

central midlands audit partnership

Derby City Council – Audit Progress Report

Audit & Governance Committee: 27th March 2024



Derby City Council



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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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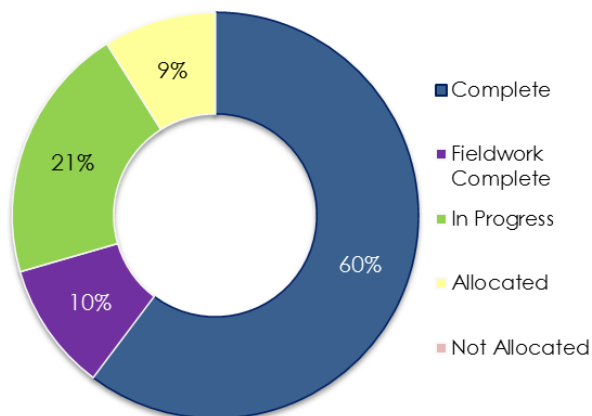
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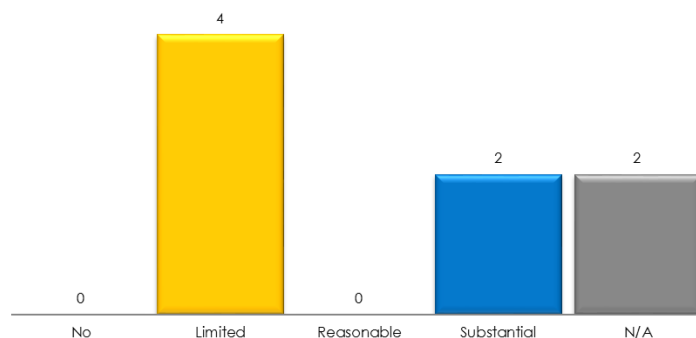
AUDIT DASHBOARD

Plan Progress



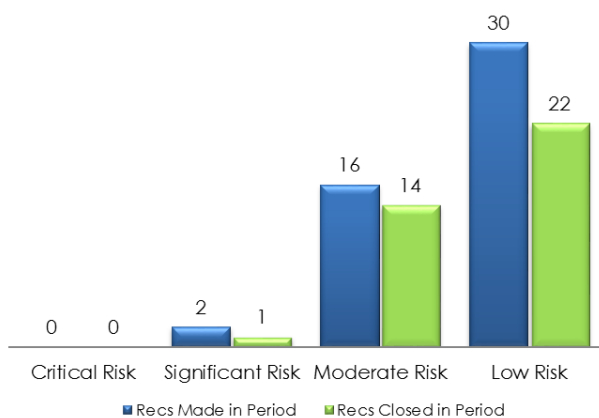
Jobs Completed in Period

Control Assurance Ratings During Period



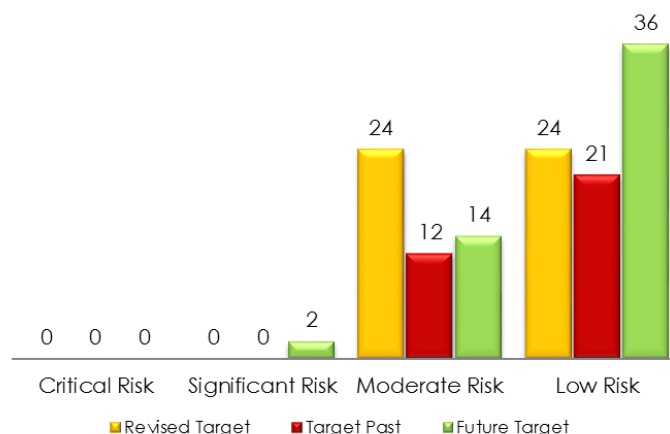
Recommendations

Movement During Period



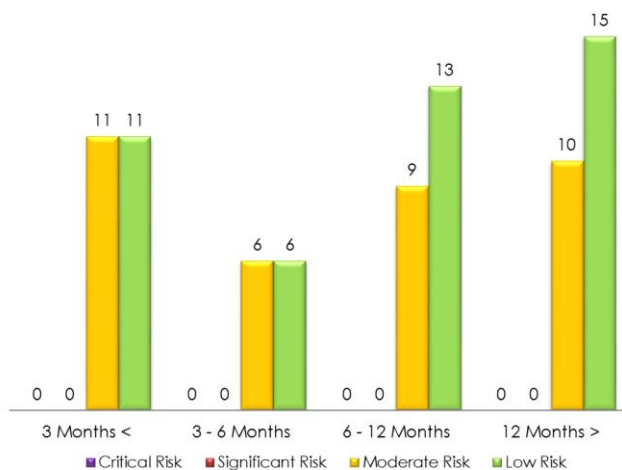
Recommendations

Recommendations Currently Open



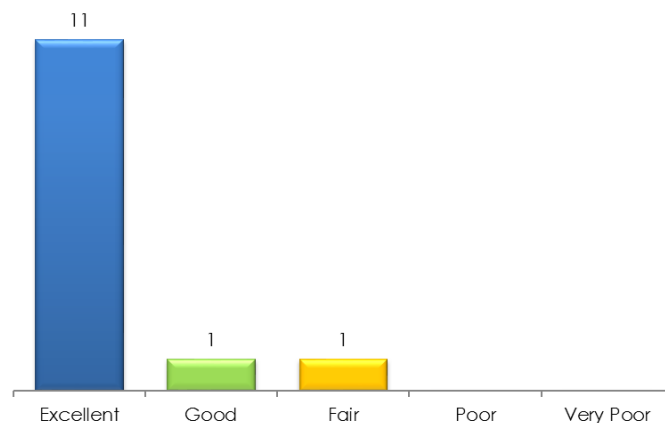
Recommendations

Overdue Recommendations



Customer Satisfaction

Customer Satisfaction Scores Mar 23 to Mar 24



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AUDIT PLAN

Progress on 2023/24 Audit Assignments

The following table provide Audit and Governance Committee with information on how ongoing audit assignments were progressing as at 12th March 2024.

2023-24 Jobs	Status	% Complete	Assurance Rating
People			
Adult Social Care Quality Assurance Audits	Complete	100%	N/A
People Services - Establishment Reviews - Perth House	Final Report	100%	Substantial
Adult Social Care QA - Safeguarding	Complete	100%	N/A
Adult Social Care QA - Mental Health	Complete	100%	N/A
Funding Arrangements for Care	Allocated	0%	
People Services - Establishment Reviews - Bonsall View	Final Report	100%	Reasonable
Management of Schools Exclusions	Final Report	100%	Limited
Safeguarding - The Role of the LADO	Final Report	100%	Reasonable
Schools Attendance	In Progress	65%	
People Services - Establishment Reviews - CYP	Final Report	100%	Reasonable
Residential Care	Final Report	100%	Limited
Home to School Transport 2023-24	Fieldwork Complete	90%	
Adult Social Care Transformation 2023-24	In Progress	70%	
Chief Executives			
Risk Management - Assurance Mapping	Allocated	25%	
PMO - Development Group 2023-24	In Progress	80%	
Attendance Management - 2023-24	Allocated	0%	
Partnership Governance 2023-24	Allocated	10%	
Grant Certification 2023/24	In Progress	80%	
IR35	Draft Report	95%	
Appointeeships - Virtual Accounts	Draft Report	95%	
DCC New FMS 2023-24	In Progress	75%	
Debt Management Consultancy	In Progress	60%	
Key Financial Risks 2023-24	Allocated	10%	
Insurance - Claims Handling	Draft Report	95%	
Allestree Hall & Golf Course - Investigation	Final Report	100%	N/A
Fire Safety Compliance Management	Final Report	100%	Reasonable
Asset Management 2023-24	Allocated	5%	
Records Management 2023-24	In Progress	75%	
IT Key Controls 2023-24	In Progress	55%	
Customer Complaints and Enquiries Process	In Progress	70%	
Leavers Data Matching 2023-24	Final Report	100%	N/A
Security of Corporate Buildings	In Progress	45%	
Place			
Trading Standards 2023-24	Fieldwork Complete	90%	
Pest Control 2023-24	In Progress	65%	
Waste Management 2023-24	In Progress	50%	
Stewardship of Council Vehicles /Fleet Management	In Progress	35%	
Trading Standards Complaint - RIPA Logs	Final Report	100%	N/A
Compliance with Statutory Functions (Assets & Engineering)	Final Report	100%	Limited
Highways Maintenance	Draft Report	95%	

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Market Hall Project - Phase 2	Draft Report	95%	
Eastern Gateway - FHSF	In Progress	15%	
Moorways Sports Village	Allocated	20%	
Highways Maintenance - Investigation	In Progress	30%	
Schools			
Schools SFVS (Schools self-assessment)	In Progress	50%	
Schools SFVS (9 School visits – 2 Reasonable, 7 Limited)	Complete	100%	
Redwood Primary School - Imprest Account	Complete	100%	N/A

B/Fwd Jobs	Status	% Complete	Assurance Rating
People			
Whistleblowing - Learning, Inclusion and Skills	Final Report	100%	N/A
Element 3 Funding	Final Report	100%	Reasonable
Youth Offending Services	Final Report	100%	N/A
D2N2 Children's Homes Contract	Final Report	100%	Reasonable
Chief Executives			
Transparency Code	Draft Report	95%	Limited
FMS Data Migration 2022-23	Final Report	100%	Substantial
Procurement Cards 2022-23	Final Report	100%	Substantial
Cash Handling 2022-23	Final Report	100%	Reasonable
Key Financial Controls 2022-23	Final Report	100%	Substantial
Management of Information in a Remote Environment	Final Report	100%	Reasonable
PCI Compliance 2022-23	Final Report	100%	Limited
Health & Safety 2021-22	Final Report	100%	Substantial
Place			
Building Consultancy	Final Report	100%	Limited
Trading Standards Complaint	Final Report	100%	N/A
Trading Standards Complaint - Review of Statements	Final Report	100%	N/A
Climate Change 2022-23	Final Report	100%	Limited
Grounds Maintenance 2022-23	Final Report	100%	Reasonable
General Licensing 2022-23	Final Report	100%	Substantial
Street Cleansing 2022-23	Final Report	100%	Substantial
Revenue Collection Contract (Lot 2 - Parking)	Final Report	100%	Substantial
Street Lighting PFI 2022-23	Final Report	100%	Substantial
Right to Buy 2022-23	Final Report	100%	Reasonable
Anti Fraud & Corruption			
Counter Fraud and Corruption Framework	Final Report	100%	N/A
Schools			
Schools SFVS Self-Assessments 2022-23	Final Report	100%	Reasonable

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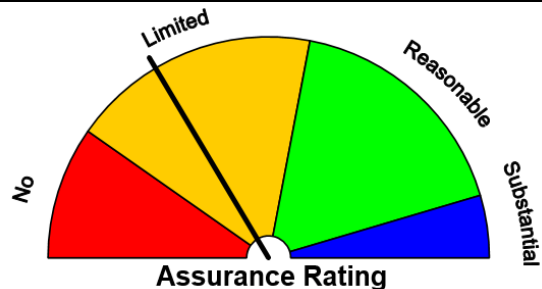
AUDIT COVERAGE

Completed Audit Assignments

Between 21st November 2023 and 12th March 2024, the following audit assignments have been finalised since the last Progress Report was presented to this Committee (6th December 2023).

Audit Assignments Completed in Period	Assurance Rating	Recommendations Made				% Recs Closed
		Critical Risk	Significant Risk	Moderate Risk	Low Risk	
Residential Care 2023-24	Limited		2	2	4	13%
Management of Schools Exclusions	Limited			5	6	64%
Youth Justice Service	N/A			1		100%
FMS Data Migration 2022-23	Substantial				1	100%
Compliance with Statutory Functions (Assets & Engineering)	Limited			3	10	0%
Climate Change 2022-23	Limited			5	8	8%
General Licensing 2022-23	Substantial				1	0%
Trading Standards Complaint - RIPA Logs	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.

Residential Care 2023-24				
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Demand and capacity of residential care homes is monitored frequently and reported to senior officers, with measures in place to anticipate and plan for when a care home is at capacity.	10	6	0	4
Invoices are raised in a timely manner with the appropriate action taken and monitoring in place for non-payment.	7	2	2	3
TOTALS	17	8	2	7
Summary of Weakness		Risk Rating	Agreed Action Date	
There were no formal guidance documents or a formally agreed approach for the Brokerage team to follow when undertaking their tasks.		Low Risk	31/08/2024 Future Action	
Capacity of residential care homes and demand of services was not being monitored and reported on at the time of the audit.		Low Risk	Implemented	
There was no documented emergency placements procedure or process notes for		Low Risk	31/08/2024	

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Brokerage Officers to follow.		Future Action
The policies for inputting a financial assessment into Controcc, processing invoices and debt management were out of date.	Low Risk	31/03/2025 Future Action
There were no documented timescales for setting up direct debits and producing invoices with the number of financial assessments received on a weekly basis not monitored. Timely invoicing and establishing direct debits was not taking place, impacting the level of income received by the Council.	Significant Risk	31/03/2025 Future Action
The cases on hold report was not being distributed or reviewed at the time of the audit. The report also detailed 22 cases which did not have an explanation for why they were on hold and all cases did not say when they were first put on hold, who put the case on hold and who was responsible for the case.	Moderate Risk	31/03/2025 Future Action
Reminders were not being issued to Residential Care customers for outstanding invoices.	Moderate Risk	31/03/2025 Future Action
There was no outstanding debt report produced or received by the Residential Care team due to Financial system limitations. This meant the level of current debt for Residential Care was not known but was expected to have increased significantly since the last known debt position, as at March 2023.	Significant Risk	31/03/2025 Future Action

<h2>Management of Schools Exclusions</h2>		<p>Assurance Rating</p>		
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
To ensure the Council's role in arranging education for suspended and permanently excluded pupils is in accordance with government guidelines and there are appropriate policies and procedures in place.	6	4	2	0
To determine that the Council's role for arranging independent review panels (IRP's) was in accordance with government guidelines and there are appropriate policies and procedures in place.	8	0	8	0
To determine that the Council's role of overseeing financial payments/readjustments was in accordance with government guidelines and there are appropriate policies and procedures in place.	5	2	3	0
TOTALS	19	6	13	0
Summary of Weakness		Risk Rating	Agreed Action Date	
The exclusion reporting form did not have a mechanism to show that the Head Teacher had informed the pupil's social worker and/or Virtual School Head, as applicable regarding their suspension or permanent exclusion.		Low Risk	28/02/2024 Action Due	
Data from exclusion forms was recorded on either a Primary School or Secondary School Excel Spreadsheet as well as the Synergy database.		Low Risk	28/02/2024 Action Due	
The In-Year Fair Access team did not hold a list of suitable people with legal qualifications and legal experience who would be able to Chair Independent Review Panels.		Moderate Risk	Risk Accepted	
The local authority's spreadsheets did not show that academies/local authority had arranged an Independent Review Panel to review the decision of a governing board decision not to reinstate a permanently excluded pupil within 15 school days of a parent's application.		Low Risk	Risk Accepted	
The In-Year Fair Access team did not have a list of independent clerks with up-to-date understanding of developments in case law, which were relevant to suspension and permanent exclusion, to administer Independent Review Panels.		Moderate Risk	Risk Accepted	

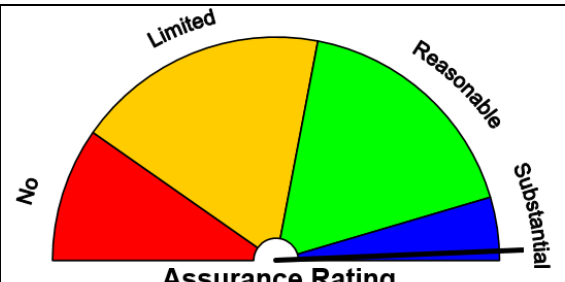
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The In-Year Fair Access team did not have a mechanism in place to ensure that all Independent Review Panel members and clerks received the training they needed.	Moderate Risk	Risk Accepted
In-Year Fair Access team did not have mechanisms in place to ensure Independent Review Panels were administered properly in the event of not appointing a clerk.	Moderate Risk	Risk Accepted
The In-Year Fair Access team did not maintain a list of Special Educational Needs experts, which could be used to provide to parent(s) should they need in advance of an Independent Review Panel.	Low Risk	Risk Accepted
The In-Year Fair Access team had no evidence to show that the parents, Governing Body, social worker (if applicable) and Virtual School Head (where a pupil has one) had been informed of an Independent Review Panels decision to permanently exclude a pupil. Also, there was no letter template on the Council's School Information Portal for the clerk to use regarding an Independent Review Panels decision to uphold a permanent exclusion.	Moderate Risk	28/02/2024 Action Due
The In-Year Fair Access team did not have a document/guidance/form(s) to provide to Independent Review Panel and Special Educational Needs expert that outlined the amount of payment they could receive for expenses.	Low Risk	28/02/2024 Action Due
The In-Year Fair Access team did not have clear guidance on the action they can take when an academy fails to comply with its legal requirement to pay a financial readjustment following a direction from an Independent Review Panel.	Low Risk	Risk Accepted

Youth Justice Service	Assurance Rating: N/A
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As part of the Council's internal audit plan for 2023-24 we have reviewed and assisted in helping to ensure the Council has suitable governance arrangements in place in preparation for the next inspection of the Youth Justice Service to be undertaken by 'Her Majesty's Inspectorate of Probation'(HMIP) within the next 18-24 months.

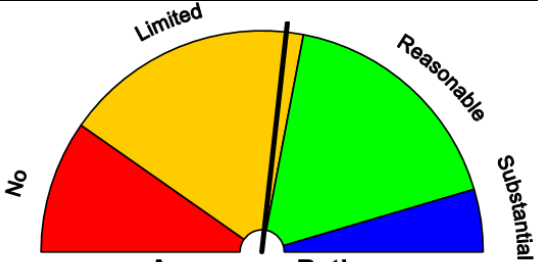
Summary of Weakness	Risk Rating	Agreed Action Date
There was no formal recording and reporting framework in place to help the Youth Justice Service prepare for and assess the status of readiness for an inspection.	Moderate Risk	Implemented

FMS Data Migration 2022-23	 <p>Assurance Rating</p>
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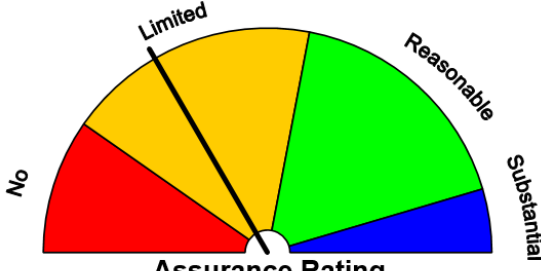
An audit of data migration from the legacy Oracle financial system to the new Connected Intelligence Anywhere system (CIA) was included in the audit plan. The aim of the audit was to provide an opinion on whether the data migrated was accurate, complete and reliable such that all parties could have confidence in the new system.

Summary of Weakness	Risk Rating	Agreed Action Date
There was no single document to provide evidence of what data was transferred from Oracle to CIA, when, by who, what testing was carried out and who verified and signed off on the process.	Low Risk	Implemented

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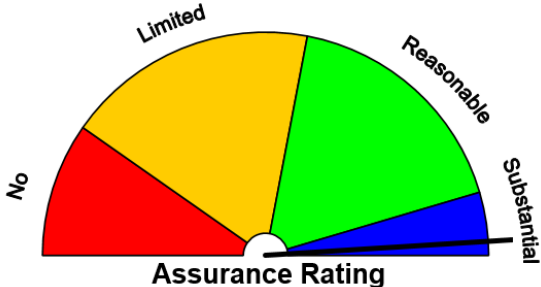
Compliance with Statutory Functions (Assets & Engineering)	 <p>Assurance Rating</p>			
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Highway structure asset data and related inspection information are robustly recorded	8	5	1	2
Structural inspections are carried out by appropriate officers according to a clear and comprehensive schedule	14	8	1	5
Suitable progress is being made towards implementing the 'Well-Managed Highway Infrastructure Code of Practice 2016'	3	2	1	0
TOTALS	25	15	3	7
Summary of Weakness		Risk Rating	Agreed Action Date	
There was no formal asset management policy in place for highway structures and only limited procedural guidance had been documented.		Low Risk	31/03/2025 Future Action	
All relevant inspection data was not held within the asset management software BridgeStation.		Low Risk	30/06/2024 Future Action	
Not all recommendations arising from inspections were adequately captured so that they could be acted on if deemed necessary.		Low Risk	31/03/2024 Future Action	
There was no established process to remove remedial works identified from the maintenance workbank once they were completed, or to prevent duplicate works being created in the workbank.		Low Risk	31/03/2024 Future Action	
The annual General Inspection programme was not being consistently updated for new structures added to the asset management software BridgeStation during the year.		Low Risk	31/03/2024 Future Action	
We identified instances where General Inspections were carried out, despite them not being present on the inspection programme, utilising valuable resource.		Low Risk	31/03/2024 Future Action	
Where a structure was marked on the asset management software BridgeStation as not requiring inspection, the reason for this was not always clearly documented.		Low Risk	31/12/2024 Future Action	
The Council's approach to risk-based inspection had not yet been fully formulated or documented.		Low Risk	30/06/2024 Future Action	
There was a high proportion of overdue General and Principal Inspections and it was not clear that the risk attached to this had been adequately considered at an individual structure level		Moderate Risk	30/06/2024 Future Action	
There was no robust process in place to ensure that the annual General Inspection programme was on track.		Low Risk	31/03/2024 Future Action	
Completed inspections were not routinely subject to review by a second senior officer.		Moderate Risk	31/03/2024 Future Action	
There was no programme of structural reviews in place.		Low Risk	30/06/2024 Future Action	
The project plan to achieve compliance with the 'Well-Managed Highway Infrastructure Code of Practice 2016' had not been refined to contain accurate timescales and responsibilities		Moderate Risk	31/01/2024 Action Due	

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Climate Change 2022-23	 <p>Assurance Rating</p>			
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
There is a framework of policies, strategies and structures in place to enable an effective response to climate change.	14	7	7	0
The Council has a robust action plan to address climate change, which is subject to suitable monitoring and review.	9	4	4	1
TOTALS	23	11	11	1
Summary of Weakness	Risk Rating	Agreed Action Date		
At the time of audit fieldwork, the Green Board (now the Sustainability Board, following the first meeting on 5th October 2023) had not been formed. Subsequently, there was no governance structure in place to approve the commitment for the city to become net zero by 2035. Despite this, the commitment for the city to become net zero by 2035 had been published by the Council within the Climate Change Action Plan, Council Plan and Delivery Plan. Subsequently, the decarbonisation plan and direction for the city was unclear and open to interpretation.	Moderate Risk	01/09/2024 Future Action		
Climate actions and implications were not consistently considered within the Council's Business Plans.	Low Risk	31/03/2024 Future Action		
At the time of audit, we could not confirm if Climate change standards had been fully embedded within procurement policies and processes. Additionally, actions to develop sustainable procurement methods were not being met due to a lack of resources.	Low Risk	31/03/2024 Future Action		
The impacts of Climate Change were not specifically included within the Council's Business Continuity Plan.	Low Risk	20/11/2023 Risk Accepted		
Climate Change training provided in the annual Councillor Training Programme was not mandatory, but 'advisory'. This did not align with Action 2.4b in the Climate Change Action Plan.	Low Risk	01/03/2024 Action Due		
There was no plan in place for the continuous training of staff to ensure that they remained up to date on climate change developments, policies and regulatory changes in respect to the Council Commitments.	Low Risk	31/01/2024 Action Due		
The Climate Change Action Plan lacked specific details, such as clear and consistent timeframes, details of how actions have been prioritised and consistent units of measurement.	Low Risk	31/08/2024 Future Action		
Facilitation of the Climate Change Action Plan and the goal of net zero by 2035, was highly reliant on the expertise, monitoring and coordination of two Climate Change Officers. Additionally, there was no long-term contingency and succession arrangements in place in the event that Climate Change Officers were absent for a long period of time.	Moderate Risk	01/09/2024 Future Action		
The People Service directorate was not included within the Climate Change Action Plan 2022-2024 due to a focus being directed upon scope 1 and 2 emissions during initial engagements.	Moderate Risk	31/08/2024 Future Action		
Despite committing to net zero by 2035, the 2019 carbon foot printing exercise did not include scope 3 emissions; therefore, material scope 3 emissions of the Council were unknown. Additionally, it was unknown if or how scope 3 emissions were to be measured in the 2-year baselining exercise detailed in the Climate Change Action Plan.	Low Risk	31/08/2024 Future Action		

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Due to limited resources the Council had been unable to compile a Green House Gas inventory, containing material emissions for the authority. As a result, actions within the plan were ranked by each individual services ability to achieve each action in the timeliest manner.	Low Risk	31/08/2024 Future Action
The Council had not calculated the emission reduction potential of actions within the Climate Change Action Plan, as a result there was no way of establishing if cumulative actions had the emission reduction potential to achieve the Council's goal of net zero by 2035.	Moderate Risk	31/08/2024 Future Action
The Council's climate change commitment of net zero lacked refined detail relating to scope, boundaries, targets and methodology. Subsequently climate related commitments were broad and open to interpretation.	Moderate Risk	31/08/2024 Future Action

General Licensing 2022-23				
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
An overarching policy and associated procedures are in place for all aspects of licensing, ensuring that licenses are issued in compliance with relevant guidelines and legislation.	10	8	2	0
Fees and charges associated with licensing are set in line with national guidance and reviewed regularly, with all income being collected appropriately and fully reconciled.	7	7	0	0
TOTALS	17	15	2	0
Summary of Weakness		Risk Rating	Agreed Action Date	
Not all license types had associated procedure notes for inputting them into the relevant system/ database.		Low Risk	01/06/2024 Future Action	

Trading Standards Complaint - RIPA Logs:

This was an additional piece of work that Internal Audit undertook as part of the work it was doing to provide assistance to the Head of Regulatory Services following receipt of a complaint.

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RECOMMENDATION TRACKING (as at 12th March 2024)

Final Report Date	Audit Assignments with Open Recommendations	Assurance Rating	Recommendations Open		
			Action Due	Being Implemented	Future Action
Peoples					
06-Feb-24	Residential Care 2023-24	Limited			7
06-Mar-24	Management of Schools Exclusions	Limited	4		
27-Nov-19	Deprivation of Liberty	Limited		1	
16-Nov-23	Establishment Reviews - Bonsall View	Reasonable			2
11-Oct-23	Establishment Reviews - Children & Young People	Reasonable	7		
12-Sep-23	Safeguarding - The Role of the LADO	Reasonable	1	2	1
12-Jun-23	Element 3 Funding	Reasonable			1
07-Dec-22	Home Care 2022-23	Reasonable		2	
09-Feb-23	Shared Lives 2022-23	Reasonable		1	
16-Aug-22	Fostering Services	Reasonable		1	
05-May-23	D2N2 Children's Homes Contract	Reasonable		4	
9-Nov-23	Establishment Reviews – Perth House	Substantial			1
11-Jan-23	Hospital to Home - Protection of Property	N/A		1	
Chief Executives					
28-Sep-23	PCI Compliance 2022-23	Limited	2	5	1
19-Oct-22	Pre-Employment Checks	Limited		2	
15-Apr-19	Public Utilities Management	Limited		1	
07-Nov-23	Fire Safety Compliance Management	Reasonable			3
07-Nov-23	Cash Handling 2022-23	Reasonable		1	
27-Jan-23	Strategic Communications	Reasonable	1	1	
26-Oct-23	Mgt. of Information in a Remote Environment	Reasonable		2	1
17-Jan-22	Digital Workforce - Windows 10 Build	Reasonable		1	
31-Mar-22	Boundary Defence	Reasonable		1	
24-Apr-19	Document Management & Network Printing	Reasonable		1	
03-Oct-23	Procurement Cards 2022-23	Substantial		1	
17-Mar-23	Organisational Performance Management 2022-23	Substantial			3
05-Dec-22	Property Design & Maintenance	Substantial		1	
07-Feb-22	Payment Systems - In Light of Covid 19	Substantial		1	
09-Apr-20	Taxation	Substantial		1	
02-Aug-23	IT Key Controls 2023-24	N/A		2	
28-Sep-23	Allestree Hall & Golf Course - Investigation	N/A			1
16-Aug-22	IT Key Controls 2022-23	N/A			1
Place					
04-Jan-24	Statutory Functions (Assets & Engineering)	Limited	1		12
29-Feb-24	Climate Change 2022-23	Limited	2		10
16-Jun-23	Building Consultancy	Limited	5		4
14-Jun-21	Derby Arena Car Parks	Limited		4	
10-Aug-23	Street Lighting PFI 2022-23	Reasonable			2
10-Jul-23	Grounds Maintenance 2022-23	Reasonable	2		1
29-Jun-23	Right to Buy 2022-23	Reasonable	1	1	
06-May-22	Parking Permits 2021-22	Reasonable		1	
08-Sep-22	Land Drainage & Flood Control	Reasonable	3		
05-Jan-23	Community Safety	Reasonable		4	
13-Jul-22	Business Continuity - In Light of Covid 19	Reasonable	4		
30-Sep-20	Strategic Housing - Disabled Facilities Grants	Reasonable		2	
11-Jan-24	General Licensing 2022-23	Substantial			1
17-Mar-23	Climate Change - Roadside Air Quality	Substantial		1	
29-Nov-21	Strategic Housing	Substantial		1	
10-Oct-19	CCTV - Access Control - Public Protection	N/A		1	
		Totals	33	48	52

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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 Recommendations Due	Action Due			Being Implemented		
	Significant Risk	Moderate Risk	Low Risk	Significant Risk	Moderate Risk	Low Risk
Peoples						
Management of Schools Exclusions		1	3			
Deprivation of Liberty					1	
Establishment Reviews - CYPE		2	5			
Safeguarding - The Role of the LADO		1			1	1
Home Care 2022-23					2	
Shared Lives 2022-23						1
Fostering Services					1	
D2N2 Children's Homes Contract					3	1
Hospital to Home - Protection of Property					1	
Chief Executive's						
PCI Compliance 2022-23		2			3	2
Pre-Employment Checks					2	
Public Utilities Management						1
Cash Handling 2022-23						1
Strategic Communications			1			1
Mgt. of Information in a Remote Environment					1	1
Digital Workforce - Windows 10 Build						1
Boundary Defence						1
Document Management & Network Printing						1
Procurement Cards 2022-23						1
Property Design & Maintenance						1
Payment Systems - In Light of Covid 19						1
Taxation						1
IT Key Controls 2023-24					2	
Place						
Statutory Functions (Assets & Engineering)		1				
Climate Change 2022-23			2			
Building Consultancy		4	1			
Derby Arena Car Parks					3	1
Grounds Maintenance 2022-23		1	1			
Right to Buy 2022-23			1		1	
Parking Permits 2021-22					1	
Land Drainage & Flood Control			3			
Community Safety						4
Business Continuity - In Light of Covid 19			4			
Strategic Housing - Disabled Facilities Grants					1	1
Climate Change - Roadside Air Quality						1
Strategic Housing						1
CCTV - Access Control - Public Protection					1	
Totals		12	21		24	24

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.

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- 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.

Recommendations To Highlight to Committee	Moderate Risk				Significant Risk			
	3 Months <	3 - 6 Months	6 - 12 Months	12 Months >	3 Months <	3 - 6 Months	6 - 12 Months	12 Months >
Peoples								
Management of Schools Exclusions	1							
Deprivation of Liberty				1				
Establishment Reviews - CYP		2						
Safeguarding - The Role of the LADO	1	1						
Home Care 2022-23			2					
Fostering Services				1				
D2N2 Children's Homes Contract			3					
Hospital to Home - Protection of Property			1					
Chief Executives								
PCI Compliance 2022-23	5							
Pre-Employment Checks				2				
Management of Info. in a Remote Environment	1							
IT Key Controls 2023-24	1	1						
Place								
Statutory Functions (Assets & Engineering)	1							
Building Consultancy		2	2					
Derby Arena Car Parks				3				
Grounds Maintenance 2022-23	1							
Right to Buy 2022-23			1					
Parking Permits 2021-22				1				
Strategic Housing - Disabled Facilities Grants				1				
CCTV - Access Control - Public Protection				1				
	11	6	9	10				

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Highlighted Recommendations

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

Significant Risk Recommendations (> 3 Months Overdue)

There are no significant risk recommendation that are more than 3 months overdue for implementation.

Moderate Risk Recommendations (> 6 Months Overdue)

There are currently 36 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
Deprivation of Liberty	1	01/10/2020	31/03/2024	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. LPS continues to be delayed, an update was received from DHSC to advise that the Liberty Protection Safeguards have been delayed to beyond this parliament. As such, the Derby City Council DOLS policy will need to be reviewed fully. The development of the updated policy is ongoing.
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 procurement 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	30/06/2023	This recommendation covers the responsibility for the back-up of servers on which the CCTV images are being stored on. It has been agreed that Digital & Physical

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Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
				<p>Infrastructure & Customer Engagement will assume responsibility for the servers. This will be reflected in the revised CCTV Policy.</p> <p>This recommendation will be closed off once Audit has seen a copy of the revised CCTV Policy.</p>
Derby Arena Car Parks	3	30/06/2022	01/09/2024	<p>The three moderate risk recommendation were made to address the findings that:</p> <ul style="list-style-type: none"> 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. <p>There is to be a wider discussion to be had about the P&R strategy and where it sits within the wider agenda of the Local Transport Plan for Derby. The EP board has been established, however due to the elections in May and the appointment of a new Cabinet Member for our area the board has only met once. There will be a schedule of dates set for the future meetings and working groups are being established to report through to the EP board.</p>
Parking Permits 2021-22	1	01/07/2022	30/06/2024	<p>Two-factor authentication was not available on the MiPermit system. Two-factor authentication had been rolled out for the Chipside system, and it is expected that it should be coming to MiPermit imminently. There still remains an issue with a third party to resolve. Currently have no response despite chasing.</p>
Pre-Employment Checks	2	31/12/2022 31/10/2022	31/05/2024 31/05/2024	<p>Two moderate risk recommendations were made to address the findings that:</p> <ul style="list-style-type: none"> There were inadequate arrangements in place to identify managers and staff

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Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
				<p>involved in the recruitment process who required training.</p> <p>The recruitment and selection training will be relaunched on the new E-learning platform. The new platform is yet to be launched, as further IT team input is required. Once the E-learning is live it will be mandatory training for all managers. The e-learning platform will keep the record of who has carried out the training.</p> <ul style="list-style-type: none"> Financial checks were not carried out on candidates whose role would mean access to very sensitive financial information. <p>Recommendation allocated to Finance Dept but HR to continue to monitor progress to completion.</p>
Fostering Services	1	31/12/2022	01/04/2024	<p>We found that the overarching Children in Care Placements Commissioning and Sufficiency Strategy 2020-2023 Action Summary document had not included the details on the arrangements in place for monitoring and reporting on the actions assigned to Fostering Services.</p> <p>The Strategy is being refreshed, there has been a slight delay due to resource. This is in draft and due to be put in place. The drafted version is being finalised by the Head of Service to launch with an action plan.</p>
Home Care 2022-23	2	01/04/2023 & 31/05/2023	31/03/2024 & 30/06/2024	<p>Two moderate risk recommendations were made to address the findings that:</p> <ul style="list-style-type: none"> The procedure for processing invoices and accurate payments to Home Care service providers was convoluted, time consuming and an inefficient use of resource. <p>An update in October stated that following the Corporate Information Governance Team's approval of the data handling processes of the portal, a project team was being formed to roll out implementation to all providers.</p> <ul style="list-style-type: none"> The procedure for administering amendments to the agreement with a service provider was longwinded and cumbersome which caused delays in implementing the necessary changes to the service delivery requirements.

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Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
				Changes have been made to the procedure for administering amendments to the agreement, however the whole system approach is being considered in a wider project in finance, this has been delayed due to restructures and finalising roles and responsibilities.
D2N2 Children's Homes Contract	3	31/07/2023 & 31/07/2023 & 31/07/2023	01/06/2024 & 01/06/2024 & 31/03/2024	<p>The three moderate risk recommendation were made to address the findings that:</p> <ul style="list-style-type: none"> An Outcomes and Performance Management Framework had not been established as required by the Service Specification and evidence of Quality Assurance reviews undertaken could not be located. <p>This will not be a quick short-term fix and will need to develop alongside improved provider engagement strategy. The commissioning team are currently investigating two complaints against off framework providers which will in turn inform process. The process has begun, and action is ongoing. Progress will inform the D2N2 task and finish group monthly. This process is being discussed but the emphasis is on a more local approach by Derby City Council around performance and outcomes of the framework and individual placement agreements. Locally producing mechanisms to monitor and feedback to the wider D2N2 group.</p> <ul style="list-style-type: none"> Risks had not been identified and formally recorded on a risk register for the D2N2 Collaborative Commissioning Board to review. Key risks were therefore not being monitored or scrutinised on a regular basis. <p>This is an ongoing action, formally looking at local risk register for the risks with placements. Mechanisms are in place to discuss at board. But more formal conversations need to take place with HOS and D2N2 operational group.</p> <ul style="list-style-type: none"> The Commissioning Team did not know if checks were completed on the framework directory spreadsheet to ensure its accuracy following the annual uplift price increase. <p>New directory is being circulated before the end of this financial year. This is being</p>

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Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
				checked thoroughly as part of the contract extension process. Evidence requested and action date amended to 31 March 24 to allow this to be supplied.
Hospital to Home - Protection of Property	1	30/06/2023	29/02/2024	<p>There was no overarching, formally recorded and approved policy document in place that explained the Council's approach to ensuring the safeguarding of customers and members of staff when dealing with circumstances that required the protection of customers personal property across the service.</p> <p>In October 2023 the drafted guidance was circulated for comment. A further update in January 2024 stated that all parties asked to provide comments had now done so. The document needed to be updated and given a final review.</p>
Building Consultancy	2	30/06/2023 & 31/07/2023	30/04/2024 & 30/06/2024	<p>Two moderate risk recommendations were made to address the findings that:</p> <ul style="list-style-type: none"> Fees were not being published in compliance with the Building (Local Authority Charges) Regulations 2010. The Data Sharing Agreement is lacking information needed. It isn't clear what information is held or what precisely it would be used for. <p>An informal verbal update from the Head of Regulatory Services is that both recommendations are being pursued. However, the Head of Regulatory Services is reliant on a third party (Derbyshire Building Control Consortium) to implement the recommendations. In terms of fees and charges the Head of Regulatory Services just needs to clarify that this action has been implemented. With regard to the recommendation on the data sharing agreement the Head of Regulatory Services understands that this still needs to be reviewed.</p>
Right to Buy 2022-23	1	31/08/2023	31/3/2024	<p>There were limited checks on junior officer's work and there was no requirement for Right to Buy sales to be authorised by a Senior Officer or Head of Service.</p> <p>Supporting evidence provided that the Housing Renewal Officer is carrying out thorough checks on the applications and</p>

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Audit Review	No of Recs overdue	Original Action Date	Revised Date	Reason for Delay
				the Service Manager is providing approval. Appropriate training is in the process of being identified.

Low Risk Recommendations

There are currently 45 low risk recommendations that are overdue for implementation. Of these 45, there are 15 that exceed 12 months overdue, and in 9 of these cases Internal Audit has agreed a revised implementation date. We have not received responses in relation to the remaining 6 recommendations which arose from the following two audits: Land Drainage & Flood Control, Business Continuity - In Light of Covid 19.

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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	Current Position
1. We should ask staff to complete a Personal Development Plan as part of our overall Training & Development Plan for the Team.	Currently we only have individual development plans. We are looking at how best to convert this into a CMAP Training & Development Plan. No progress due to other higher priorities.
2. We should formally develop our approach around the use of data analytics and other CAATs and identify the benefits it could bring to the audit processes.	Strategy for the use of data analytics within CMAP needs to be produced.
3. We should continue to develop the process for incorporating other assurance information into our 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 partner organisation. We also need to get all Partners interested in producing their own Assurance Maps.	This approach may need to vary for each partner. All are at different stages in relation to what they are doing on assurance mapping and what CMAP can use in its process. A consultancy piece of work on assurance mapping has been assigned at Derby CC but is on hold due to lack of engagement.
4. 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. This will be particularly important given the proposed changes to the composition of Audit Committees with the addition of co-opted/	Support is currently provided at four partners to help them assess the effectiveness of their audit committees.

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Actions	Current Position
independent members.	
5. 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.	No progress made on a formalised approach. However, other work and audit work informs our knowledge on this.
6. To review all CMAP reports that are to be published to assess compliance with the Web Content Accessibility Guidelines (WCAG).	We will progress with this once we have implemented the new Audit Management System and assessed the reporting templates that are available.
7. To implement the new Audit Management System ready for go live on 1st April 2024.	Training has been held on the new system. Developments e.g., the standard audit reporting template are being finalised. Still a number of issues to iron out.

QAIP 2024/25

The QAIP for 2024/25 was agreed by the Partnership Board on 6th March 2024. For 2024/25, a new action has been added to current seven actions. The new action is to address the new Global Internal Auditing Standards that come into effect in January 2025. We are currently waiting for CIPFA to provide guidance on how the new Standards should be applied to the Public Sector. The new action is:

“To review all guidance (upon its release) on the application of the new Internal Auditing Standards to the Public Sector.”

CMAP conforms to the Public Sector Internal Audit Standards published in 2017.