central midlands audit partnership

Derby City Council –
Audit Progress Report
Audit & Accounts Committee: 6th November 2019

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.

Contacts

Richard Boneham CPFA
Head of Internal Audit (DCC) &
Head of Audit Partnership
c/o Derby City Council
Council House
Corporation Street
Derby, DE1 2FS
Tel. 01332 643280
richard.boneham@derby.gov.uk

Adrian Manifold CMIIA
Audit Manager
c/o Derby City Council
Council House
Corporation Street
Derby
DE1 2FS
Tel. 01332 643281
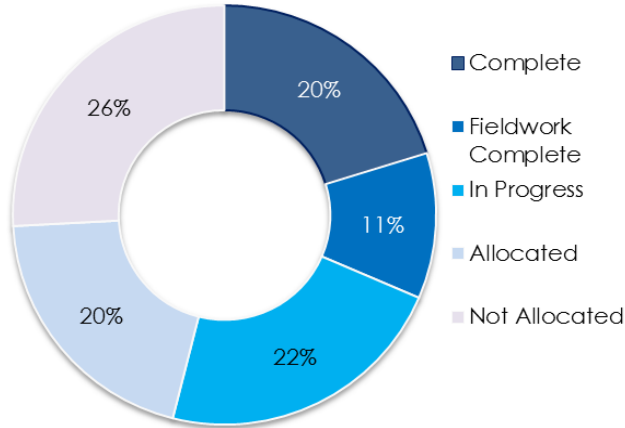adrian.manifold@centralmidlandsaudit.co.uk

Mandy Marples CPFA, CCIP
Audit Manager
c/o Derby City Council
Council House
Corporation Street
Derby
DE1 2FS
Tel. 01332 643282
mandy.marples@centralmidlandsaudit.co.uk

CMAP central midlands audit partnership

Providing Excellent Audit Services in the Public Sector

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AUDIT DASHBOARD

Plan Progress

- 20% Complete
- 11% Fieldwork Complete
- 22% In Progress
- 20% Allocated
- 26% Not Allocated

Jobs Completed in Period

Control Assurance Ratings During Period

None	Limited	Reasonable	Comprehensive	N/A
0	3	2	2	2
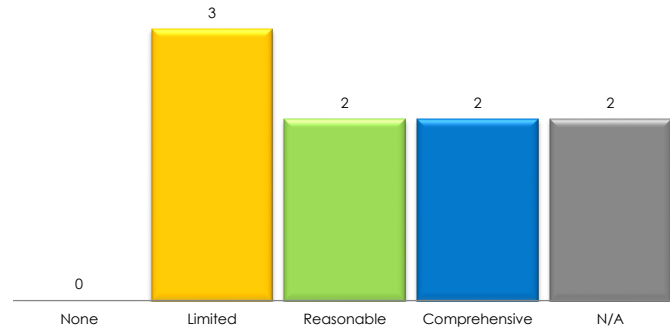
Recommendations

Movement During Period

	Critical Risk	Significant Risk	Moderate Risk	Low Risk
Recs Made in Period	0	4	18	26
Recs Closed in Period	0	8	39	64
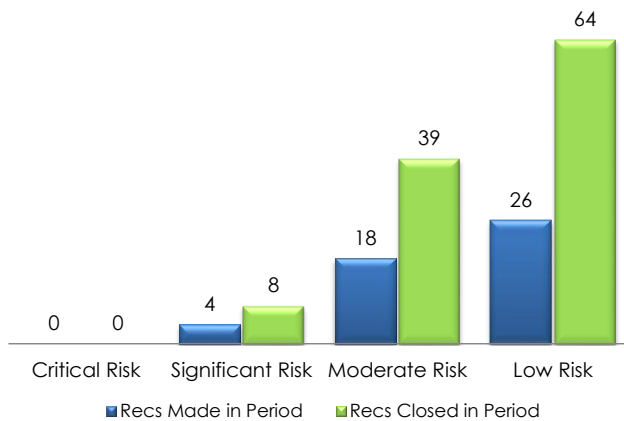
Recommendations

Recommendations Currently Open

	Critical Risk	Significant Risk	Moderate Risk	Low Risk
Revised Target	0	0	15	37
Target Past	0	5	5	8
Future Target	0	11	26	16
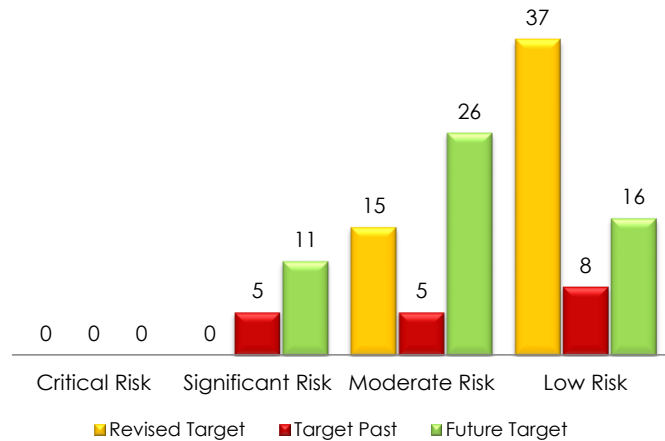
Recommendations

Overdue Recommendations

	3 Months <	3 - 6 Months	6 - 12 Months	12 Months >
Critical Risk	0	0	0	0
Significant Risk	5	0	0	0
Moderate Risk	5	3	6	6
Low Risk	9	6	16	14
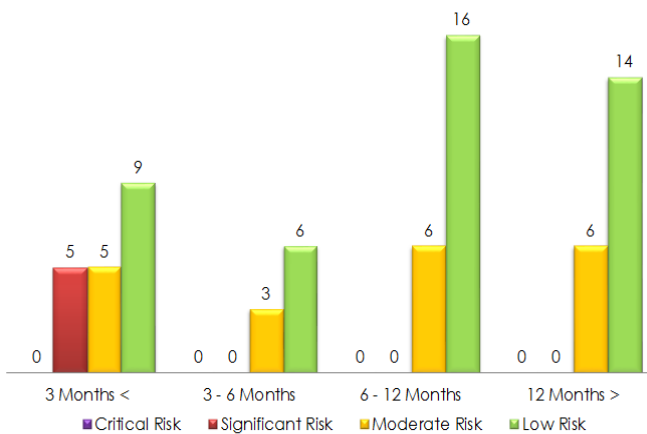
Customer Satisfaction

Customer Satisfaction Scores Oct 18 to Sep 19

Excellent	Good	Fair	Poor	Very Poor
19	4	1		
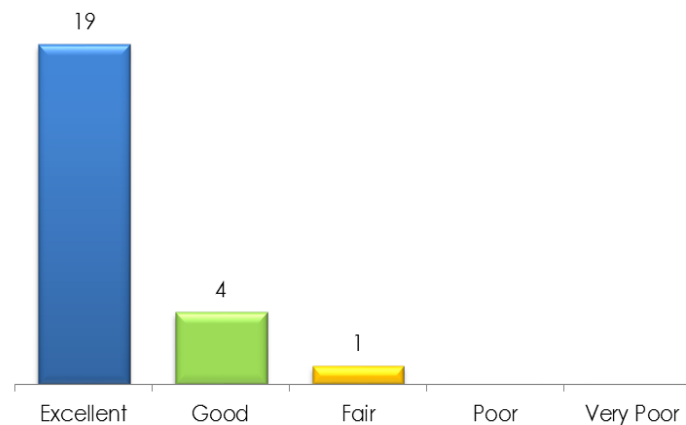
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AUDIT PLAN

Progress on Audit Assignments

The following table provide Audit Sub-Committee with information on how ongoing audit assignments were progressing as at 30th September 2019.

2019-20 Jobs	Status	% Complete	Assurance Rating
Corporate Core			
Risk Management Strategy & Process	Allocated	10%	
Programme Management Office	In Progress	45%	
A52 Corporate - Follow Up	In Progress	10%	
Peoples			
Billing for Home Care	In Progress	30%	
Adult Social Care - Budget Management	Not Allocated		
Deprivation of Liberty	Draft Report	95%	
Adult Learning Service - Cultural Change	Allocated		
Payments for Children's Social Care	Fieldwork Complete	90%	
~~Unaccompanied Asylum Seeking Children~~	Combined		
Childrens Social Care - Budget Management	Not Allocated		
Special Educational Needs & Disability (SEND)	Not Allocated		
Phase 2 of Controcc Implementation	Not Allocated		
Childrens Commissioning - Contract Monitoring	Not Allocated		
NHS - IT Toolkit	Allocated	5%	
Peoples - Scheme of Delegation	Draft Report	95%	
Peoples - Records Management	In Progress	15%	
Peoples - Risk Management	Allocated	5%	
Peoples - Contract Management	Not Allocated		
Primary School Investigation	In Progress	60%	
Corporate Resources			
Grant Certification Work 2019-20	In Progress	75%	
Main Accounting 2019-20	Allocated	5%	
Commercialisation / Commercial Investments	Not Allocated		
Treasury Management	Allocated	20%	
Taxation	Not Allocated		
Housing Benefits & Council Tax Support	Not Allocated		
Universal Credit	Allocated	5%	
Cashless Council Initiative	Not Allocated		
~~Council Tax~~	Combined		
NNDR & Council Tax	Allocated	10%	
Debt Recovery	In Progress	40%	
Creditors	Not Allocated		
HR Strategy - Project	Not Allocated		
Attendance Management-First Care	Not Allocated		
Agency Spend	Not Allocated		
Credit / Procurement Cards	Not Allocated		
Property Valuations	Not Allocated		
IT Governance	Not Allocated		
Network Infrastructure Audits			

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	Status	% Complete	Assurance Rating
Digital Strategy			
IT Applications			
Project Development			
Local Information Software Support			
Data Security Process Testing	Not Allocated		
Records Management Policy	Allocated		
SIRO / Caldicott Guardian	Allocated	5%	
Digital Channels - Terminal4	In Progress	50%	
Digital Channels – Firmstep	In Progress	30%	
Database Servers	Allocated		
Domain Accounts	Allocated		
Corporate Resources - Scheme of Delegation	Draft Report	95%	
Corporate Resources - Records Management	In Progress	15%	
Corporate Resources - Risk Management	Allocated		
Corporate Resources - Contract Management	Not Allocated		
Coroner's Service	Final Report	100%	Limited
Communities & Place			
New Swimming Pool Complex - Contract Mgmt	In Progress	40%	
BREXIT Planning	Allocated		
Bereavement Services	Fieldwork Complete	90%	
~~Building Consultancy – Partnership~~	Removed from Plan		
Street Lighting PFI	Not Allocated		
Sinfin Waste Plant / Incinerator	Not Allocated		
Parking Services – Cashless Payments	Final Report	100%	N/A
Bus Station – Processes & Procedures	Not Allocated		
A52 Scheme - Follow Up	In Progress	40%	
Planning Application Process	Allocated	5%	
External Funding- Vetting (EPM Ltd)	Allocated		
Assembly Rooms - Contract Management	In Progress	65%	
Market Hall Refurbishment – Contract Mgmt	In Progress	50%	
Our City Our River - Contract Management	In Progress	15%	
Communities & Place - Scheme of Delegation	Draft Report	95%	
Communities & Place - Records Management	In Progress	15%	
Communities & Place - Risk Management	Allocated	5%	
~~Communities & Place - Contract Management~~	Removed from Plan		
Planning Application	Complete	100%	N/A
Catering 2019-20	Final Report	100%	Limited
Derby Arena Car Parks	Fieldwork Complete	80%	
Anti-Fraud & Corruption			
DCC Anti Fraud & Corruption Initiatives	In Progress		
~~Primary School Investigation~~	Moved	20%	
~~Catering 2019-20~~	Moved	0%	
~~Derby Arena Car Parks~~	Moved	10%	
Schools			
Schools SFVS	Allocated		

B/Fwd Jobs	Status	% Complete	Assurance Rating
Peoples			
Local Area Co-Ordination	Fieldwork Complete	90%	
Corporate Parenting - PEP monitoring	Final Report	100%	Reasonable

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Social Care - Prevention & Early Intervention	On Hold	10%	
Children Sexual Exploitation Prevention Strategy	Final Report	100%	Reasonable
Corporate Resources			
Payroll	Final Report	100%	Reasonable
Key financial systems - GL interfaces	Complete	100%	
Fixed Assets 2018-19	Draft Report	95%	
Creditors Accounts Payable	Draft Report	95%	
Grant Certification Work	Final Report	100%	Comprehensive
Document Management/Network printing	Final Report	100%	Reasonable
Liquid Logic/Servlec Follow-up	Final Report	100%	Reasonable
People Management 2017-18	Final Report	100%	Reasonable
CCTV - Access Control	Final Report	100%	Limited
Public Utilities Management	Final Report	100%	Limited
Communities & Place			
Planning and Development Control	Final Report	100%	Comprehensive
Taxi Licensing	Final Report	100%	Comprehensive
Investigation/Probity			
A52 - Project overspend - Systems Weaknesses	Final Report	100%	None
Schools			
Schools SFVS self Assessment 2018/19	Final Report	100%	N/A

Audit Plan Changes

A number of changes have been made to the plan since the last update report:

Corporate Core:

- As part of the Council wide review of contract management a follow up audit on the "corporate" recommendations made as part of the A52 systems weakness report has been added to the plan.

People Services:

- The audit reviews of s17 Payments and Unaccompanied Asylum Seeking Children have been combined into one review entitled "Payments for Children's Social Care".

Corporate Resources:

- The Council Tax and NNDR audits have been combined as both have the same objectives to review the Council's collection rates, and to assess whether recovery action is in line with Council Policy.
- A review of the Council's system for payment of its contribution towards the Derbyshire Coroner's Service was requested by the former Strategic Director of Corporate Resources
- The broad headings in the IT Audit plan are now being broken down into specific reviews e.g. Digital Strategy is being addressed through the Digital Channel audits of Terminal 4 and Firmstep.

Communities & Place:

- The review of the Building Consultancy Partnership has been postponed as the service level agreement is currently being reviewed.
- A follow up on progress with the implementation of recommendations made in the "A52 - Project overspend - Systems Weaknesses" report has been added to the plan.
- A review of the Council's Planning Application Process has been added to the plan to provide assurance around the design of the control environment and compliance with it.
- The plan heading "Communities & Place – Contract Management" has been broken

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down over several individual projects:

- o Assembly Rooms
- o Market Hall Refurbishment
- o Our City Our River
- o New Swimming Pool Complex

- Internal Audit was asked to provide an independent review on concerns raised by an interested party to a planning application.

- A follow up audit has been undertaken on catering within Derby Live. The review has focussed on the progress made with the implementation of recommendations made following the Derby Live Catering investigation n undertaken in 2018/19.

- Audit work was undertaken around the management of the Derby Arena car park and the cash collection by the Council's contractor following concerns being raised with Internal Audit.

Brought Forward Audits from 2018/19

People Services:

- The audit review of Social Care - Prevention & Early Intervention has been put on hold as the service is going through a re-structure which will impact on the audit and our ability to carry out work at this time.

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AUDIT COVERAGE

Completed Audit Assignments

Between 1st June 2019 and 16th October 2019, the following audit assignments have been finalised since the last Progress Report was presented to this Sub-Committee.
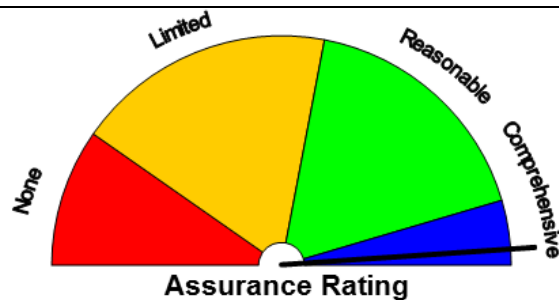
Audit Assignments Completed in Period	Assurance Rating	Recommendations Made				% Recs Closed
		Critical Risk	Significant Risk	Moderate Risk	Low Risk	
Taxi Licensing	Comprehensive				1	100%
Children Sexual Exploitation Prevention	Reasonable			4	1	20%
Key Financial - GL Interfaces	N/A					n/a
Planning & Development Control	Comprehensive				4	0%
Payroll	Reasonable			2	2	25%
Catering 2019-20	Limited			5	1	17%
Coroner's Service	Limited	3				0%
Parking Services - Cashless Payments	N/A					n/a
Digital Channels – Terminal 4	Interim Memo	1				100%
Digital Channels - Firmstep	Interim Memo			2		50%
CCTV – Access Control	Limited			5	17	60%
Planning Process Complaint	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 has 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.
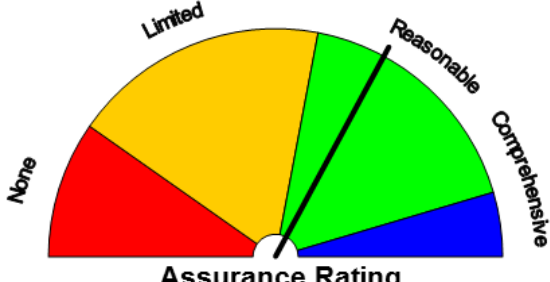
Taxi Licensing

Note: No physical check was undertaken on drivers or vehicles during the audit review. All checks related to the existence of records only e.g. current vehicle certificate of compliance, driver's licence etc.

Assurance Rating

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
There are adequate checks in place before a licence is issued to ensure the driver was eligible.	11	10	1	0
There are adequate ongoing checks in place that ensure the taxi driver and vehicle continues to be eligible and can continue working.	4	3	0	1
There are adequate procedures in place that ensure payments made to the Council are properly recorded and accounted for.	5	5	0	0
TOTALS	**20**	**18**	**1**	**1**

Summary of Weakness	Risk Rating	Agreed Action Date
The public register of vehicles was not accurate as it contained incorrect information on a	Low Risk	Implemented

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vehicle registration number.

Children Sexual Exploitation Prevention Strategy

Assurance Rating

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
There are processes in place that identify, assess and refer potential child sexual exploitation cases for further investigation.	6	5	0	1
There are robust arrangements in place to manage the performance of the provider of integrated child exploitation and preventions services (Safe and Sound).	6	2	0	4
TOTALS	**12**	**7**	**0**	**5**

Summary of Weakness	Risk Rating	Agreed Action Date
The document library, which was the key source of standard documentation and templates used for dealing with potential cases of child sexual exploitation, was not publicised on the Council website. This leads to the risk of inconsistencies and delays in the referral process.	Low Risk	Implemented
A risk assessment of the service provider's ability to meet the terms and conditions of the contract had not been undertaken as part of the contract management process to ensure the appropriate contract monitoring arrangements were in place throughout the term of the contract.	Moderate Risk	17/10/2019 Future Action
Annual performance targets for monitoring the impact and effectiveness of the service provided by Safe and Sound had not been agreed. As a result, it is difficult to assess compliance with the contract. It is also difficult to assess the impact and effectiveness of the service provided by Safe and Sound in relation to the prevention of potential cases of child sexual exploitation.	Moderate Risk	30/10/2019 Future Action
There was an inadequate level of detail recorded in the minutes to contract management meetings and no standard template used for setting an agenda and filing all documentation in a standard electronic filing structure to ensure a contract file was maintained in a generic manner.	Moderate Risk	30/10/2019 Future Action
The service provider did not provide the full range of data expected to demonstrate compliance with contract requirements.	Moderate Risk	01/12/2019 Future Action

Key Financial - GL Interfaces

This was an audit brought forward from the 2018/19 internal audit plan. The majority of the scope of this review was covered by internal audit work on other key financial systems completed in 2018/19 and within the audit review of s24 Recommendation. For instance, reconciliations between payroll and the General ledger were tested in the 2018/19 payroll audit and there were no issues arising from our testing. The cash management audit in 2018/19 tested reconciliations between the Council's income system, general ledger, bank and recipient services. This was assessed as adequate. There is also a secure means of data transfer between the various feeder systems and the general ledger, through egress switch, which was tested by the IT Audit team.

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Planning & Development Control

Assurance Rating

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Planning enforcement activities are dealt with effectively and efficiently, are adequately documented and controlled with appropriate enforcement action taken where appropriate.	17	13	4	0
TOTALS	**17**	**13**	**4**	**0**

Summary of Weakness	Risk Rating	Agreed Action Date
Officers were not consistently recording the date and results of site visits within the enforcement case notes/comments facility in the planning system.	Low Risk	31/08/2019 Action Due
There were no standard letter templates which could be used to save time and correspond about common themes in relation to planning enforcement cases.	Low Risk	30/09/2019 Action Due
Decisions made not to investigate, close a case or proceed with further action were not always formally documented.	Low Risk	31/08/2019 Action Due
There was no formal performance review undertaken to determine if the enforcement team were taking action in accordance with the priority level targets that had been set.	Low Risk	30/09/2019 Action Due

Payroll

Assurance Rating

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
To ensure all employees on the payroll are bona fide employees of the authority.	4	2	0	2
To ensure that all leavers details are recorded and actioned promptly and accurately.	6	3	2	1
To ensure that variations to pay are properly authorised and documented.	6	5	1	0
Payments made to staff are authorised, accurate and appropriate.	9	8	0	1
TOTALS	**25**	**18**	**3**	**4**

Summary of Weakness	Risk Rating	Agreed Action Date
The HR establishment list was controlled and managed solely by HR Data Management with no authorisation or independent reconciliations being able to be carried out.	Low Risk	31/10/2019 Future Action
Leaver forms were not being adequately checked before being processed by payroll.	Moderate Risk	31/10/2019 Implemented

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ECF forms were being left in the ECF tracker as needing approval despite being out dated or superseded.	Low Risk	31/10/2019 Future Action
Data input did not have a secondary check to confirm that it was accurate to the information supplied by the employee. There was no guidance available on how to resolve a missing payment and recover the funds.	Moderate Risk	31/10/2019 Future Action

Catering 2019-20

Assurance Rating

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
There is a stock management system in place that ensures stock items are properly controlled and documented.	9	5	4	0
All cash is held in a secure location with restricted access and there are adequate records maintained to ensure all cash is properly accounted for.	3	3	0	0
There are systems in place that ensure the accuracy and the validity of additional hours worked.	2	0	2	0
TOTALS	**14**	**8**	**6**	**0**

The timeframe and the implementation plan for the second phase of the new Legend Club Management System to include the stock control module had not been formally documented.	Moderate Risk	31/01/2020 Future Action
There was not a formal timetable in place to ensure stock counts across all the sites were undertaken at regular intervals in a consistent manner.	Low Risk	31/10/2019 Future Action
There was an inadequate storage facility at the Derby Arena to store catering stock and the current arrangement was a potential health and safety risk.	Moderate Risk	31/01/2020 Future Action
The arrangement for locating the relevant officers and obtaining the keys to access the storage areas for the catering stock at the Derby Arena and the Guildhall cellar was problematic and time consuming.	Moderate Risk	Implemented
The process for recording and claiming the hours worked by employees who worked varied hours was convoluted, time consuming and not sustainable in the long term.	Moderate Risk	31/03/2020 Future Action
Not all members of staff employed at a grade F maintained a Work Life balance recording sheet and the debit or credit balance brought forward to the next period had frequently exceeded the 20 hour limit.	Moderate Risk	30/11/2019 Future Action

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Coroner's Service				
Assurance Rating				

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Derby City Council has documented arrangements in place with Derbyshire County Council, setting out the basis of the recharge (allocation of costs) for the coroner's service together with arrangements for the provision of supporting information to the City.	4	0	0	4
Derby City Council has arrangements in place to ensure that the recharges for the coroners service are reasonable, proportionate and are not overstated.	4	0	1	3
TOTALS	**8**	**0**	**1**	**7**

Summary of Weakness	Risk Rating	Agreed Action Date
Derby City officers approving payment to the County cannot demonstrate that the payments they are authorising are not overstated.	Significant Risk	29/11/2019 Future Action
Derby City Council has not specified the information and arrangements it needs to be assured that it is not being overcharged for the Coroners service.	Significant Risk	29/11/2019 Future Action
Information received by Derby City Council is not sufficiently detailed to provide assurance that the recharges for the Coroners service are reasonable, proportionate and are not overstated.	Significant Risk	29/11/2019 Future Action

Parking Services - Cashless Payments

Cashless car parking payments was highlighted as an area for Internal Audit review following the implementation of the MiPermit system. The planned intention of the audit review was to ensure that the MiPermit system was robust and well controlled before parking permits were added in October 2019. Discussions with Parking Services indicated that there were no controls in place at the time to monitor the MiPermit system and there was potentially a lack of tools to implement these controls within the system. As a result, it was agreed that this piece of work would be conducted as a consultancy review.

The objective of this review was to provide a high level assessment of the MiPermit system, including the identification of key controls within the system. To achieve this, we have:

- Documented the system as it was currently working;
- Tested the operation of the system by undertaking a walkthrough of one item from the booking process to the point at which income is received by the Council.

The results of this work have been used to identify key controls and to identify system weaknesses. The issues/findings were discussed with management along with a number of recommendations that we felt needed to be implemented to mitigate the risks identified within the system.

The following issues were considered to be the key control weaknesses:

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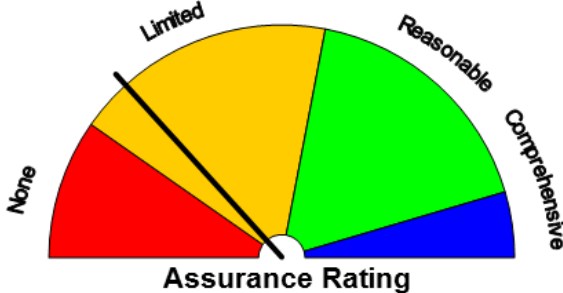| Area	Summary of Weakness
User Access	• There was no two-factor authentication available when logging into the MiPermit System. • The access of service user's records and account settings was not being monitored by management. • All members of the parking services team had access to the same parts of the MiPermit dashboard as managers. • A MiPermit user was able to gain full access to a service user's account and edit all the details, even changing their account password and registration details.
Monitoring	• Management reports were not being reviewed from a performance aspect to identify where the MiPermit Scheme has been successful or otherwise. There were no performance objectives in place to assess these against. • A MiPermit user could apply for a refund of an expired payment without any reasoning provided or authorisation check. There was no clear audit trail of the refund process. • Invoices from MiPermit were not being checked by Parking Services to confirm they were accurate before payment.
System Errors	• The payments and system section of the reporting tab had three reports which generated an error when they were run. • The user activity report only detailed activity relating to service users and parking charges. Any activity relating to other user's accounts could be completed without an audit trail. This report also did not detail when a user had changed a service user's account details, only when they had created a stay. • The reports received from MiPermit themselves were not consistent with the reports on the MiPermit dashboard.

Digital Channels – Terminal4

During the testing for the Digital Channels - Terminal4 audit, we identified a data protection risk relating to the ContrOCC database. Backups of the ContrOCC database were accessible to all users of the network, exposing thousands of records containing personal and sensitive information. We issued an interim memo to management highlighting this control weakness and made a significant risk rated recommendation, which has already been addressed to our satisfaction by management. This audit is still ongoing.

Digital Channels - Firmstep

During the testing for the Digital Channels - Firmstep audit, we identified some data protection risks relating to the Lagan_live database and SQL Server backup files relating to numerous applications including Servelec Synergy (Children's Management System). Valid SYSADMIN passwords which granted access to the lagan_live database were accessible in plain text to all users of the network. Furthermore, backup files relating to the Servelec Synergy databases were accessible to all users of the network, breaching data protection principles. We issued an interim memo to management highlighting these control weaknesses and made 2 moderate risk rated recommendations; 1 of which has already been addressed to our satisfaction by management; the other is due to be implemented by 31st October 2019. This audit is still ongoing.

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CCTV – Access Control

Assurance Rating

Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
This audit focused on testing the systems in place to manage the Council's closed circuit television camera (CCTV) networks and assessed them against the 12 Principles for system operators found in the Home Office Surveillance Camera Code of Practice. The 12th Principle which concerns the use of cameras in conjunction with reference databases (for example Automatic Number Plate Recognition systems – ANPR) was outside the scope of this audit. The audit covered the camera networks that fed into the Council House CCTV Room (public area and surface level car park cameras), Council House Porters Room (Council House cameras) and Bold Lane car park (the Assembly Rooms, Chapel Street and Bold Lane multi-storey car parks cameras). It did not include any other surveillance camera networks such as the bus station, leisure centres or libraries.	22	7	6	9
TOTALS	**22**	**7**	**6**	**9**

Summary of Weakness	Risk Rating	Agreed Action Date
Corporate Resources (Council House)		
We were unable to confirm that the CCTV Privacy Impact Assessments had been subject to annual review.	Low Risk	Implemented
The Council was failing to adequately advertise that CCTV was in operation and did not consistently provide the information required by the Home Office Surveillance Code of Practice (Principle 3).	Low Risk	30/10/2019 Future Action
There were no clear and consistent statements of data retention periods for the areas covered by CCTV cameras.	Low Risk	Implemented
The number of swipe cards in circulation that provided immediate access to the Council House CCTV Room and the public spaces/surface level car park CCTV Rooms appeared to be excessive.	Low Risk	Implemented
Community & Place – Public Protection & Streetpride (Public Areas)		
We found that responsibility for the CCTV equipment and footage was split over three different Managers in three Departments and two Directorates. There was no operational single point of contact for all matters relating to surveillance cameras	Moderate Risk	31/10/2019 Future Action
There were no procedures in place to cover the management of the public place and car park CCTV systems and processes.	Low Risk	Implemented
There were no clear and consistent statements of data retention periods for the areas covered by CCTV cameras.	Low Risk	Implemented
The Community Safety Manager did not routinely keep a copy of the engineers reports produced following the bi-weekly review of public spaces CCTV equipment.	Low Risk	Implemented
The number of swipe cards in circulation that provided immediate access to the Council House CCTV Room and the public spaces/surface level car park CCTV Rooms appeared to be excessive.	Low Risk	31/10/2019 Future Action
There are insufficient controls to prevent unauthorised access to public spaces CCTV images by Civil Enforcement and Urban Traffic Control staff.	Moderate Risk	31/10/2019 Future Action
Ownership of and responsibility for the servers used to store CCTV images is not clearly defined.	Moderate Risk	31/10/2019 Future Action
The footage from some of the CCTV cameras used by the Council was of poor quality and	Moderate Risk	31/10/2019

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would have limited value to an investigation.		Future Action
Community & Place – Planning & Transportation (Car Parks)		
Surveillance cameras installed at the multi-story car parks were used primarily by the car park operator to monitor the equipment used to manage the site. This had led to a lack of clarity over their purpose and the processes required in order to control their use.	Low Risk	30/11/2019 Future Action
The Home Office Surveillance Camera Code of Practice (Guiding Principle 2) requires that the use of a surveillance camera system must take into account its effect on individuals and their privacy, with regular reviews to ensure its use remains justified. The Council demonstrated compliance with this Principle through the use of Privacy Impact Assessments but an Assessment had not been completed for the multi-storey car parks.	Low Risk	Implemented
The Council was failing to adequately advertise that CCTV was in operation and did not consistently provide the information required by the Home Office Surveillance Code of Practice (Principle 3).	Low Risk	Implemented
There were no procedures in place to cover the management of the public place and car park CCTV systems and processes.	Low Risk	30/11/2019 Future Action
There were no clear and consistent statements of data retention periods for the areas covered by CCTV cameras.	Low Risk	30/11/2019 Future Action
The retention period used for multi-storey car parks is inappropriate. If the primary purpose of operating the cameras was the prevention of disorder or crime the retention period is too short. If the purpose is the management and monitoring of car park equipment it is too long.	Low Risk	30/11/2019 Future Action
No log was maintained of access to the Bold Lane Control Room which receives images from surveillance cameras at the Assembly Rooms, Chapel Street and Bold Lane car parks.	Low Risk	Implemented
The screens used to display CCTV footage at the Bold Lane car park were visible to the public through windows in an exterior wall.	Low Risk	Implemented
Operatives with access to the historical footage stored on the Bold Lane DVRs all used a common password.	Moderate Risk	Implemented
There was no standard process at the multi-storey car parks CCTV Room for retaining records of footage that has been provided to third parties. Data Release Forms were destroyed on a frequent (but undefined) basis.	Low Risk	Implemented

Planning Application Process

Concerns were raised with internal audit by an "interested party" in respect of the Council's planning application process. The audit review did not find significant enough evidence to support the concerns or undermine the integrity of the planning decisions.

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RECOMMENDATION TRACKING (as at 16th October 2019)

Final Report Date	Audit Assignments with Open Recommendations	Assurance Rating	Recommendations Open		
			Action Due	Being Implemented	Future Action
22-Aug-19	Coroner's Service	Limited			3
24-Sep-19	Catering 2019-20	Limited			5
15-Apr-19	Liquid Logic/Servelec Follow-up	Reasonable		1	
06-Jun-19	A52 - Project Overspend - Systems Weaknesses	None	7		20
22-Mar-19	Land Charges Income	Reasonable		1	1
26-Jul-19	Payroll	Reasonable			3
15-Apr-19	Public Utilities Management	Limited	3	1	1
20-Aug-19	Planning & Development Control	Comprehensive	4		
20-Dec-18	Delivering differently Project Management	Reasonable		2	
24-Apr-19	Document Management & Network Printing	Reasonable		1	1
21-Jan-19	Probity - Lone working Arrangements	Limited		1	
11-Dec-18	Translation Services	Limited		3	
20-Dec-18	Shared Lives	Limited	1	6	
25-Mar-19	Insurance Valuation	Reasonable	3		
24-Sep-19	Children Sexual Exploitation Prevention Strategy	Reasonable			4
03-Apr-19	Grant Certification	Comprehensive		1	
30-Jul-18	File Share Management	Reasonable			4
02-Jul-18	Leaving Care Payments	Reasonable		3	
01-Jun-18	Adults Commissioning - Contract Management	Reasonable		1	
17-Jul-17	Payroll - Tax on Mileage	N/A		1	
25-May-18	Payment of Adoption Allowances	Reasonable		1	
01-Feb-19	Contract Monitoring 2017-18	Reasonable		3	1
13-Feb-19	Bus Station Recharges	Reasonable		6	
18-May-18	Customer Services Investigation	Limited		1	
18-Jan-19	MTFP(Agile)	Reasonable		1	
12-Feb-19	Fixed Assets- S24 Capital Controls	Reasonable		2	
02-Oct-18	Out of Area Placements	Reasonable		1	
29-May-18	Markets	Limited		1	
31-Aug-17	Creditors 2017-18 (Agile Audit)	Reasonable		2	
18-Dec-18	Alcohol Licensing	Reasonable		1	
12-Jul-17	Health & Safety	Limited		8	
28-Sep-17	Highways & Engineering	Reasonable		2	
30-May-17	Business Intelligence	Reasonable		1	
03-Oct-19	Digital Channels - Firmstep	N/A			1
10-Oct-19	CCTV – Access Controls	Limited			9
		Totals	**18**	**52**	**53**

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 has not followed the matter up.

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Audit Assignments with Recommendations Due	Action Due			Being Implemented		
	Significant Risk	Moderate Risk	Low Risk	Significant Risk	Moderate Risk	Low Risk
Liquid Logic/Servelec Follow-up					1	
A52 - Project Overspend - Systems Weaknesses	5	2				
Land Charges Income						1
Public Utilities Management		1	2			1
Planning & Development Control			4			
Delivering differently Project Management						2
Document Management & Network Printing					1	
Probity - Lone working Arrangements					1	
Translation Services					3	
Shared Lives		2			1	5
Insurance Valuation		1	2			
Grant Certification						1
Leaving Care Payments					1	2
Adults Commissioning - Contract Management						1
Payroll - Tax on Mileage						1
Payment of Adoption Allowances						1
Contract Monitoring 2017-18						3
Bus Station Recharges						6
Customer Services Investigation					1	
MTFP(Agile)					1	
Fixed Assets- S24 Capital Controls						2
Out of Area Placements						1
Markets						1
Creditors 2017-18 (Agile Audit)						2
Alcohol Licensing					1	
Health & Safety					4	4
Highways & Engineering						2
Business Intelligence						1
Totals	**5**	**6**	**8**		**15**	**37**

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.

There are currently 5 significant risk recommendations that are overdue for implementation. None of these exceeds 3 months. Accordingly, no significant risk recommendations are detailed for Committee's scrutiny.

There are currently 21 moderate risk recommendations that are overdue for implementation. Of these 21, 12 of these exceed 6 months, and in 11 cases Internal Audit has agreed a revised implementation date. These 12 moderate risk recommendations are also detailed for Committee's scrutiny.

There are currently 45 low risk recommendations that are overdue for implementation. Of these 45, 14 of these exceed 12 months, and in all 14 cases Internal Audit has agreed a

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revised implementation date. None of these low risk recommendations are currently considered worthy of Committee's attention.

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 >
Liquid Logic/Servelec Follow-up		1						
A52 - Project Overspend - Sys Weaknesses	2				5			
Public Utilities Management		1						
Doc Management & Network Printing	1							
Probity - Lone working Arrangements	1							
Translation Services			3					
Shared Lives			2					
Insurance Valuation	1							
Leaving Care Payments				1				
Customer Services Investigation				1				
MTFP(Agile)		1						
Alcohol Licensing			1					
Health & Safety				4				
Totals	**5**	**3**	**6**	**6**	**5**			

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Highlighted Recommendations

The following recommendations are detailed for Committee's scrutiny.

Moderate Risk Recommendations (> 6 Months Overdue)

Customer Services Investigation	Rec No. 7
Summary of Weakness / Recommendation	Risk Rating
The income received from issuing of parking permits was not being reconciled to the number of actual visitor parking permits produced on the Chipside system on a regular basis. We recommend that a process for reconciling income received and visitor parking permits produced be established and undertaken on a regular basis.	Moderate Risk
Management Response/Action Details	Action Date
Monthly checks will include income reconciliation.	01/06/2018
Status Update Comments	Revised Date
No reconciliation process is yet in place. The permit service is moving to an app based system in March which will have its own robust reconciliation process which will be demonstrated to Audit when available. Agreed that it would not make sense to implement a new reconciliation process for just 1 month. 13/05/2019: New system in place, want to compile a few months data before beginning reconciliation process. 26/07/2019: New permit system being implemented in October, agreed to 2 months after this to allow for reconciliations to be put in place.	31/12/2019

Health & Safety	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
The recording of accidents and incidents involved the use of the Human Resources MiPeople system. Further reliance was also placed on the HR Data Management Team to process any amendments. The system did not provide a facility to automatically pursue officers to ensure action had been taken to mitigate further risks of an accident occurring again. We recommend management consider use of a system which allows the Health and Safety Team full management and review of accidents and incidents occurring across the Council, also incorporating an automated facility for officers to be pursued when action was required to be taken to prevent a similar occurrence happening again. Consideration of options available should include use of existing resources currently available at the Council's disposal.	Moderate Risk
Management Response/Action Details	Action Date
Most of the issues raised are directly related to the absence of an adequate IT recording system. This is in-hand (we have the software) but now need to transfer our records and operations on to the system. This we hope to have completed by October; the delays are due solely to staff absences (illness, retirement, etc.) and the current absence of a Team Leader. All of these issues are being addressed as quickly as resources will allow.	31/10/2017
Status Update Comments	Revised Date
Following on from the audit of Corporate Health and Safety it was confirmed that work was in progress to implement the IT system (to which the audit recommendations are all linked). The first phase of implementation (service	31/12/2019

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requests and accident notifications) was expected to be in place by the end of October 2017; the other elements (inspections and audits, risk scoring, training, etc.) were expected to be in place by the end of March 2018.

An update in November 2017 from the Head of Service said that they were in the process of implementing the IT system but this had been delayed due to them waiting for the IT team to get back to them regarding we have submitted a Gateway 1 to the IT board. Once that had been approved, one of the H&S team was lined up ready to work with IT, to implement it as soon as possible. Implementation date was changed to 31 March 2018.

In June 2018 a further update from the Head of Service stated that there had been a number of changes and resource issues within the Corporate H&S team over the last year which had impacted on the service. The team had also carried out a review of a system (APP) to determine if it was possible to use this system. This is an enforcement system used by the regulatory services within the council and they were looking to adapt it to the needs of H&S for the council, but found this was not possible. The outcome of the review was that it did not meet the wide ranging requirements which are needed for the H&S Advisory role. Going forward the Health & Safety team had identified a system which is more bespoke and were in the process of planning the procurement of this system, or a similar system if this particular system did not fulfil the Council's procurement process.

In March 2019, an update from the Senior Health and Safety Adviser stated that key areas for the 2019-2020 Health and Safety plan have been identified. The team agreed a rating system for the audits to be undertaken which identifies how adequate the area is. The rating identifies the return period which is entered onto the Health and Safety audit and inspection spreadsheet and the Adviser's electronic diary. Audit outcomes are reported to CLT.

The Health and Safety team are exploring various Health and Safety management software systems that would further imbed the work already taken.

On 18th September, the Corporate Health and Safety Team Manager attended the Derbyshire Local Authority Safety Advisers Group, where Health &Safety Management systems were discussed. Several local authorities use the SHE Health &Safety management system software. The Corporate Health and Safety Team Manager has been invited to a demonstration on the functionality of the system on 6th November 2019 at Bassetlaw DC.

The Health and Safety team has continued to streamline recording and storing processes. The Council's Health and Safety Policy was signed off at Corporate Health and Safety Committee on 23rd July /2019, which also included approval of the Strategic Service Risk Assessment. These will be sent to Service Directors week beginning 14th October for their Heads of Service to complete within a month and return to Corporate Health and Safety Committee for review and rating. The 2019-20 Corporate Health and Safety Training brochure, Training matrix and Training policy have all been approved and are now on iDerby. The booking process has been streamlined, so to book training courses colleagues can now use the self service system on MiPeople. The Health and Safety Audit plan and audit results have now all been combined into one spreadsheet to avoid duplication and the "Iauditor app" will be used to make audits more efficient and results instant.

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Health & Safety		Rec No. 2
Summary of Weakness / Recommendation		Risk Rating
Risk assessments were completed and maintained in isolation by departmental managers. There was no automated facility to serve as a reminder when an assessment was due for review or no central system which allowed generic risk assessment information to be shared across the Council. We recommend that management consider the use of a central system which allows risk assessments to be shared from across the Council, especially where generic information would avoid duplication. Consideration should also be given to an automated facility which flags and sends reminders to officers of risk assessment review dates, in order that reviews can be undertaken in a timely manner.		Moderate Risk
Management Response/Action Details		Action Date
See response to Health & Safety Rec 1 above		31/10/2017
Status Update Comments		Revised Date
See comments on Health & Safety Rec 1 above		31/12/2019

Health & Safety		Rec No. 7
Summary of Weakness / Recommendation		Risk Rating
The current process of administering, recording and managing training is a labour intensive, manual process utilising systems (MiPeople and Lagan) outside the control of the Health and Safety Team, with the completion of manual booking forms, information having to be transferred from one system to another and no automated reminder facility for mandatory refresher training. We recommend that management consider the use of one system for managing Health and Safety training which incorporates the use of electronic information flows as much as possible i.e. training course schedule, booking forms, automatic reminders, employee training history etc. In particular, the facility to issue automatic email reminders for those officers whose mandatory training is due to expire should also be considered as part of any new approach.		Moderate Risk
Management Response/Action Details		Action Date
See response to Health & Safety Rec 1 above		31/10/2017
Status Update Comments		Revised Date
See comments on Health & Safety Rec 1 above		31/12/2019

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Health & Safety		Rec No. 8
Summary of Weakness / Recommendation		Risk Rating
Health and Safety workplace inspections were undertaken, but there was no current facility to automatically flag when an audit or inspection was due, assign corrective actions to responsible officers on the feedback reports or follow-up on corrective action to be taken, where weaknesses had been identified. We recommend that management should consider the use of an automated facility for the audit programme, automatically flagging up when an audit falls due. The system should allow for any corrective actions to be properly assigned to responsible officers so that email reminders can be sent when the action date falls due. The system should also facilitate documentary evidence to be uploaded and automatically track non-conformance in order that any issues can be reported to Strategic and/or Service Directors for further action to be taken.		Moderate Risk
Management Response/Action Details		Action Date
See response to Health & Safety Rec 1 above		31/10/2017
Status Update Comments		Revised Date
See comments on Health & Safety Rec 1 above		31/12/2019

Leaving Care Payments		Rec No. 4
Summary of Weakness / Recommendation		Risk Rating
Income/expenditure forms for higher education were not being completed due to the form being considered too complicated and time consuming to complete. We recommend that an income/expenditure form is completed for all care leavers accessing higher education, once the form is updated to make it more concise.		Moderate Risk
Management Response/Action Details		Action Date
HE expenditure to be facilitated along same lines as Staying put. Current documentation will be simplified and utilised with effect from Sept 18 (next academic year)		30/09/2018
Status Update Comments		Revised Date
19/09/2018: We have a new form but further work still needs to be completed to streamline this. Once this is in place, then these will eventually be saved in the Live Link LCS storage space.

14/02/2019: Due to sick leave there has been a delay in actioning the recommendation. This is now being progressed by the team leader.

07/03/2019: Draft review of form has been completed, but HOS asked for further work to be done as it is still likely to be confusing.

22/05/2019: The form requires further work and there is a meeting planned for 30/05/2019 to take this forward.

No further updates have been received. | | 30/06/2019 |

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Translation Services	Rec No. 4
Summary of Weakness / Recommendation	**Risk Rating**
The charges for translation and interpretation services were not all being accounted for against the core budget code to enable levels of spend to be properly monitored/identified and ensure that the Council was adhering to procurement regulations. We recommend that a clear instruction is issued on how the costs for translation and interpretation services should be accounted for in Oracle, the Council's financial management system. This will ensure all relevant costs are properly accounted for and captured for the purposes of budget monitoring and providing accurate and reliable management information.	Moderate Risk
Management Response/Action Details	**Action Date**
Business support to flag any invoices that are not matched to the call off orders and to notify the Head of Integrated Commissioning, Lisa Melrose, lead officer for managing the centralised budget for translation services used across the Council. To report at working group and escalate to Corporate Resources DMT and CLT if necessary (No purchase order No pay)	01/03/2019
Status Update Comments	**Revised Date**
Whilst it was recognised that a central process needed to be developed and owned, it was determined at the working group that a centralised budget would not resolve ownership issues. Due to high number/low value, approvals would not be efficient at HOS level and scrutiny would likely get lost. This also did not link back quality to order to payment where current issues were arising. It was recognised that a full end to end efficient process which minimised impact on workers, Accounts Payable but linked order to approval to quality would need to be designed and implemented, and noted as a workstrand. The Accessible Communications protocol is being review and updated.	01/03/2020

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Translation Services	Rec No. 5
Summary of Weakness / Recommendation	Risk Rating

Departments were not channelling requests for translation and interpretation services through the designated Lead officer and budget holder. They were bypassing the Councils procedures for generating orders using the Oracle IPROC ordering system, resulting in levels of spend that exceeded the threshold where a tender exercise would be required and spending that had no budget commitment. We recommend that: • The procedure for engaging translation and interpretation services is improved to ensure that it is managed centrally and that all requests for using an interpreter and translations services are properly assessed and approved. • All members of staff and all heads of service should be reminded of the standard protocol to ensure their respective management teams are compliant with the corporately approved process. • Official orders are generated using IPROC, the Councils ordering system and any exception must be approved by the appropriate Director in accordance with the Councils Financial Procedure Rules. This will allow the demand for the service to be properly regulated and produce more accurate and complete management information.	Moderate Risk

Management Response/Action Details	Action Date
Heads of service will be responsible for assessing and approving requests for using an interpreter and translations services. A call off order for each head of service will be generated in IPROC. This will be a commitment that will be funded by the centralised budget. Each order will be assigned to a named Head of Service who will be responsible for managing the spend against that order. The Accessible Communication Protocol to be updated and communicated corporately.	01/04/2019

Status Update Comments	Revised Date
Whilst it was recognised that a central process needed to be developed and owned, it was determined at the working group that a centralised budget would not resolve ownership issues. Due to high number/low value, approvals would not be efficient at HOS level and scrutiny would likely get lost. This also did not link back quality to order to payment where current issues were arising. It was recognised that a full end to end efficient process which minimised impact on workers, Accounts Payable but linked order to approval to quality would need to be designed and implemented, and noted as a workstrand. The Accessible Communications protocol is being review and updated. 09/10/2019: A centralised cost centre has been implemented for telephone interpretation and written transactions. Face to face will be charged to individual cost centres. For People services this is directed through locality budgets and signed off at manager level. A tender process is underway to determine providers of a translation and interpretation framework. The start date for this framework is 1 December 2019. A workstrand has been identified within the working group to ensure a streamlined end to end process is incorporated into the new contract.	01/03/2020

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Translation Services	Rec No. 7
Summary of Weakness / Recommendation	Risk Rating
Contrary to the requirements of Contract Procedure Rules, the existing relevant Corporate Contract for translation and interpretation services had not been used, with significant levels of spend with various suppliers outside of the Corporate Contract. We recommend that the Councils Contract Procedure Rules are enforced and orders for translation and interpretation services should be with the approved supplier.	Moderate Risk
Management Response/Action Details	Action Date
Will be addressed as part of rec 5, Heads of service will be responsible assessing and approving requests for using an interpreter and translations services and ensuring the call off orders with the approved suppliers are used. Accounts payable to flag any off contract spend Rec 4.	01/04/2019
Status Update Comments	Revised Date
As per recommendation 5. Off contract spend requested through the working group. 09/10/2019: Off contract spend has been scrutinised, and the current contracted provider is unable to meet the requirements. Social Care have been advised to contact the contract lead in these cases and note the reasons for off-contract spend. A tender process is underway to determine providers of a translation and interpretation framework. The start date for this framework is 1 December 2019. Updated Social Care Procedures are now live on iDerby. A review of high cost spend is being finalised and recommendations for effective purchasing post the new contract start date are being compiled to be proposed to the working group in November.	01/03/2020

Shared Lives	Rec No. 2
Summary of Weakness / Recommendation	Risk Rating
Customer care plans were not being reviewed and up dated annually and risk assessments had not been completed and retained within all customer records. We recommend that care plans are scheduled for review every 12 months and that reminders are set in the Liquid Logic LAS system so that these are not missed. We recommend that risk assessments are completed for all customers and filed in LiveLink under a consistent naming or referencing format.	Moderate Risk
Management Response/Action Details	Action Date
The process is linked with the Social Worker that has overall responsibility for the customer. In respect of the issues of setting up reminders this would need to be addressed through discussion with Ray Mansell in Business Intelligence. There is a prompt to Social Workers and Care Managers that alert when a person is due for a review.	28/02/2019
Status Update Comments	Revised Date
07/03/2019: Responsible officer change. There is a system on Liquid Logic that identifies when a review is due. Social Workers and Care Managers are responsible for reviewing the customer. This is being addressed by Locality Teams in respect of reviews. Weekly data is being provided to the Shared Lives Team about customers and potential review dates so that issues can be raised with the appropriate team if	Sept 19

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targets are not being met.
09/10/19
The Responsible Officer has stated that the recommendation has been actioned but no evidence has been received by Internal Audit to support this.

Shared Lives	Rec No. 6
Summary of Weakness / Recommendation	Risk Rating
Mandatory training had not been completed by all carers on the scheme, as indicated by gaps in the shared Lives Team central training record and training records on Carers files.	Moderate Risk
We recommend that the central record of training for carers is updated with courses booked, due to be booked (refresher required) and those completed. Where courses are complete, evidence should be retained e.g. certificates, and possibly hyperlinked to the carer's personal file. Carers not having completed training should be reminded and suitable date/venue/method of training options provided.	
Management Response/Action Details	Action Date
Certificates are not provided on a regular basis when people attend training. A discussion will be held with Training Section to see if a record of attendance on courses can be provided for Shared Lives Carers	30/12/2018
Status Update Comments	Revised Date
07/03/2019: Carers continue to attend training when available. Due to increase in Shared Lives carers there is an impact on capacity of training places for some courses. Data base is being updated and letters sent to carer who have not been on training to remind them it's a requirement. 24/05/2019: training continues to be offered but impacted on by increased demand not matching availability of courses. Carers on data base have been written to in regards to training.	01/10/2019

Alcohol Licensing	Rec No. 4
Summary of Weakness / Recommendation	Risk Rating
Access to read and write/update licensing records was not limited to officers within the Licensing Team.	Moderate Risk
We recommend that access to read and write/update user access levels on the Civica APP (Flare) system are reviewed and only members of the Licensing Team are granted access to update and issue alcohol licences. Access rights to licensing records for any officers outside of the Licensing Team should be restricted to read only, with rights to write or update being granted on a strictly business need to know basis.	
Management Response/Action Details	Action Date
The Civica APP system is used across the Public Protection Service by other regulatory teams who all have some level of read and write/update access to records. An audit review of the Civica APP system is currently being undertaken. This issue will be examined as part of this review.	28/02/2019
Status Update Comments	Revised Date
To be progressed/escalated to Civica. In October 2019, the Head of Service informed Internal Audit that he is re-evaluating the recommendation as there is a business need for other teams	31/10/2019

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within regulatory services to access the data. He is considering whether the recommendation ought to be "risk accepted".