy which stated two work The number of days to communicate the decision to the employee following | | Low Risk | 30/0 | 4/2021 |
| was explained inconsistently; the Appeals Policy stated ten calendar days | | LOWING | | emented |
| frequently asked questions webpage on iDerby stated seven working days | | | | |
| The monitoring of the timeline and the review of the investigation report wa | | Low Risk | 30/0 | 6/2021 |
| documented to clearly evidence that the Council's Disciplinary and Dismis | sal process had | | Acti | on Due |
| been conducted in a timely manner that was seen to be fair | ara narfarmanaa | Madarata Dial | Diale / | \ accepted |
| The Council did not hold a complete record that identified all the cases wh issues had not been resolved as part of the GPC process and had underg | | Moderate Risk | KISK F | Accepted |
| processes for managing individual capability. | ono tilo formar | | | |
| The informal process for dealing with a grievance within seven days had n | ot been followed | Moderate Risk | 01/0 | 5/2021 |
| and the lack of capacity had resulted in commissioning an external provide | er to undertake | | Acti | on Due |
| an investigation at a significant cost to the Council. | | | | |

| Neighbourhood Boards | 8 | Assurance | | Substantial |
|--|-----------------------|---------------------|---------------------|------------------|
| Control Objectives Examined | Controls Evaluated | Adequate Controls | Partial Controls | Weak Controls |
| Decisions on the use of funding are subject to proper governance, evidence based, approved, recorded and reported. | 9 | 6 | 1 | 2 |
| That there is evidence of strong budget monitoring and management. | 4 | 4 | 0 | 0 |
| TOTALS | LS 13 10 1 2 | | | |
| Summary of Weakness | | Risk Rating | Agreed A | Action Date |
| The Board and Forum Guidance Notes issued to Neighbourhood Boards a | are significantly | Low Risk | 30/0 | 6/2021 |
| out of date. | | | • | plemented |
| There was no clear record of the decisions made by Mambara systems the | normal | Cignificant | | 9/2021 6/2021 |
| There was no clear record of the decisions made by Members outside the Neighbourhood Board/Ward Committee meeting cycle. | HOHHai | Significant Risk | | on Due |
| Over a nineteen-month period only three sets of Neighbourhood Board Wa | ard Committee | Low Risk | | 6/2021 |
| minutes had been posted to the Councils Democracy Portal. Decisions ma | | LOWINSK | | on Due |
| Committees were not visible to the public. | | | 7.1001 | 240 |
| There is no record of instances where Neighbourhood Managers had prov | ided advice | Moderate Risk | 31/0 | 5/2021 |
| regarding a possible application and that application had not then been ma | | | Actio | on Due |
| A flat allocation to all Wards regardless of need is not achieving the best re | | Moderate Risk | | 3/2022 |
| residents of Derby as a whole. | | | Futur | e Action |

| Microsoft 365 Security | Assurance Rating | | | |
|--|-----------------------|----------------------|---------------------|---------------------|
| Control Objectives Examined | Controls Evaluated | Adequate Controls | Partial Controls | Weak Controls |
| Ensure the cloud side components supporting the Office 365 system are configured and secured in line with recognised best practices. | 9 | 2 | 0 | 7 |
| TOTALS | 9 | 2 | 0 | 7 |
| Summary of Weakness | | Risk Rating | Agreed A | Action Date |
| 657 users were not registered for multi-factor authentication, increasing the | e risk of | Moderate Risk | 30/0 | 6/2021 |
| unauthorised access to the Council's network. | | | • | plemented 9/2021 |
| DMARC was not enabled on a Council's domain, increasing the risk of Council domains Low | | | 30/0 | 5/2021 |
| being spoofed by malicious users. | | | | mented |
| Appropriate anti-phishing policies were not set up for five email domains, p | | Low Risk | | 0/2021 |
| allowing spam and malicious emails to be received by Derby AD email acc | counts. | | Futur | e Action |

| A total of 17 unique accounts had one or more legacy protocols enabled on their mailbox | Moderate Risk | 31/10/2021 |
|---|---------------|-------------------|
| account, increasing the risk of unauthorised access to Council email accounts. | | Future Action |
| 11 out of 14 domains did not have Domain Keys Identified Mail (DKIM) enabled, | Low Risk | 30/06/2021 |
| increasing the risk of Council email domains being spoofed by malicious users. | | Implemented |
| Users were able to request access to a user's machine when screen recording on | Moderate Risk | Implemented |
| Microsoft Teams, potentially allowing a malicious user control of their machine. | | |
| Documentation on handling suspect accounts did not exist, increasing the risk of | Low Risk | 30/06/2021 |
| continued unauthorised access. | | Being Implemented |
| | | 30/09/2021 |

| Pre-Paid Cards | Assurance Rating | | | Substantial | |
|---|-----------------------|-------------------------|------------------------------|----------------------------------|--|
| Control Objectives Examined | Controls Evaluated | Adequate Controls | Partial Controls | Weak Controls | |
| There is a robust system in place to process applications for prepaid cards in a consistent manner. | 11 | 5 | 6 | 0 | |
| There are adequate monitoring arrangements that check the prepaid cards are appropriately and legitimately used in accordance with the agreement at application. | 3 | 1 | 2 | 0 | |
| TOTALS | 14 | 6 | 8 | 0 | |
| Summary of Weakness The Know Your Customer Policy was overdue its review date of 4 November 1997. | per 2020. | Risk Rating Low Risk | 31/0 | Action Date 8/2021 emented | |
| In contrast to the Children's case recording system (LCS), the Adults system have a pathway specifically designed for recording and processing the apprepaid card account. | | Low Risk | 31/0 | re Action | |
| There was a lack of a full understanding of the application process for a praccount by social care workers on the frontline. | repaid card | Low Risk | | 7/2021 e Action | |
| Evidence that checks undertaken under the Council's Know Your Customerout be located for three customers in receipt of a direct payment and seve receipt of a personal allowance for whom the Council was an appointee. | | Low Risk | | 3/2022 e Action | |
| The process to complete the Personal Budget Agreement form was inefficed Prepaid Card Agreement had not been completed scanned and saved to laccount holders. | | Low Risk | | 3/2022 e Action | |
| The customer prepaid card accounts had not been subject to regular mon | toring. | Low Risk | sk 31/07/2021 Implemented | | |
| The record maintained for the monitoring of the prepaid card accounts contained an inadequate level of detail to conclude whether there were any concerns with account balances or suspect transactions. Implemented the suspect transactions in the prepaid card accounts contained an inadequate level of detail to conclude whether there were any concerns with account in the prepaid card accounts contained an inadequate level of detail to conclude whether there were any concerns with account in the prepaid card accounts contained an inadequate level of detail to conclude whether there were any concerns with account in the prepaid card accounts contained an inadequate level of detail to conclude whether there were any concerns with account in the prepaid card accounts contained an inadequate level of detail to conclude whether there were any concerns with account in the prepaid card accounts contained an inadequate level of detail to conclude whether there were any concerns with account in the prepaid card accounts in the | | | | | |

| Democratic Services - Impact of Covid 19 | Assurance Rating | | | |
|---|-----------------------|-------------------|---------------------|--------------------|
| Control Objectives Examined | Controls Evaluated | Adequate Controls | Partial Controls | Weak Controls |
| The Forward Plan was utilised as the timetable for presenting reports to Cabinet. Any adjustments resulting from COVID were recorded. | 3 | 3 | 0 | 0 |
| The process for preparing reports was robust, contained all necessary information and was adhered to. Any adjustments resulting from COVID were recorded. | 6 | 4 | 2 | 0 |
| The Council has established an appropriate mechanism to allow public access for viewing Councillors details relevant in complying with the General Principles of Public Life. | 8 | 0 | | |
| TOTALS | 17 | 14 | 3 | 0 |
| Summary of Weakness | | Risk Rating | Agreed A | Action Date |
| The guidance relating to the consideration of implications arising from any recommendations appears to be out of date and vulnerable to an oversight | t | Moderate Risk | Futur | 9/2021 e Action |
| A small number of the disclosure forms have not been fully completed whe the Council's website. | en published on | Low Risk | | 0/2021 e Action |

Independent Review for Chief Executive (Assurance Rating: N/A)

The Chief Executive requested the assistance of Internal Audit to undertake an independent review of several issues which he had received in a formal complaint.

Compliance with Grievance Policy (Assurance Rating: N/A)

In response to a whistleblowing case, Internal Audit reviewed documents pertaining to grievance investigations to determine whether the Council's policy had been appropriately applied.

Project Delivery - Fact Finding (Assurance Rating: N/A)

This fact finding review was undertaken to identify the projects that would benefit most from an audit review to ensure resources were used to the best effect.

Grant Certification Work 2020/21 (Assurance Rating: N/A)

Internal Audit was required to certify that expenditure had been incurred in accordance with the relevant grant conditions, in respect of the following grants:

- Local Authority Bus Subsidy Ring-Fenced (Revenue) Grant Determination 2019/20 (31/3644).
- Covid-19 Emergency Active Travel Fund Capital Grant Determination (2020-21): No 31/5099.
- The Disabled Facilities Capital Grant (DFG) Determination 2019-20 [31/3710].

Leisure & Business Development 2021-22 (Assurance Rating: N/A)

During 2020/21 there was a joint piece of investigation work between internal audit and the Counter Fraud team into allegations of financial irregularities within one of the Leisure and Business Development services. A report was provided to the Investigating officer in December 2020. This additional work in 2021/22 covered Internal Audit preparing for and attending the hearings to support the investigating officer.

Domain Password Security (Assurance Rating: N/A)

At the request of ICT management, we conducted quarterly password vulnerability assessments across the Council's domain. The objective was to help management identify and report on weak passwords, as well as poor password management practices.

| Summary of Weakness | Risk Rating | Agreed Action Date |
|--|---------------|--------------------|
| A significant number of privileged accounts had weak corresponding passwords. | Moderate Risk | 31/08/2021 |
| | | Future Action |
| A number of misconfigurations were noted with the overall management of service | Moderate Risk | 31/10/2021 |
| accounts within the domain. | | Future Action |
| Multiple privileged accounts had been configured with the same password in the Council's | Moderate Risk | 31/08/2021 |
| domain. | | Future Action |
| Accounts relating to former employees were not being disabled in a timely manner on all | Moderate Risk | 31/07/2021 |
| occasions. | | Future Action |

School Financial Irregularities (Assurance Rating: N/A)

A Derby School asked Internal Audit to investigate allegations of financial irregularities and falsification of documents.

SR8 - Poor Data & Records Management (Assurance Rating: N/A)

A consultancy review of Strategic Risk 8 – Poor Data and Records Management was undertaken to establish if the risk information contained in the Strategic Risk Register gave assurance that the controls were working as intended to manage/mitigate the risk as defined. The review also looked at the accuracy of the description compared to the risk being faced and whether the controls as defined were the controls that were actually in place.

School Whistleblowing - Expenses (Assurance Rating: N/A)

Internal Audit undertook a review to assess the adequacy of the processes in place for the completion and approval of travel and expense claims that were submitted by members of staff working in schools.

| Summary of Weakness | Risk Rating | Agreed Action Date |
|--|-------------|--------------------|
| Travel and Expense claim forms were not properly completed to show the destination | Low Risk | 15/07/2021 |
| details and purpose of the journeys being claimed. | | Future Action |
| The supporting evidence to verify travel and expense claims had not been retained in | Low Risk | 15/07/2021 |
| accordance with the Schools Financial Regulations and its document retention schedule. | | Future Action |

RECOMMENDATION TRACKING (as at 8th July 2021)

| Final | Final Audit Assistant and with Ones | | Recommendations Open | | | |
|----------------|--|---------------------|----------------------|--------------------------|------------------|--|
| Report Date | Audit Assignments with Open Recommendations | Assurance Rating | Action Due | Being Implemen ted | Future Action | |
| Peoples | | | | | | |
| 14-Jul-20 | Special Educational Needs - Action Plan | Limited | 7 | 1 | | |
| 27-Nov-19 | Deprivation of Liberty | Limited | | 2 | | |
| 27-Apr-21 | Pre-Paid Cards | Reasonable | | | 4 | |
| 14-May-20 | Billing for Home Care | Reasonable | | 2 | | |
| 30-May-17 | Business Intelligence | Reasonable | | 1 | | |
| 16-Jun-21 | School Whistleblowing - Expenses | N/A | | | 2 | |
| Corporate F | Resources | | | | | |
| 22-Aug-19 | Coroner's Service | Limited | | 3 | | |
| 24-Mar-21 | Fixed Assets 2018/19 | Limited | 2 | | | |
| 15-Apr-19 | Public Utilities Management | Limited | 3 | 1 | | |
| 30-Mar-21 | Controlled Use of Administrative Privileges | Limited | | 1 | 4 | |
| 25-Mar-19 | Insurance Valuation | Reasonable | 1 | | | |
| 14-Jun-21 | Democratic Services - Impact of Covid 19 | Reasonable | | | 2 | |
| 22-Apr-21 | Microsoft 365 Security | Reasonable | | 2 | 2 | |
| 31-Mar-21 | People Management | Reasonable | 3 | | 1 | |
| 27-Mar-20 | Agency Spend and Contract Monitoring | Reasonable | | 1 | | |
| 20-Feb-20 | Domain Accounts | Reasonable | | 1 | | |
| 21-Nov-19 | Digital Channels - CRM | Reasonable | | 1 | | |
| 30-Jul-18 | File Share Management | Reasonable | | 4 | | |
| 18-Jan-19 | MTFP(Agile) | Reasonable | | 1 | | |
| 12-Feb-19 | Fixed Assets- S24 Capital Controls | Reasonable | | 1 | | |
| 09-Mar-20 | Welfare Reform Reserve | Substantial | 2 | | | |
| 24-Feb-21 | Asbestos Removal Contract Management | Substantial | | | 3 | |
| 22-Sep-20 | Creditors - Follow Up | Substantial | | 1 | | |
| 10-Dec-20 | Attendance Management - First Care | Substantial | | 3 | | |
| 09-Apr-20 | Taxation | Substantial | 1 | | | |
| 23-Feb-21 | Data Security Risk | N/A | | | 1 | |
| 30-Mar-21 | Domain Password Security | N/A | | | 4 | |
| 29-Nov-19 | Records Management Policy | N/A | | | 4 | |
| Communitie | es & Place | | | | | |
| 13-Jul-20 | Bus Station - Processes & Procedures | Limited | | 6 | | |
| 16-Jan-20 | Bereavement Services | Limited | | 3 | | |
| 14-Jun-21 | Derby Arena Car Parks | Limited | | | 5 | |
| 24-Sep-19 | Catering 2019-20 | Limited | | 1 | | |
| 19-Apr-21 | Neighbourhood Boards | Reasonable | 3 | 1 | 1 | |
| 30-Sep-20 | Strategic Housing - Disabled Facilities Grants | Reasonable | 3 | | 2 | |
| 22-Dec-20 | Our City Our River - Contract Management | Reasonable | 5 | | | |
| 13-Feb-19 | Bus Station Recharges | Reasonable | | 4 | | |
| 10-Oct-19 | CCTV - Access Control - Parking | N/A | | 4 | | |
| 10-Oct-19 | CCTV - Access Control - Public Protection | N/A | | 4 | | |
| | | Totals | 30 | 49 | 35 | |

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.

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| Audit Assignments with Recommendations | A | Action Due | | Being Implemented | | | |
|--|---------------------|------------------|-------------|---------------------|------------------|-------------|--|
| Due | Significant Risk | Moderate Risk | Low Risk | Significant Risk | Moderate Risk | Low Risk | |
| Peoples | RISK | KISIK | KISK | KISK | KIJK | KISK | |
| Special Educational Needs - Action Plan | | 5 | 2 | | | 1 | |
| Deprivation of Liberty | | | | | 2 | | |
| Billing for Home Care | | | | | 1 | 1 | |
| Business Intelligence | | | | | | 1 | |
| Corporate Resources | | | | | | | |
| Coroner's Service | | | | 3 | | | |
| Fixed Assets 2018/19 | | 2 | | | | | |
| Public Utilities Management | | 1 | 2 | | | 1 | |
| Insurance Valuation | | | 1 | | | | |
| Controlled Use of Administrative Privileges | | | | | 1 | | |
| Microsoft 365 Security | | | | | 1 | 1 | |
| People Management | | 2 | 1 | | | | |
| Agency Spend and Contract Monitoring | | | | | 1 | | |
| Domain Accounts | | | | | | 1 | |
| Digital Channels - Firmstep | | | | | | 1 | |
| File Share Management | | | | | | 4 | |
| MTFP(Agile) | | | | | 1 | | |
| Fixed Assets- \$24 Capital Controls | | | | | | 1 | |
| Welfare Reform Reserve | | | 2 | | | | |
| Creditors - Follow Up | | | | | | 1 | |
| Attendance Management - First Care | | | | | | 3 | |
| Taxation | | | 1 | | | | |
| Communities & Place | | | | | | | |
| Bus Station - Processes & Procedures | | | | 2 | 2 | 2 | |
| Bereavement Services | | | | 2 | | 1 | |
| Catering 2019-20 | | | | | 1 | | |
| Neighbourhood Boards | 1 | 1 | 1 | | | 1 | |
| Strategic Housing - Disabled Facilities Grants | | 1 | 2 | | | | |
| Our City Our River - Contract Management | | 4 | 1 | | | | |
| Bus Station Recharges | | | | | | 4 | |
| CCTV - Access Control - Parking | | | | | | 4 | |
| CCTV - Access Control - Public Protection | | | | _ | 4 | | |
| | 1 | 16 | 13 | 7 | 14 | 28 | |

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.

| | | Moderate Risk | | | | 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 - Action Plan | | | 5 | | | | | |
| Deprivation of Liberty | | | 1 | 1 | | | | |
| Billing for Home Care | | | 1 | | | | | |
| Corporate Resources | | | | | | | | |
| Coroner's Service | | | | | | | | 3 |
| Fixed Assets 2018/19 | 2 | | | | | | | |
| Public Utilities Management | | | | 1 | | | | |
| Controlled Use of Administrative Privileges | 1 | | | | | | | |
| Microsoft 365 Security | 1 | | | | | | | |
| People Management | 2 | | | | | | | |
| Agency Spend and Contract Monitoring | | | | 1 | | | | |
| MTFP(Agile) | | | | 1 | | | | |
| Community & Place | | | | | | | | |
| Bus Station - Processes & Procedures | | | 2 | | | | 2 | |
| Bereavement Services | | | | | | | | 2 |
| Catering 2019-20 | | | | 1 | | | | |
| Neighbourhood Boards | 1 | | | | 1 | | | |
| Strategic Housing - Disabled Facilities Grants | | | 1 | | | | | |
| Our City Our River - Contract Management | 4 | | | | | | | |
| CCTV - Access Control - Public Protection | | | | 4 | | | | |
| | 11 | | 10 | 9 | 1 | | 2 | 5 |

Highlighted Recommendations

The implementation of audit recommendations has been impacted by the Covid19 pandemic. The following update is provided for the Committee's information.

Significant Risk Recommendations (> 3 Months Overdue)

There are currently eight significant risk recommendations that are overdue for implementation; seven of these currently exceed three months.

- Three relate to the audit review of the Coroner's Service, for which the Head of Democracy
 has provided regular updates to Committee. Progress has been made on all the
 recommendations and at the time of writing this update report, Internal Audit are reviewing
 evidence to support the closing of the three recommendations.
- Two relate to the Bus Station Processes & Procedures audit. One concerns an issue that the toilet turnstiles did not record either the cash inserted or the number of users, therefore a reconciliation of the cash counted to amount that should have been collected could not be performed. The second concerns the control process designed around the daily cashing up and paying in process being poorly conceived and key control processes were not being performed in an appropriate manner. In both cases, a revised action date of 31st March 2021 was agreed, but no further updates have been sent to Internal Audit.
- Two relate to the Bereavement Services audit. The Head of Service Trading Standards, Food and Safety, Bereavement Services and Building Consultancy provided Committee with an update on the progress with implementation of the recommendations at the meeting on 27th January 2021. Since then, the contract for maintenance has been discussed with Legal and Procurement and is currently being reviewed by the service. In respect of the

recommendation on the replacement programme for the cremators at Markeaton Crematorium, the Head of Service is discussing the business case with the new Service Director.

Moderate Risk Recommendations (> 6 Months Overdue)

There are currently 30 moderate risk recommendations that are overdue for implementation. Nineteen of these exceed the original action date by 6 months. The table below outlines the current state on these 19 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 |
|--|--------------------------|-------------------------------|-------------------------------|---|
| Billing for Home Care | 1 | 31/12/2020 | 30/09/2021 | Random sample checks of assessments have been introduced and work continues on the on-line financial assessment tool. |
| Agency Spend and Contract Monitoring | 1 | 30/04/2020 | 31/07/2021 | There has been progress made but a plan is to be devised by HR with the relevant service departments to fully implement the recommendation. |
| MTFP | 1 | 30/06/2019 | 30/06/2021 | The current relevance of this recommendation on Commercialisation is the topic of a n ongoing discussion between the Head of Internal Audit and the Director of Policy, Insight and Communications. |
| CCTV - Access Control - Public Protection | 4 | 31/10/2019 | 31/12/2020 | A Corporate Project Board has been established to focus on all the issues raised in this audit. The Board has undertaken an audit of current DCC assets and is now working on a brief with an external provider to develop a co-ordinated DCC Strategy and Plan. No further updates have been received. |
| Deprivation of Liberty | 2 | 01/07/2020 & 01/10/2020 | 30/04/2021 & 31/03/2022 | The progress in implementing the required actions has been slower than anticipated due to staff shortages, COVID pandemic responses and delays in implementation of a new electronic document management system. |
| Public Utilities Management | 1 | 31/03/2020 | | A response has not been forthcoming from management despite frequent requests/chasing. |

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| Audit Review | No of Recs overdue | Original Action Date | Revised Date | Reason for Delay |
|--|--------------------------|-------------------------------|--------------|--|
| Catering 2019-20 | 1 | 31/01/2020 | 30/07/2021 | This area has been subject to recent audit work (Leisure and Business Development). |
| Special Educational Needs - Action Plan | 5 | 31/08/2020 & 30/09/2020 | | A response has not been forthcoming from management. |
| Strategic Housing - Disabled Facilities Grants | 1 | 01/12/2020 | | A response has not been forthcoming from management |
| Bus Station - Processes & Procedures | 2 | 31/08/2020 | 31/03/2021 | The implementation of these two recommendations is tied in with the implementation of the two significant risk recommendations mentioned on the previous page. |

Low Risk Recommendations

There are currently 41 low risk recommendations that are overdue for implementation. Of these 41, 22 exceed 12 months, and in 17 of these cases Internal Audit has agreed a revised implementation date. Of the remaining five, two relate to Public Utilities Management where we have been unable to get a response from management; one relates to the Insurance Valuation of Heritage assets and Museum collections where we are waiting on an update and two relate to Welfare Reform Reserve where again we are waiting on an update. None of these low risk recommendations are currently considered worthy of Committee's attention.