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Phone (01283) 595722/ 595848

Typetalk 18001

DX 23912 Swadlincote

Democraticservices@southderbyshire.gov.uk

Our Ref

Your Ref

Date: 16 March 2021

Dear Councillor,

Audit-Sub Committee

A Meeting of the **Audit-Sub Committee** will be a **Virtual Committee**, via Microsoft Teams on **Wednesday, 24 March 2021 at 18:00**. You are requested to attend.

Yours faithfully,



Chief Executive

Labour Group

Councillor Dunn (Chairman) and Councillor Shepherd (Vice-Chairman).

Conservative Group

Councillors Atkin and Hewlett.

Non-Grouped

Councillor Mrs Wheelton.

AGENDA

Open to Public and Press

- 1** Apologies and to note any Substitutes appointed for the Meeting.
- 2** To note any declarations of interest arising from any items on the Agenda
- 3** To receive any questions by members of the public pursuant to Council Procedure Rule No.10.
- 4** To receive any questions by Members of the Council pursuant to Council procedure Rule No. 11.
- 5** INTERNAL AUDIT PROGRESS REPORT **3 - 26**
- 6** INTERNAL AUDIT PLAN AND CHARTER 2021-22 **27 - 42**
- 7** COMMITTEE WORK PROGRAMME **43 - 47**

Exclusion of the Public and Press:

- 8** The Chairman may therefore move:-
That in accordance with Section 100 (A)(4) of the Local Government Act 1972 (as amended) the press and public be excluded from the remainder of the Meeting as it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that there would be disclosed exempt information as defined in the paragraph of Part I of the Schedule 12A of the Act indicated in the header to each report on the Agenda.
- 9** To receive any Exempt questions by Members of the Council pursuant to Council procedure Rule No. 11.

REPORT TO:	AUDIT SUB COMMITTEE	AGENDA ITEM: 5
DATE OF MEETING:	24th MARCH 2021	CATEGORY: RECOMMENDED
REPORT FROM:	AUDIT MANAGER	OPEN
MEMBERS' CONTACT POINT:	ADRIAN MANIFOLD (01332 643281) adrian.manifold@centralmidlandsaudit.co.uk	DOC: u/ks/audit/internal audit/quarterly reports/quarterly report cover
SUBJECT:	INTERNAL AUDIT PROGRESS REPORT	REF:
WARD(S) AFFECTED:	ALL	TERMS OF REFERENCE: AS 02

1.0 Recommendations

- 1.1 That the report of the Audit Manager is considered, and any issues identified are referred to the Finance and Management Committee or subject to a follow-up report as appropriate.

2.0 Purpose of Report

- 2.1 To provide an update on progress against the approved Internal Audit Plan. This details the performance and activity of Internal Audit as at 28 February 2021.

3.0 Detail

- 3.1 The detailed progress report is attached.

4.0 Financial Implications

- 4.1 None.

5.0 Corporate Implications

- 5.1 None directly.

6.0 Community Implications

- 6.1 None directly.

7.0 Background Papers

- 7.1 None

South Derbyshire District Council – Audit Progress Report

Audit Sub-Committee: 24th March 2021



South Derbyshire
District Council



Contents

Page

AUDIT DASHBOARD	3
AUDIT PLAN	4
AUDIT COVERAGE	5
RECOMMENDATION TRACKING	11
HIGHLIGHTED RECOMMENDATIONS	13

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

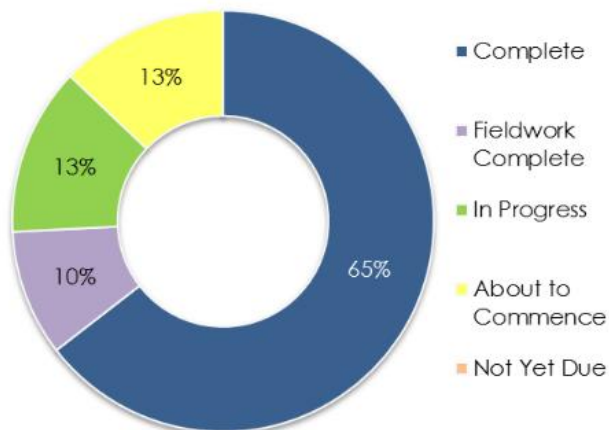
Mandy Marples CPFA, CCIP
Audit Manager
c/o Derby City Council
Council House
Corporation Street
Derby
DE1 2FS
Tel. 01332 643282
mandy.marples@centralmidlandsaudit.co.uk



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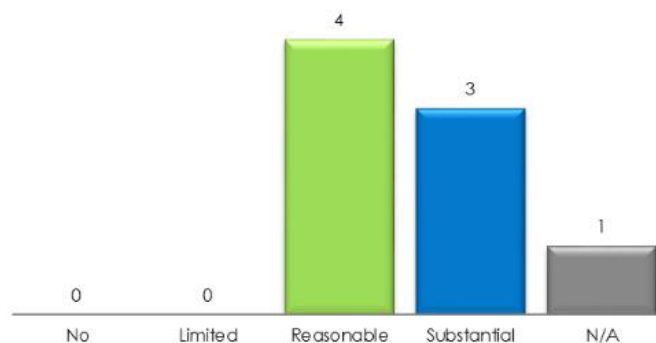
AUDIT DASHBOARD

Plan Progress



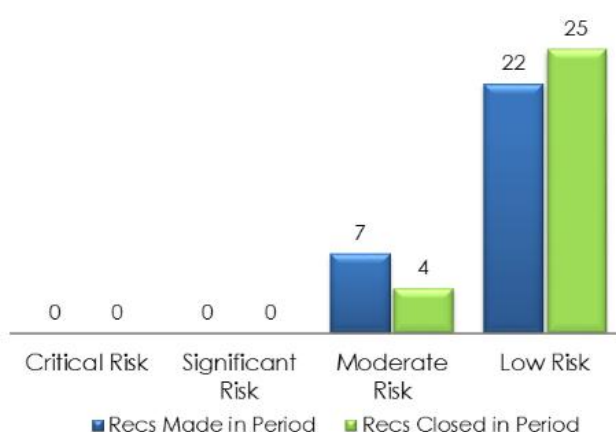
Jobs Completed in Period

Control Assurance Ratings During Period



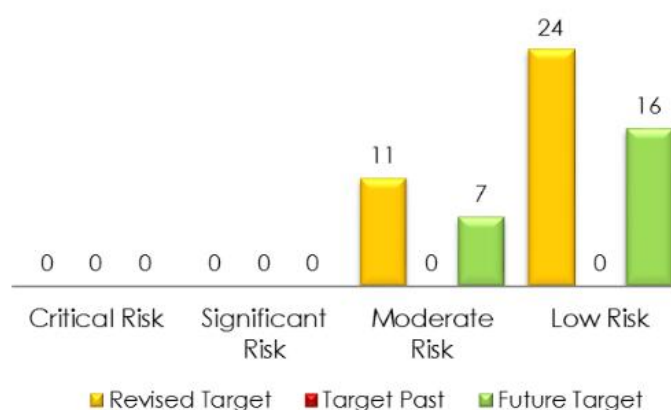
Recommendations

Movement During Period



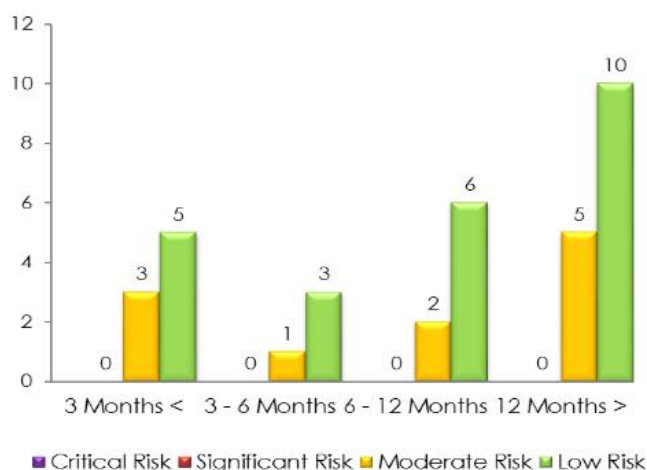
Recommendations

Recommendations Currently Open



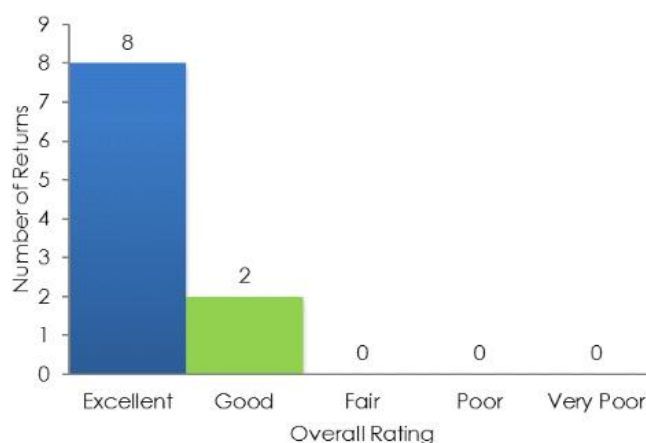
Recommendations

Overdue Recommendations



Customer Satisfaction

Returns Between Mar 20 & Mar 21



South Derbyshire District Council – Audit Progress Report

AUDIT PLAN

Progress on Audit Assignments

The following tables provide Audit Sub-Committee with information on how audit assignments were progressing as at 28th February 2021.

2020-21 Jobs	Status	% Complete	Assurance Rating
Risk Management 2020-21	Final Report	100%	Reasonable
Business Continuity & Emergency Planning	In Progress	65%	
Procurement 2020-21	Draft Report	95%	
Income Streams*	Deferred		
Safeguarding 2020-21	Final Report	100%	Reasonable
Debtors 2020-21	Final Report	100%	Reasonable
Revenues Systems 2020-21	Draft Report	95%	
Housing Benefit & Council Tax Support	Allocated	15%	
IT Applications 2020-21*	Removed From Plan		
Microsoft 365 Platform	In Progress	60%	
Data Quality & Performance Management*	Deferred		
Business Support Grant	Final Report	100%	Substantial
Homes England Grant Certification	Complete	100%	N/A
Financial Reporting - Impact of Covid19	In Progress	60%	
Waste Management (Trade Waste)	Final Report	100%	Reasonable
Development Management*	Deferred		
Leisure Centres 2020-21*	Deferred	5%	
Housing Repairs (Voids)	In Progress	60%	
Housing Safety Inspections 2020-21	Final Report	100%	Reasonable
Tenancy Management (Interventions and Support)	Final Report	100%	Substantial
Procurement of Waste Contract	Allocated	10%	
Electoral Services 2020-21	Deferred	20%	
Overview & Scrutiny Function	Final Report	100%	N/A
B/Fwd Jobs	Status	% Complete	Assurance Rating
Management of Novus Contract	Final Report	100%	Substantial
Procurement of Rosliston Contract 2019-20	Final Report	100%	Reasonable
Main Accounting System 2019-20	Final Report	100%	Substantial
Treasury Management 2019-20	Final Report	100%	Reasonable
Payroll 2019-20	Final Report	100%	Reasonable
Revenues Systems 2019-20	Final Report	100%	Substantial
Housing Benefit & Council Tax Support 2019-20	Final Report	100%	Substantial
Anti-Fraud & Corruption 2019-20	Draft Report	95%	
ICT Key Controls	Final Report	100%	Reasonable
Business Change & Transformation	Final Report	100%	Substantial
Grounds Maintenance	Final Report	100%	Reasonable
Bereavement Services 2019-20	Final Report	100%	Reasonable

Plan Changes

* In consultation with management and the Council's Section 151 Officer, it has been decided to defer the audits of Income Streams, Data Quality & Performance Management, Development Management, Leisure Centres and Electoral Services until the 2021-22 Audit Plan. Also, the decision has been taken to remove the IT Applications audit from the 2020-21 Audit Plan.

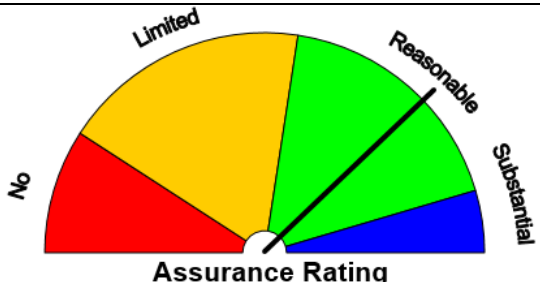
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AUDIT COVERAGE

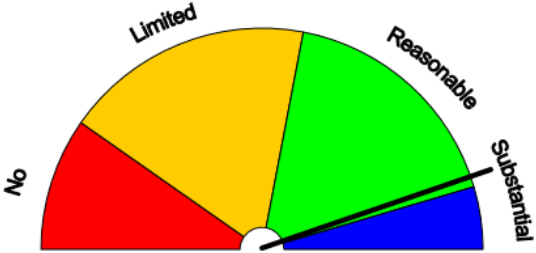
Completed Audit Assignments

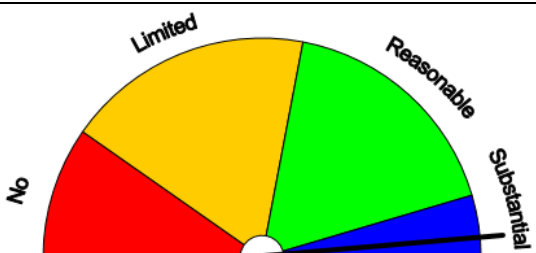
Between 26th November 2020 and 28th February 2021, the following audit assignments have been finalised.

Audit Assignments Completed in Period	Assurance Rating	Recommendations Made				% Recs Closed
		Critical Risk	Significant Risk	Moderate Risk	Low Risk	
Risk Management 2020-21	Reasonable			2	2	100%
Safeguarding 2020-21	Reasonable				5	40%
Business Support Grants	Substantial				1	100%
Tenancy Management	Substantial				1	
Revenue Systems 2019-20	Substantial				3	67%
Housing Safety Inspections 2020-21	Reasonable			4	5	44%
Waste Management (Trade Waste)	Reasonable			1	5	50%
Overview & Scrutiny Function	N/A					n/a

Risk Management 2020-21					
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls	
An appropriate structure and accountability framework for risk management had been implemented.	10	4	3	3	
There was appropriate means of identifying, categorising and prioritising risks.	5	1	3	1	
Risk mitigation processes had been considered, adopted and implemented.	2	1	0	1	
There was appropriate monitoring, reporting and management arrangements in place.	4	0	2	2	
Risk management was embedded throughout the Council and a sound approach to risk management was adopted.	8	3	2	3	
TOTALS	29	9	10	10	
Summary of Weakness		Risk Rating	Agreed Action Date		
The risk appetite wording in the Risk Management Overview, December 2020, is ambiguous and could be interpreted as limiting the risk control options available.		Low Risk	20/11/2020 Implemented		
Key information was not being included on the risk template, such as inherent and residual risk scores, likelihood and impact scores or even the risk owner.		Moderate Risk	26/02/2021 Implemented		
Risks linked to the strategic objectives had not been recorded on the Strategic Risk Register.		Low Risk	20/11/2020 Implemented		
Risk controls were being identified, however their effectiveness to mitigate the risks was not being checked.		Moderate Risk	26/02/2021 Implemented		

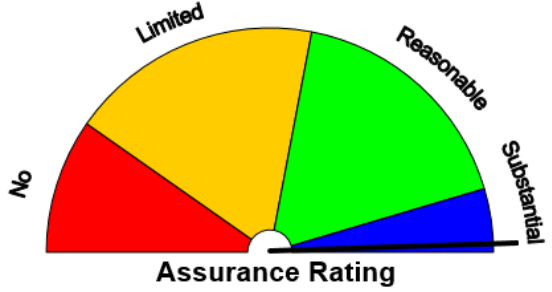
South Derbyshire District Council – Audit Progress Report

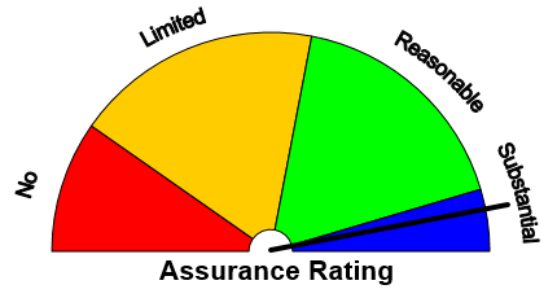
Safeguarding 2020-21	 <p>Assurance Rating</p>			
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
An up-to-date safeguarding policy is in place which sets out the procedure for key organisational controls relating to the highlighting of safeguarding concerns.	6	3	2	1
A comprehensive safeguarding action plan is in place that is regularly reviewed and actioned by key officers within the Council.	5	3	2	0
All staff within the Council are fully aware of their responsibility in relation to safeguarding and adequate training is available to reinforce this.	3	0	1	2
TOTALS	14	6	5	3
Summary of Weakness		Risk Rating	Agreed Action Date	
The Safeguarding Children, Young People & Adults at Risk Policy had not been reviewed /updated since 2018. This policy had also not been made available to the public and the safeguarding section on the Council's website was out-of-date.		Low Risk	31/03/2021 Future Action	
Cause for Concern (CFC) forms were being collated and stored by the Strategic Director (Corporate Resources), who was the only employee with access to this information.		Low Risk	Implemented	
Safeguarding did not feature in any risk register at the Council and the Safeguarding Action Plan did not contain all the relevant information.		Low Risk	31/03/2021 Future Action	
The staff intranet had not been updated with pertinent safeguarding information. The role of Link Officers was not widely promoted to staff within the Council.		Low Risk	31/12/2020 Implemented	
There was no Council-wide training scheme for both new and existing employees relating to safeguarding. Members had also not received recent training on Safeguarding and the Council's Link Officers had not received specialised training at the time of audit.		Low Risk	28/02/2021 Being Implemented 31/05/2021	

Business Support Grants	 <p>Assurance Rating</p>			
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Covid-19 Non-Discretionary Business Support Grants have been processed appropriately in line with government guidance and with adequate consideration of the risk of fraud.	21	18	2	1
Covid-19 Discretionary Business Support Grants have been processed appropriately in line with government guidance and with adequate consideration of the risk of fraud.	13	12	0	1
TOTALS	34	30	2	2

South Derbyshire District Council – Audit Progress Report

Summary of Weakness	Risk Rating	Agreed Action Date
A formal risk assessment had not been undertaken to identify and examine the risks involved in the administration of the Business Grant Schemes.	Low Risk	Implemented

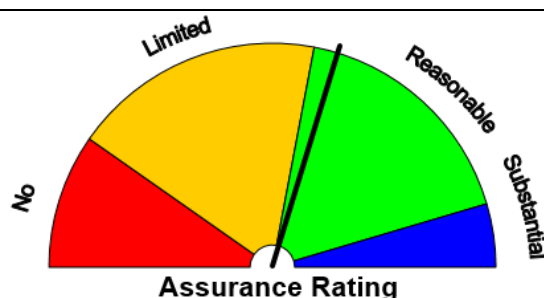
<h3>Tenancy Management</h3>		 <p>Assurance Rating</p>		
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
The relevant policies and procedures within the Housing Team have been updated to reflect the implementation of Universal Credit and that these changes have been adequately communicated to staff.	7	5	1	1
Tenants at risk of going into, or currently in, arrears are supported to clear their arrears and that, where this fails, appropriate action is taken to recover these arrears.	3	3	0	0
All tenants in receipt, or due to be in receipt, of Universal Credit payments are adequately supported too ensure they are able to manage their finances and pay their rent.	4	4	0	0
TOTALS	14	12	1	1
Summary of Weakness		Risk Rating		Agreed Action Date
Tenants on Universal Credit did not have independent access to their details and rental account, specifically rent due dates and any accrued arrears.		Low Risk		28/02/2021 Being Implemented 01/10/2021

<h3>Revenue Systems 2019-20</h3>		 <p>Assurance Rating</p>		
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Council Tax income not allocated to an account immediately on receipt are investigated and cleared in a timely fashion.	1	0	0	1
Awards of Business Rates relief and any refunds of payments made are controlled appropriately.	3	2	0	1
Revenues are maximised by reconciliation of properties to records kept by the Valuation Office Agency.	1	0	1	0
Controls are in place to maximise the recovery of Council Tax and Business Rates debts.	4	1	0	3

South Derbyshire District Council – Audit Progress Report

TOTALS	9	3	1	5
Summary of Weakness	Risk Rating		Agreed Action Date	
The procedure for notifying the Accounts department of large refunds, greater than £100k, had not been implemented.	Low Risk		Implemented	
Quarterly reviews to ensure that arrangements agreed with taxpayers in arrears complied with Council Policy for collection of Council Tax and Business Rates debts were not in evidence.	Low Risk		Implemented	
Documentation to support the decisions made when agreeing payment arrangements struck with Taxpayers and Ratepayers were not available to view. Arrangements struck with Business Rates payers were not checked by a second, more senior officer before issue.	Low Risk		31/03/2021 Future Action	

Housing Safety Inspections 2020-21



Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Electrical: A robust recording system is in place for safety inspection information, and safety inspections are carried out according to a clear and comprehensive schedule	8	5	1	2
Fire: A robust recording system is in place for safety inspection information, and safety inspections are carried out according to a clear and comprehensive schedule	8	6	0	2
Asbestos: A robust recording system is in place for safety inspection information, and safety inspections are carried out according to a clear and comprehensive schedule	7	5	1	1
Legionella: A robust recording system is in place for safety inspection information, and safety inspections are carried out according to a clear and comprehensive schedule	7	6	0	1
Gas: A robust recording system is in place for safety inspection information, and safety inspections are carried out according to a clear and comprehensive schedule	9	4	4	1
TOTALS	39	26	6	7
Summary of Weakness	Risk Rating		Agreed Action Date	
Safety inspection certificates and the information contained within them were generally stored on the Council's shared V drive and a series of Excel spreadsheets rather than against individual properties on a central database, and this did not allow efficient retrieval of up-to-date information on a property.	Moderate Risk		30/04/2021 Future Action	
While asbestos surveys and legionella risk assessments, test reports and compliance certificates had been uploaded to Lifespan, they were not in a viewable format. Furthermore, there were no defined processes for the use of Lifespan and there was a general lack of expertise in the use of this software.	Low Risk		30/04/2021 Future Action	
Electrical inspections were consistently not being completed in line with their due date and there were a significant number of outstanding inspections remaining from 2019-20.	Moderate Risk		Implemented	
The Electrical Inspection Condition Report (EICR) post-inspection regime, to ensure that contractor performance was satisfactory, was not being documented by the Council.	Low Risk		Implemented	
Fire Risk Assessments had not been reviewed at the required frequency for all relevant	Moderate Risk		31/03/2021	

South Derbyshire District Council – Audit Progress Report

properties.		Future Action
While action had been taken to address many of the action points identified in Fire Risk Assessments dating back to 2016 and 2017, issues had not yet been fully addressed.	Moderate Risk	25/03/2021 Future Action
Communal areas and common parts of sheltered accommodation had not all been subject to an asbestos survey.	Low Risk	Implemented
The Council had not performed period checks over the completeness of inspections or sought assurance that the list of properties held by the gas contractor, which formed the basis of their inspection regime, was in fact complete.	Low Risk	Implemented
There were no on-site quality assurance checks taking place on gas safe certificates.	Low Risk	31/03/2021 Future Action

<h3>Waste Management (Trade Waste)</h3>		<p>Assurance Rating</p>		
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
The finance function relating to Trade Waste is robust and maximises income.	7	3	1	3
Operational activity is managed in a logical, cost effective and efficient manner	8	6	1	1
TOTALS	15	9	2	4
Summary of Weakness		Risk Rating	Agreed Action Date	
Invoices were often not raised promptly for customers new to the Council's Trade Waste service.		Low Risk	Implemented	
Prices charged to new customers, which had to be calculated on a pro-rata basis, were not being checked to ensure they had been calculated correctly.		Low Risk	Implemented	
Trade Waste collections were not being suspended where customers had failed to pay the charges due to the Council.		Low Risk	Implemented	
Recovery action on outstanding Trade Waste debts had not progressed beyond the 2 nd reminder stage.		Low Risk	30/06/2021 Future Action	
No performance measures were in place for the Trade Waste collection service.		Low Risk	30/09/2021 Future Action	
Mandatory Health & Safety training had not been refreshed in line with the required 3-year timescale.		Moderate Risk	01/04/2021 Future Action	

Overview & Scrutiny Function

This audit focused on the function and work of the Council's Overview & Scrutiny Committee and sought to provide assurance that its function and work reflected the principles set out in "The Good Scrutiny Guide" published by the Centre for Public Scrutiny in June 2019.

On the basis of our review of Overview & Scrutiny Committee minutes and other relevant documents from 2018/19 and 2019/20, we are of the opinion that the Council's Overview & Scrutiny Committee is not providing an effective mechanism for scrutiny when considering the four principles set out by the Good Scrutiny Guide. In the two years examined, the Overview & Scrutiny Committee:

- Has not "Called-in" any decisions made by any of the Council's Policy Committees.

South Derbyshire District Council – Audit Progress Report

- Has not made any recommendations of any substance. Topics that were subject to review only resulted in the Committee “noting” the outcome.
- Has undertaken limited scrutiny and review of external agencies. Where this has happened to some degree, the result has been the Committee “noting” the outcome.
- Has not subjected the South Derbyshire CSP to an annual review, despite the powers afforded to the Committee to do this and this being specifically recorded in Section 4 of the Overview & Scrutiny Procedure Rules.
- Has demonstrated little evidence of being the voice of the public. Duplicate topics for work programmes have been requested year on year with outcomes simply being “noted”. There has also been limited monitoring of topic areas identified as being a key function of the committee.
- Has received little training to allow members to fully understand their role and that of the committee.
- Has not clearly set aside the influence of party politics. This was evidenced when appointing a temporary chair for a meeting in the absence of the Chair and Vice-Chair.
- Has not utilised the various methods of scrutiny to their full potential. Methods have been limited to reports to committee and verbal updates/presentations.
- Has not established an Action Plan to address the series of challenges listed in the Annual Reports for both 2018/19 and 2019/20.

We suggest that the Council considers undertaking a review into the work and function of its Overview & Scrutiny Committee. The review should involve an honest appraisal of the committee's work against the four principles of effective scrutiny set out by the Centre for Public Scrutiny's The Good Scrutiny Guide, June 2019 (written to complement the Government's Statutory scrutiny guidance published in May 2019 by the MHCLG).

As the Localism Act 2011 removed the obligation for Council's using the committee system to have an Overview & Scrutiny Committee at all, the Council should consider its options and assess whether the Overview & Scrutiny Committee, in its current format, is truly having a positive impact on “improving public services and quality of life for local residents”. If the Council reaches an opinion that there is adequate scrutiny in place with its existing committee system and the political balance within those committees, it should consider taking advantage of the Localism Act 2011 and disband the Overview & Scrutiny Committee.

Should the Council opt to continue with the existence of an Overview & Scrutiny Committee, the Council should consider whether its focus and methods of scrutiny need to change, perhaps with the emphasis being more on where it can add value through the robust scrutiny of external partners and agencies in the community. These organisations, sometimes working alongside the Council to deliver services to local residents and making decisions which impact on public services, potentially lacks the challenge and scrutiny that a politically balanced, effective scrutiny committee can and should bring. Also, should the Overview & Scrutiny Committee continue, an Action Plan should be developed to address the series of challenges listed in the last two Annual Reports.

South Derbyshire District Council – Audit Progress Report

RECOMMENDATION TRACKING

Final Report Date	Audit Assignments with Open Recommendations	Assurance Rating	Recommendations Open		
			Action Due	Being Implemented	Future Action
06-Jan-21	Tenancy Management	Substantial		1	
27-Jan-21	Housing Safety Inspections 2020-21	Reasonable			5
03-Feb-21	Waste Management (Trade Waste)	Reasonable			3
21-Dec-20	Safeguarding 2020-21	Reasonable		1	2
09-Jun-20	Treasury Management 2019-20	Reasonable		1	
25-Nov-20	Payroll 2019-20	Reasonable		1	4
06-Mar-20	Creditors 2019-20	Substantial		1	
06-Aug-20	Bereavement Services 2019-20	Reasonable		4	1
22-Oct-20	Grounds Maintenance 2019-20	Reasonable		2	7
03-Mar-20	Improvement Grants 2019-20	Reasonable		2	
19-Jan-21	Revenue Systems 2019-20	Substantial			1
03-Nov-20	Business Change & Transformation	Substantial		1	
25-Feb-20	Mobile Phones	Limited		1	
26-Nov-19	Council House Sales - Right To Buy 2019-20	Limited		1	
16-Sep-19	Officers Expenses & Allowances 2019-20	Substantial		1	
17-Dec-19	Active Communities & Health	Substantial		1	
31-Mar-19	Orchard IT Application	Limited		1	
26-Mar-19	Fleet Management	Reasonable		3	
23-Jul-19	Payroll 2018-19	Reasonable		1	
29-Aug-19	Corporate Governance 2018-19	Reasonable		1	
13-Nov-19	Development Management 2018-19	Reasonable		1	
12-Feb-19	PCI Compliance 2018-19	Reasonable		3	
14-Feb-19	Allocations & Homelessness 2018-19	Reasonable		1	
25-Jan-19	Section 106 Agreements 2018-19	Reasonable		2	
25-Apr-18	Organisational Culture & Ethics	Reasonable		1	
13-Nov-17	Officers Expenses & Allowances	Reasonable		1	
07-Aug-17	Parks & Open Spaces	Reasonable		2	
		TOTALS		35	23

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.

South Derbyshire District Council – Audit Progress Report

Audit Assignments with Recommendations Due	Action Due			Being Implemented		
	Significant Risk	Moderate Risk	Low Risk	Significant Risk	Moderate Risk	Low Risk
Tenancy Management						1
Safeguarding 2020-21						1
Treasury Management 2019-20					1	
Payroll 2019-20					1	
Creditors 2019-20						1
Bereavement Services 2019-20					1	3
Grounds Maintenance 2019-20					1	1
Improvement Grants 2019-20					1	1
Business Change & Transformation						1
Mobile Phones					1	
Council House Sales - Right To Buy 2019-20					1	
Officers Expenses & Allowances 2019-20						1
Active Communities & Health						1
Orchard IT Application						1
Fleet Management						3
Payroll 2018-19					1	
Corporate Governance 2018-19						1
Development Management 2018-19						1
PCI Compliance 2018-19					1	2
Allocations & Homelessness 2018-19						1
Section 106 Agreements 2018-19						2
Organisational Culture & Ethics					1	
Officers Expenses & Allowances					1	
Parks & Open Spaces						2
TOTALS					11	24

South Derbyshire District Council – Audit Progress Report

HIGHLIGHTED RECOMMENDATIONS

Being Implemented – Significant or Moderate Risk Recommendations

The following significant or moderate risk rated recommendations, that have not yet been implemented, are detailed for Committee's scrutiny.

PCI Compliance 2018-19	Rec No. 8
Summary of Weakness / Recommendation	Risk Rating
<p>The Council was not PCI Compliant and was paying non-compliance fees to a third party. Further management fees were being paid to the financial system provider for PCI and they were also charging the Council for a verbal assessment that no-one at the Council knew anything about.</p> <p>We recommend that the Council establishes a PCI Compliance Action Plan which should take account of the non-compliance fees being paid and should look to work with the third party to ensure that they are able to provide compliance to them and remove the non-compliance fee. The Council should also determine what benefits the Council receives for the PCI DSS Management Fee and verbal assessment.</p>	Moderate Risk
Management Response/Action Details	Action Date
This matter has been raised with Capita360 and there are several issues that have been raised previously about responsibility for the various elements of PCI DSS compliance and which appear to affect compliance. Following the meeting with Capita on 15 th February 2019 a compliance action plan will be drafted for agreement by each team.	01/04/2019
Status Update Comments	Revised Date
The Council has undertaken a comprehensive PCI audit with a specialist consultancy. Two key recommendations were made, namely the delivery of Call Secure Plus and P2PE, as well as the update of a few key policies. These projects and spend were approved by Finance & Management Committee in March 2021, and the PCI questionnaire will be submitted by end of March 2021, with a commitment to deliver these projects in the short-term. The projects are currently underway and will be delivered in quarter 1/2 of 2021, dependent on technical requirements.	01/10/2021

Organisational Culture & Ethics	Rec No. 3
Summary of Weakness / Recommendation	Risk Rating
<p>The Council had not undertaken a staff survey which was specifically geared towards the Council's culture, ethics and values.</p> <p>We recommend that the Council consider undertaking a specific Cultural Survey aimed at assessing officer opinions on the Council's culture, ethics and values. The results of the survey could then be used to make improvements where necessary should any common specific themes or patterns result.</p>	Moderate Risk
Management Response/Action Details	Action Date
A survey will be undertaken following research with the Council's Communications section.	31/10/2018
Status Update Comments	Revised Date
Work is underway to develop, design and deliver the employee survey. The survey questions are currently being developed. Microsoft Forms, an internal software is being tested for staff to complete the survey. The survey will also be available on all work phones to make it easier for employees to complete. A paper version will also be available, particularly for front line workers. A communication and engagement plan	30/04/2021

South Derbyshire District Council – Audit Progress Report

are being developed, which will include engaging with Trade Unions, Leadership Team and Employee Forum on the approach and how we engage with staff. A briefing paper, with the proposed survey questions, communication plan and action plan to deliver the survey will be presented to the Leadership Team on 11th November. The paper will propose that the survey is launched in February 2021.

Officers Expenses & Allowances	Rec No. 2
Summary of Weakness / Recommendation	Risk Rating
<p>The review of essential user allowances process, which was due to be carried out annually, had not been carried out.</p> <p>We recommend that the Council considers a root and branch review of its approach to the payment of travel expenses, with a view to reducing the number of uneconomic payments made through the essential user scheme.</p>	Moderate Risk
Management Response/Action Details	Action Date
The payments are contractual for employees and therefore formal consultation will need to be undertaken. The Council is completing a job evaluation project and it is planned to commence discussions with the Trade Unions as part of a wider review of employment conditions and to fit in line with negotiations being completed on a national basis. Position to be reviewed 30 th September 2019.	30/09/2018
Status Update Comments	Revised Date
This will be subject to the Head of the Paid Service agreeing the terms of reference with the Council and the Trades Unions.	31/03/2021

Payroll 2018-19	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
<p>There was no process in place to check that all changes made on the Resource Link Payroll system were valid and supported by appropriate documentation.</p> <p>We recommend that a standard report should be setup on the Resource Link system that produces a listing of all changes made to Payroll records by all users within the period. This should then be used to ensure that appropriate documentation is held to support all changes made, and that they have been accurately input. Furthermore, the Checked by column in the HR spreadsheet should be regularly completed to evidence each item listed has been checked.</p>	Moderate Risk
Management Response/Action Details	Action Date
A number of options are being explored to address this issue with the software provider and will subsequently eradicate the level of risk. There is already a report developed that can be used to run reports on all users from Resource Link. The process of running reports was agreed in the previous audit 2017/18. Subject to the implementation of a new reporting tool, reports will be run on all users to identify any new starters and changes made to the system. In addition, the previously agreed arrangements will continue and this will include the exchange of information between HR and payroll to clarify any other changes that impact on an employee's salary. This will include the completion of the checked by column.	01/10/2019
Status Update Comments	Revised Date
<p>Work has been completed to ensure that adequate separation of duties is in place and documented evidence provided.</p> <p>The monthly spreadsheet detailing changes will continue to be produced and exchanged by HR and Payroll. These will be electronically signed and held in a secure</p>	01/04/2021

South Derbyshire District Council – Audit Progress Report

environment on the Council's network.

Work has commenced on the production of a separate audit report that remains the only outstanding action. This will be progressed with the support of Zellis if required.

Council House Sales: Right To Buy	Rec No. 6
Summary of Weakness / Recommendation	Risk Rating
<p>Only one Right To Buy valuer had been utilised for over 10 years during which time there had been no procurement exercise, and the valuer did not hold the expected professional qualification.</p> <p>We recommend that a procurement exercise is undertaken to engage an appropriately qualified valuer(s). Consideration should be given to obtaining more than one independent valuation for Right to Buy property sales.</p>	Moderate Risk
Management Response/Action Details	Action Date
To be implemented as per recommendation	01/02/2020
Status Update Comments	Revised Date
Initial testing of the market has not identified any interest from RICS qualified providers. Further procurement advice is being sought from Chesterfield NHS.	01/05/2021

Mobile Phones	Rec No. 3
Summary of Weakness / Recommendation	Risk Rating
<p>The budget monitoring process had failed to appropriately resolve an identified spike in expenditure against the cost centre and account code that was used for payment of the O2 mobile phone bills.</p> <p>We recommend that the budget monitoring process is reviewed to ensure significant variances in spend are investigated and resolved.</p>	Moderate Risk
Management Response/Action Details	Action Date
<p>To a certain extent, the Accountants are reliant on Budget Managers supplying information to explain budget variances. In this instance, the variance was highlighted by the Accountant but not fully investigated by the Budget Manager.</p> <p>Training all Agresso users on the importance of the Financial Regulations is to be given prior to the end of March and the Accountants have been asked to minute budget monitoring meetings to provide an audit trail and ensure any outstanding actions are escalated and followed up.</p>	31/03/2020
Status Update Comments	Revised Date
The Head of Finance informed that Minute taking at each monitoring meeting has been actioned but the training on the Financial Regulations has been delayed due to Covid and is now in line with training on the upgraded FMS.	31/03/2021

South Derbyshire District Council – Audit Progress Report

Improvement Grants 2019-20	Rec No. 5
Summary of Weakness / Recommendation	Risk Rating
<p>No performance targets had been set for the key stages of the DFG process, and there was no regular monitoring or reporting of performance to management.</p> <p>We recommend that appropriate targets are identified for the standard types of adaptation. Performance against these targets should be monitored and reported regularly to management.</p>	Moderate Risk
Management Response/Action Details	Action Date
This will need to be developed in collaboration with other local authorities within the Derbyshire county council area. To enable comparison and benchmarking	30/06/2020
Status Update Comments	Revised Date
New Software procured to assist in managing the DFG Process. This will allow for the total re-engineering of existing process and practices. This would include the ability to develop and efficiently manage overall and specific performance indicators for distinct areas of operation.	01/04/2021

Payroll 2019-20	Rec No. 1
Summary of Weakness / Recommendation	Risk Rating
<p>Controls over access to the Council's Payroll & Human Resources system had lapsed or were ineffective.</p> <p>We recommend that a pro-forma for requesting and authorising issue of usernames and an appropriate level of access to the Payroll and HR system should be developed for immediate and retrospective use. This form should incorporate the following:</p> <ul style="list-style-type: none"> Formal guidance on granting access to the Payroll and HR system should be devised and included as an introduction on the request form (in the absence of a policy on this matter). Details of the levels of access to the system afforded by the various user profiles should be ascertained and recorded on the form. <p>Furthermore, periodic checks should be introduced that ensure that officers continue to need access to the system and that the level of access granted remains relevant to their job.</p>	Moderate Risk
Management Response/Action Details	Action Date
A form has been devised and all current users will be requested to complete and return. These forms will then be held centrally by HR. The form provides details on different access levels with an annual check completed to ensure relevant access is given to authorised users.	01/12/2020
Status Update Comments	Revised Date
<p>A revised form has been devised and implemented.</p> <p>We await evidence of completion by existing users and annual reaffirmations of users' needs and access levels.</p>	01/08/2021

South Derbyshire District Council – Audit Progress Report

Bereavement Services 2019-20		Rec No. 2
Summary of Weakness / Recommendation		Risk Rating
<p>Contract opportunities for the provision of a grave digging service had not been advertised on the Contracts Finder website, in line with the requirements of the Public Contract Regulations 2015, and there was no current contract in place.</p> <p>We recommend that the Council pursues one of the following actions: A corporate contract may be required for the area of spend and as such a formal tender exercise should be undertaken. Engage the Council's DSO to provide the service at the rural cemeteries as well as the urban cemeteries. The area of spend may be relevant to an existing or new framework agreement/contract which should be used to formalise the process. If no competitive market is available this should be demonstrated and a formal exemption from the Contract Procedure Rule should be put in place.</p>		Moderate Risk
Management Response/Action Details		Action Date
All options will be assessed and taken forward after the Covid-19 pandemic is over as the risk of any changes to the service are too great at the present time.		01/01/2021
Status Update Comments		Revised Date
Delay in procurement due to Covid management requirements.		31/03/2021

Treasury Management 2019-20		Rec No. 1
Summary of Weakness / Recommendation		Risk Rating
<p>Officers could not locate a contract or similar agreement between the Council and its appointed financial advisor. A letter of appointment had been provided by the advisors that suggested that the current arrangement had been in place for eight years, seemingly without review or reaffirmation. Accordingly, Contract Procedure Rules could have been breached and the procurement could be non-compliant with Procurement Regulations.</p> <p>It is recommended that the Contract Procedure Rules are invoked for the procurement of investment advice, following which the arrangements between the Council and its chosen advisors are made the subject of a formal contract or SLA in which the service expectations for both parties are clearly identified.</p>		Moderate Risk
Management Response/Action Details		Action Date
A review of potential procurement frameworks alongside a market test of providers and discussions with other Local Authorities across Derbyshire regarding their advisors will be undertaken prior to the renewal date.		28/02/2021
Status Update Comments		Revised Date
Market testing is underway; priorities associated with the Covid-19 pandemic have delayed full implementation. A revised implementation date of 30th September 2021 has been identified.		30/09/2021

South Derbyshire District Council – Audit Progress Report

Grounds Maintenance 2019-20		Rec No. 3
Summary of Weakness / Recommendation		Risk Rating
<p>The capacity of Operational Services for carrying out tree maintenance works was insufficient, limiting responsiveness.</p> <p>We recommend that appropriate funds are identified to ensure that the new Tree Strategy and Tree Policy can be adequately resourced and implemented.</p>		Moderate Risk
Management Response/Action Details		Action Date
Tree Strategy and Policy is planned to go to Committee February 2021		01/03/2021
Status Update Comments		Revised Date
The Tree Strategy is undergoing internal consultation with key officers and the intention will be to present it to Housing and Community Services Committee in April/May 2021.		01/06/2021

South Derbyshire District Council – Audit Progress Report

Being Implemented - Low Risk Recommendations Over 12 Months

The following low risk rated recommendations, that have not yet been implemented and have exceeded their original action date by more than 12 months, are also detailed for Committee's scrutiny.

Parks & Open Spaces	Rec No. 5
Summary of Weakness / Recommendation	Risk Rating
Files and documentation confirming compliance with safety standards was not held centrally, but rather in separate project files in the Cultural Services Department. We recommend that the documentation held by the Council in respect of play equipment and playground surfacing which demonstrates compliance with the relevant safety standards, should be held centrally. Ideally, the relevant documents confirming compliance for each play area should be scanned and stored on separate electronic files, headed up for each play area. Access to the files should be allowed for both the Open Space and Facilities Development Manager and the Street Scene Manager. This would allow all officers involved in the process to access the information as necessary (i.e. for ordering parts) and would serve to ensure that the information was complete and easily accessible.	Low Risk
Management Response/Action Details	Action Date
Central folder to be set up for all Play Equipment paperwork on S Drive. Scan in all relevant documents.	31/03/2018
Status Update Comments	Revised Date
Cultural Services have a project to bring these together electronically. Staff not visiting the office so project will resume when the Covid 19 risk has reduced.	31/12/2021

Parks & Open Spaces	Rec No. 7
Summary of Weakness / Recommendation	Risk Rating
Signs at play areas did not clearly identify the site operator, relying instead on a display of the Council's emblem, not necessarily identifiable with all users of the play areas. In addition, out of hours contact details differed on one sign compared to the other three we viewed. We recommend that the signs displayed at the children's play areas across the district clearly display, the name of the site operator, i.e. the district council or parish council as appropriate. This would allow users of the play areas to clearly identify the site operators in the event of accident or equipment failure. In addition, all the signs situated in the play areas should display the correct contact numbers, both in and out of office hours.	Low Risk
Management Response/Action Details	Action Date
Review of signage to be undertaken. New signage to be designed and approved. New signs to be installed on all Council operated play areas – NOTE: subject to budget/cost constraints	31/03/2018
Status Update Comments	Revised Date
This is being actioned as part of the play project programme.	31/12/2022

South Derbyshire District Council – Audit Progress Report

PCI Compliance 2018-19	Rec. No. 4
Summary of Weakness / Recommendation	Risk Rating
<p>The Council had not maintained an inventory of hardware and software components relating to equipment used to take card payments.</p> <p>We recommend that the Council either introduces an inventory of hardware and software components relating to equipment used to take card payments or these devices are removed in favour of alternative methods the Council uses to receive card payments.</p>	Low Risk
Management Response/Action Details	Action Date
We are in the process of removing the android chip and pin devices and replacing with a single digit device. The kiosks will be replaced by December 2019 as not PCI DSS compliant beyond that date Our understanding is that firmware is incorporated with the machines	01/01/2020
Status Update Comments	Revised Date
The Council has undertaken a comprehensive PCI audit with a specialist consultancy. Two key recommendations were made, namely the delivery of Call Secure Plus and P2PE, as well as the update of a few key policies. These projects and spend were approved by Finance & Management Committee in March 2021, and the PCI questionnaire will be submitted by end of March 2021, with a commitment to deliver these projects in the short-term. The projects are currently underway and will be delivered in quarter 1/2 of 2021, dependent on technical requirements.	01/10/2021

PCI Compliance 2018-19	Rec. No. 6
Summary of Weakness / Recommendation	Risk Rating
<p>The document which outlined duties and responsibilities in terms of PCI Standards contained out-of-date references.</p> <p>We recommend that the document outlining duties and responsibilities in terms of PCI Standards is updated to reflect the Council's current structure.</p>	Low Risk
Management Response/Action Details	Action Date
Procedural policies updates including communication and training to staff will be updated by Customer Services.	01/04/2019
Status Update Comments	Revised Date
The Council has undertaken a comprehensive PCI audit with a specialist consultancy. Two key recommendations were made, namely the delivery of Call Secure Plus and P2PE, as well as the update of a few key policies. These projects and spend were approved by Finance & Management Committee in March 2021, and the PCI questionnaire will be submitted by end of March 2021, with a commitment to deliver these projects in the short-term. The projects are currently underway and will be delivered in quarter 1/2 of 2021, dependent on technical requirements.	01/10/2021

South Derbyshire District Council – Audit Progress Report

Section 106 Agreements 2018-19	Rec. No. 1
Summary of Weakness / Recommendation	Risk Rating
<p>The Section 106 Agreements version 8 - A guide for Developers document had not been reviewed since April 2010, and contained out-of-date information.</p> <p>We recommend that the Section 106 Agreements version 8 - A guide for Developers document should be subject to a full review and update. Going forward, this document should be subject to regular review and update.</p>	Low Risk
Management Response/Action Details	Action Date
Review to be undertaken in 2019/2020 - to produce formal supplementary planning document (statutory process) - then reviewed as part of the Local Plan process.	01/04/2019
Status Update Comments	Revised Date
A review of the Planning Service is to be considered at EDS committee on 12 November 2020. To include recruiting to roles to support the S106 process and the review of the guide for developers document which should be undertaken by April 2021.	01/04/2021

Section 106 Agreements 2018-19	Rec. No. 4
Summary of Weakness / Recommendation	Risk Rating
<p>Variances identified as part of the reconciliation between Planning records and Accountancy records for the Section 106 Reserve Account have not been fully investigated and resolved.</p> <p>We recommend that all variances identified as part of the reconciliation between the Planning records and Accountancy records for the Section 106 Reserve Account should be fully investigated and action be taken to ensure that if Section 106 money has not been spent as intended, that it is reflected in the Section 106 Records maintained by the Planning Department.</p>	Low Risk
Management Response/Action Details	Action Date
The team has been alerted to this - will meet with Accounts to discuss further.	31/03/2019
Status Update Comments	Revised Date
The Planning Services review will look to release capacity and this can be undertaken by 1st April 2021.	01/04/2021

Allocations & Homelessness 2018-19	Rec. No. 1
Summary of Weakness / Recommendation	Risk Rating
<p>There were no formal procedure notes detailing the allocation process</p> <p>We recommend that, once a revised Allocations Policy is in place, a formal procedure note is produced detailing the allocations process.</p>	Low Risk
Management Response/Action Details	Action Date
Procedure notes to be completed after the implementation of new Housing Allocations Policy.	30/07/2019
Status Update Comments	Revised Date
New Allocations Policy approved by Housing Committee for implementation. Restructure of team underway to be followed by re-procurement of Choice Based Lettings Software and process review.	01/07/2021

South Derbyshire District Council – Audit Progress Report

Fleet Management		Rec. No. 6
Summary of Weakness / Recommendation		Risk Rating
<p>There was no centralised record of the drivers employed by the Council, and no centralised checks were undertaken for validity of driving licences.</p> <p>We recommend that a centralised record of all drivers operating the Council's vehicles should be maintained. This record should evidence regular checks for drivers licence information and other relevant details.</p>		Low Risk
Management Response/Action Details		Action Date
<p>All Direct Services employees have had a driving licence check and signed a declaration of fitness to drive. A briefing will be submitted to the Leadership Team to establish the preferred option for checking all employees' driving licences.</p>		30/06/2019
Status Update Comments		Revised Date
<p>A briefing note was submitted to Leadership Team in July 2019 and agreed subject to HR having the capacity to deliver. There have been informal discussions with HR, who have agreed to implement this in principle, but need to first consult the relevant Trade Unions. Progress has been delayed due to other priorities and consultation with the Trade Unions will commence in October 2020, with a revised implementation date scheduled for April 2021.</p>		01/05/2021

Orchard IT Application		Rec. No. 17
Summary of Weakness / Recommendation		Risk Rating
<p>The IMS system was being run using a high privilege local service account, rather than the best practice of a lower privilege read-only account.</p> <p>We recommend that management ensures the IMS system is run under the context of a lower privilege read only account, in line with the consultant's report.</p>		Low Risk
Management Response/Action Details		Action Date
<p>IT to investigate the IMS system and decide whether to move to a lower privilege read only account, although IMS server not currently being used due to SQL install being required.</p>		30/09/2019
Status Update Comments		Revised Date
<p>An update was provided by the Head of Housing Services suggesting the IMS system in itself needs reviewing and they will include this long running technical recommendation regarding the service account as part of that.</p>		30/04/2021

South Derbyshire District Council – Audit Progress Report

Active Communities & Health		Rec. No. 1
Summary of Weakness / Recommendation		Risk Rating
Community consultations were not considered to be appropriately inclusive of all members of the disabled community.		Low Risk
We recommend that when conducting community consultations intended to include disabled people, the Active Communities & Health team should contact a local equalities team, such as Access Derbyshire (Derbyshire County Council), for them to assess the appropriateness of the consultation document for the disabled community.		
Management Response/Action Details		Action Date
The 50+ survey is still in draft stage and all information has not been included yet. We will ensure that these are picked up for this consultation which will be launched in January 2020 all being well.		31/01/2020
Status Update Comments		Revised Date
Action complete but unable to supply evidence due to involved staff currently being redeployed.		30/04/2021

REPORT TO:	AUDIT SUB COMMITTEE	AGENDA ITEM: 6
DATE OF MEETING:	24th MARCH 2021	CATEGORY: DELEGATED
REPORT FROM:	INTERNAL AUDIT MANAGER	OPEN
MEMBERS' CONTACT POINT:	ADRIAN MANIFOLD (01332 643281) Adrian.manifold@centralmidlandsaudit.com	DOC: u/ks/audit/internal audit/annual plans/covering report
SUBJECT:	PROPOSED INTERNAL AUDIT PLAN 2021-22	REF:
WARD(S) AFFECTED:	ALL	TERMS OF REFERENCE: AS 02

1.0 Recommendations

- 1.1 That the proposed Internal Audit Plan for 2021/22 is considered and approved for implementation, subject to any changes agreed by the Committee.

2.0 Purpose of Report

- 2.1 To consider the proposed Audit Plan for 2021/22. This is in accordance with the Public Sector Internal Audit Standards (PSIAS) which requires Internal Audit to develop a risk-based plan to direct their work in the forthcoming financial year.

3.0 Detail

- 3.1 The Plan has been drawn up by the Audit Manager. This follows consultation with the Council's Leadership Team and Senior Managers representing all service areas. The Plan details where audit are proposing to allocate their resources over the financial year 2021/22.
- 3.2 This includes an assessment of the Council's risk areas which helps to inform how audit will allocate resources. The allocation is also based on regulatory requirements to review key financial systems each year.
- 3.3 The Plan also details the audit approach and coverage that the Council can expect from the Internal Audit Service. The Audit Sub Committee is requested to consider priorities and the proposed allocation of audit resources for 2021/22.

4.0 Financial Implications

- 4.1 The Plan will be delivered within the budget allocated for Internal Audit.

5.0 Corporate Implications

Employment Implications

5.1 None

Legal Implications

5.2 None

Corporate Plan Implications

5.3 None directly

Risk Impact

5.4 None

6.0 Community Impact

Consultation

6.1 None required

Equality and Diversity Impact

6.2 None directly

Social Value Impact

6.3 None directly

Environmental Sustainability

6.4 None directly

7.0 Background Papers

7.1 None

South Derbyshire District Council – Internal Audit Plan 2021-22 & Audit Charter

Audit Sub-Committee: 24th March 2021



South Derbyshire
District Council



Contents

Page

Introduction	3
Approach to Audit Planning	5
Types of Audit Work	6
Appendix A - Audit Plan Detail	8
Appendix B - Audit Charter	10

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



Introduction

Purpose of Report

The purpose of this report is for the Board to approve the Internal Audit Charter and Annual Internal Audit Plan for 2021-22.

Role of Internal Audit

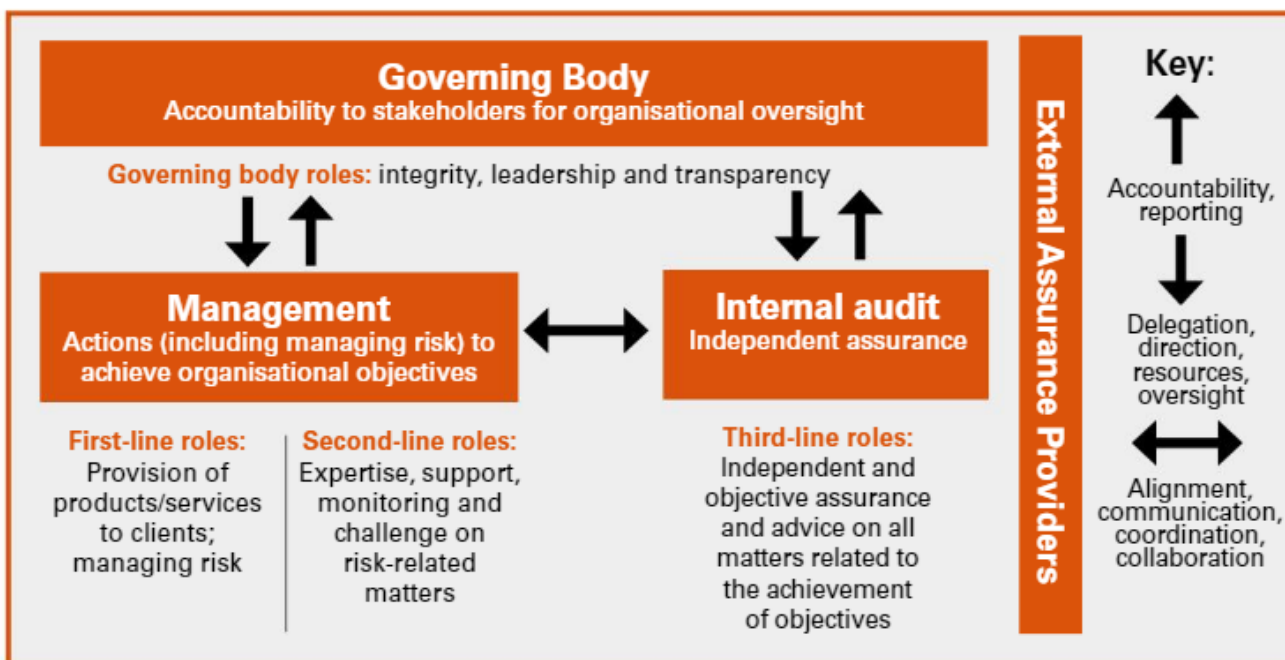
All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (S151) and the Accounts and Audit Regulations 2015.

The Council's Internal Audit service is provided by Central Midlands Audit Partnership (CMAP). The Partnership was formed as a Joint Board under section 101 of the Local Government Act 1972. It currently serves 6 public sector organisations and Derby City Council is the host authority. This agreement has recently been reviewed and is with each partner organisation for approval/signing, with a view to extending the agreement until 31st March 2025.

Internal Audit provides the Audit Sub-Committee and senior management with objective assurance on the Council's overall control environment, comprising the systems of governance, risk management, and internal control and highlights control weaknesses together with recommendations for improvement. This helps senior management demonstrate that they are managing the Council effectively. Internal Audit's work significantly contributes to the Council's statutory Annual Governance Statement (AGS).

Internal Audit is part of the Council's governance framework which can be summarised in the three lines model shown below.

IIA Global's Three Lines Model:



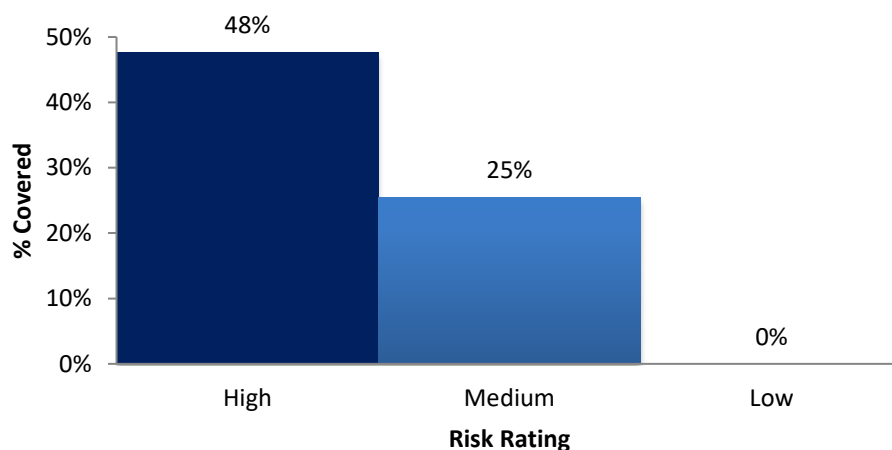
Internal Audit Plan

The Public Sector Internal Audit Standards (PSIAS) state that annually the Chief Audit Executive is responsible for developing a risk-based plan. In this instance, the Chief Audit Executive is Adrian Manifold, Audit Manager.

The annual Audit Plan sets out proposals on how this will be achieved in the year ahead. It is a flexible Plan that allows Internal Audit to respond to emerging and changing risks during the year.

The Audit Plan must incorporate sufficient work to enable the Chief Audit Executive to give an opinion on the adequacy of the Council's overall control environment. Equally Internal Audit must be adequately resourced with the necessary level of skilled and experienced staff to deliver the Audit Plan.

2021-22 Coverage of Auditable Areas by Risk Rating Category



Progress in completing the audit plan, will be submitted to the Audit Sub-Committee as part of regular Internal Audit Progress reports.

Internal Audit Charter

An Internal Audit Charter is a formal document that defines internal audit's purpose, authority, responsibility and position within an organisation. The Internal Audit Charter describes how internal audit will provide value to the Council, the nature of the services it will provide and the specific focus or emphasis required of internal audit to help the Council achieve its objectives.

Having an Internal Audit Charter also establishes the internal audit activity's position within the Council, including reporting lines, authorising access to records, personnel, and physical properties relevant to the performance of engagements; also defining the scope of internal audit activities. A copy of the current Internal Audit Charter is attached at [Appendix B](#). It is the role of the Audit Sub-Committee to review and approve the 'Internal Audit Charter' on an Annual basis.

Approach to Audit Planning

Internal Audit takes into account the Council's risk management framework, including using risk appetite levels set by management for the different activities or parts of the Council. If a framework does not exist, Internal Audit must determine its own judgment of risks following a thorough consultation process. We endeavour to consult with relevant managers to further understand the risk areas where internal audit assurance will be appropriate.

A risk based audit plan has been compiled in consultation with the Council's Management, using the Council's risk registers and CMAP's bespoke risk assessment model which considers the following 8 measures of risk

Impact	Materiality	Potentially, how much money could the Council lose if this area is not properly controlled?
	Criticality	How critical is this function to the effective running of the Council's core activities?
	Sensitivity	How important is this area in the opinion of senior management and the Board?
	Strategic Effect	How does this function affect the Council's long term aims and objectives?
Likelihood	Changes	What changes (staffing, procedural, IT, legislative) has this area been subject to?
	Complexity	How complex is the area under review?
	Review Process	How often is this area reviewed by audit and other agencies?
	Inherent Risks	How susceptible is this area to fraud and irregularity?

Once the scores for each of the 77 auditable areas identified have been input to the risk model, along with the date when the area was last audited, the risk model will automatically generate a plan of suggested audit coverage. Senior management are consulted on the proposed plan and their views are taken account of before producing the final, ranked list of areas to audit. This year's risk assessment identified 21 High risk areas, 55 Medium risk areas and 1 Low risk areas.

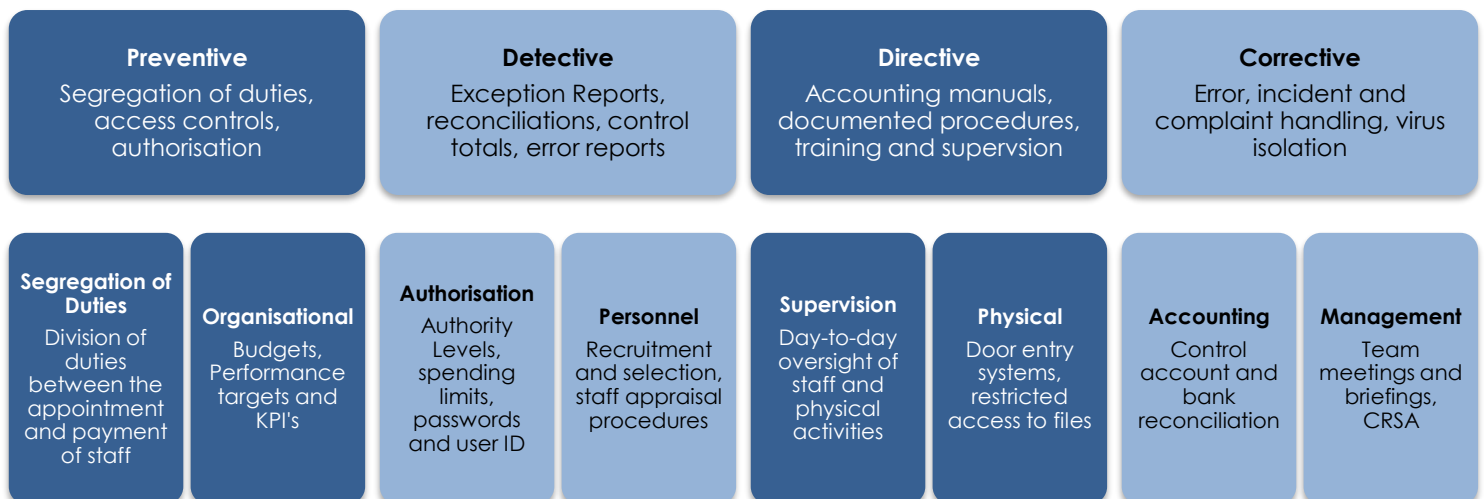
Discussions are also undertaken with the Council's External Auditors to ensure that the proposed coverage, where possible, complements their work.

Types of Audit Work

Key Financial Systems Audit - Much of internal audit's assurance work comes from the review of the risks and controls associated with the Council's financial systems. External Audit will also review the work on the key financial systems to assist them when determining their opinion on Council's annual accounts.

Systems / Risk Based Audits - The auditor's prime role is to review the internal control systems developed by management to mitigate operational risks and report upon the adequacy of those controls (see below for control examples). A Council's overall internal control system is the product of all of those systems and processes that the Council has created to deliver its business objectives, both financial and non-financial.

Control categories with examples



Source: Chartered Institute of Internal Auditors – Resources – Control

IT Audit – Typically our IT auditing coverage focuses on the following:

- **Infrastructure** - Infrastructure audits cover perimeter defences, authentication, management and monitoring, and devices. Infrastructure audits help provide assurance that the organisation's private network is protected from internet attacks, unauthorised or inappropriate access via local or remote attacks, and also ensure the Council has the necessary monitoring and incident analysis to maintain and analyse the Network.
- **Applications** - Application audits cover thin and fat client applications, and both internal (Intranet) or external (Web) applications. Applications audits typically focus on CIAA (**C**onfidentiality, **I**ntegrity, **A**vailability and **A**ccountability risks) to ensure attackers cannot exploit vulnerabilities to gain unauthorised access to sensitive corporate data.

Governance/Ethics Reviews - The governance framework comprises the systems and processes, and culture and values, by which the Council is directed and controlled. Internal Audit reviews corporate systems such as Risk Management, Health & Safety, Data Quality, Anti –Fraud and should consider organisational ethics, values and culture.

South Derbyshire District Council – Audit Plan 2021-22

Procurement/Contract Audit - Procurement involves the process of acquisition from third parties, and spans the whole life cycle from the initial concept (determining the need), through buying and delivery, to the end of a service contract. The audit approach to procurement should primarily concern the Council's corporate procurement strategy and associated management structures and processes, including contract procedure rules and detailed procurement guidance.

Client Support Work

To support the Council, time has also been set aside for the following:

Audit Management – There are certain management tasks that are specific to each Partner organisation, such as, reporting to Audit Committee, Audit Risk Assessment & Planning etc. These require a contingency of time to be planned.

Advice & Emerging Issues - On an ad-hoc basis, Audit is called upon to provide risk and control advice on issues throughout the Council. This consultancy work is a very important service and requests for Audit input are considered to be a good measure of the quality of the Audit service and of the satisfaction of our clients.

Anti-Fraud/Probity/Investigations - Internal audit has an important role to play in ensuring that management has effective systems in place to detect and prevent corrupt practices within the Council. Internal audit's role includes promoting anti-fraud best practice, testing and monitoring systems through probity work and advising on change where it is needed. Internal Audit also may be involved in the investigation of suspected internal fraud, theft or major irregularity (where there is some form of alleged financial irregularity, which may have resulted in financial loss to the Council).

Follow-up Audits - Internal Audit is committed towards ensuring that control improvements are achieved and all agreed actions are acted upon. We have developed a recommendation tracking database, which allows us to monitor, follow-up and report upon the status of all management's actions in respect of agreed audit recommendations.

Brought Forward Jobs - A number of incomplete audits from the 2020-21 Audit Plan will need to be concluded in 2021-22.



South Derbyshire District Council – Audit Plan 2021-22

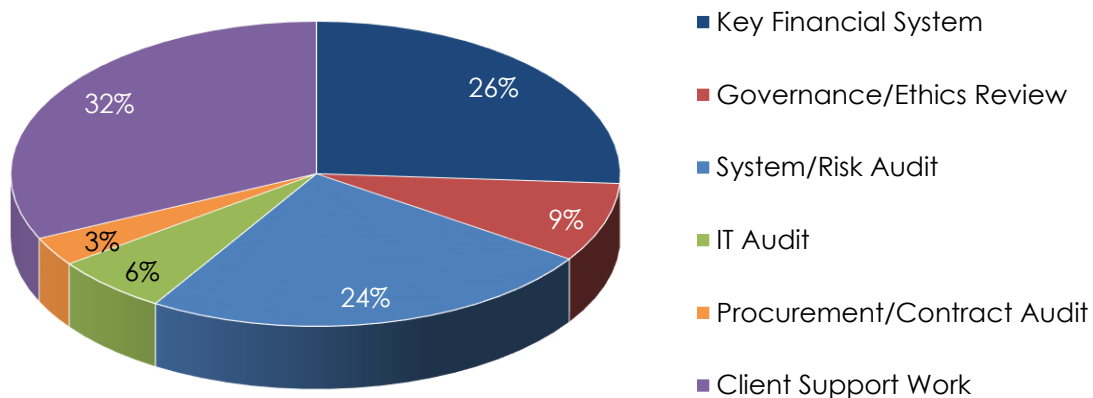
Appendix A - Audit Plan Detail

Our risk assessment of the Council's activities, in consultation with senior management, has concluded that the following audits will be undertaken in 2021-22:

Audit Plan Assignments	Risk Rating	Indicative Quarter
Key Financial Systems Reviews		
Financial Management Standards	Medium	Q1/Q2
Income Streams	Medium	Q4
Insurance	Medium	Q2
Taxation	Medium	Q3
Payroll	High	Q2
Creditors	High	Q3
Asset Management	Medium	Q2
Revenues Systems	High	Q3/Q4
Cashiering	Medium	Q1
Rent Accounting	High	Q2/Q3
Governance/Ethics Reviews		
Data Protection & Freedom of Information	Medium	Q1/Q2
Data Quality & Performance Management	High	Q1
Corporate Governance	Medium	Q1/Q2
Procurement/Contract Reviews		
Procurement	High	Q4
System/Risk Reviews		
Project Management	Medium	Q2
People Management	Medium	Q3
Development Management	Medium	Q3
Climate Change	High	Q3
Leisure Centres	Medium	Q3/Q4
Affordable Housing	Medium	Q1/Q2
Homelessness	Medium	Q3
Electoral Services	Medium	Q2
IT Audit Reviews		
IT Applications	High	Q1
IT Infrastructure	High	Q2
Client Support Work		
Covid Related	High	Q1/Q2

The detailed scopes of each audit assignment will be agreed with the relevant managers nearer the commencement of the audit. The cost of the Internal Audit Service for 2021-22 is £164,575.

Audit Plan 2021-22 per Type of Audit



Appendix B - Audit Charter

Purpose & Mission

The purpose of the Council's internal audit service is to provide independent, objective assurance and consulting services designed to add value and improve the Council's operations. The mission of internal audit is to enhance and protect organisational value by providing risk-based and objective assurance, advice, and insight. The internal audit service helps the Council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes.

Standards for the Professional Practice of Internal Auditing

The internal audit service will govern itself by adherence to the mandatory elements of The Institute of Internal Auditors' International Professional Practices Framework, including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the International Standards for the Professional Practice of Internal Auditing, and the Definition of Internal Auditing. The Chief Audit Executive will report periodically to **senior management**¹ and the **Board**² regarding the internal audit service's conformance to the Code of Ethics and the Standards.

Authority

The Chief Audit Executive will report functionally to the Audit Sub-Committee and administratively (i.e., day-to-day operations) to the Executive Director (Resources). To establish, maintain, and assure that the Council's internal audit service has sufficient authority to fulfil its duties, the Audit Sub-Committee will:

- Approve the internal audit service's charter.
- Approve the risk-based internal audit plan.
- Approve the internal audit service's budget and resource plan.
- Receive communications from the Chief Audit Executive on the internal audit service's performance relative to its plan and other matters.
- Make appropriate inquiries of management and the Chief Audit Executive to determine whether there is inappropriate scope or resource limitations.
- The Chief Audit Executive will have unrestricted access to, and communicate and interact directly with, the Audit Sub-Committee, including in private meetings without management present.

¹ The PSIAS defines **senior management** as "Those responsible for the leadership and direction of the Council" which in this instance is the Council's **Senior Leadership Team**.

² The Standards require that Internal Audit report to the **Board**. CIPFA have via the Public Sector Internal Audit Standards (PSIAS) Guidelines, determined that 'Board' may refer to an audit committee to which the governing body has delegated certain functions. In this instance this would be the **Audit Sub-Committee**.

The Audit Sub-Committee authorises the internal audit service to:

- Have full, free, and unrestricted access to all functions, records, property, and personnel pertinent to carrying out any engagement, subject to accountability for confidentiality and safeguarding of records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports.
- Obtain assistance from the necessary personnel of the Council, as well as other specialised services from within or outside the Council, in order to complete the engagement.

Independence & Objectivity

The Chief Audit Executive will ensure that the internal audit service remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content. If the Chief Audit Executive determines that independence or objectivity may be impaired in fact or appearance, the details of impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others.

Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous year.
- Performing any operational duties for the Council or its affiliates.
- Initiating or approving transactions external to the internal audit service.
- Directing the activities of any Council employee not employed by the internal audit service, except to the extent that such employees have been appropriately assigned to auditing teams or to otherwise assist internal auditors.

Where the Chief Audit Executive has or is expected to have roles and/or responsibilities that fall outside of internal auditing, safeguards will be established to limit impairments to independence or objectivity.

Internal auditors will:

- Disclose any impairment of independence or objectivity, in fact or appearance, to appropriate parties.
- Exhibit professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined.
- Make balanced assessments of all available and relevant facts and circumstances.

- Take necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgments.

The Chief Audit Executive will confirm to the Audit Sub-Committee, at least annually, the organisational independence of the internal audit service.

The Chief Audit Executive will disclose to the Audit Sub-Committee any interference and related implications in determining the scope of internal auditing, performing work, and/or communicating results.

Scope of Internal Audit Activities

The scope of internal audit activities encompasses, but is not limited to, objective examinations of evidence for the purpose of providing independent assessments to the Audit Sub-Committee, management, and outside parties on the adequacy and effectiveness of governance, risk management, and control processes for the Council. Internal audit assessments include evaluating whether:

- Risks relating to the achievement of the Council's strategic objectives are appropriately identified and managed.
- The actions of the Council's officers, directors, employees, and contractors are in compliance with the Council's policies, procedures, and applicable laws, regulations, and governance standards.
- The results of operations or programs are consistent with established goals and objectives.
- Operations or programs are being carried out effectively and efficiently.
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact the Council.
- Information and the means used to identify, measure, analyse, classify, and report such information are reliable and have integrity.
- Resources and assets are acquired economically, used efficiently, and protected adequately.

The Chief Audit Executive will report periodically to senior management and the Audit Sub-Committee regarding:

- The internal audit service's purpose, authority, and responsibility.
- The internal audit service's plan and performance relative to its plan.
- The internal audit service's conformance with The IIA's Code of Ethics and Standards, and action plans to address any significant conformance issues.
- Significant risk exposures and control issues, including fraud risks, governance issues, and other matters requiring the attention of, or requested by, the Audit Sub-Committee.
- Results of audit engagements or other activities.
- Resource requirements.
- Any response to risk by management that may be unacceptable to the Council.

The Chief Audit Executive also coordinates activities, where possible, and considers relying upon the work of other internal and external assurance and consulting service providers as needed. The internal audit service may perform advisory and related client service activities, the nature and scope of which will be agreed with the client, provided the internal audit service does not assume management responsibility.

Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during engagements. These opportunities will be communicated to the appropriate level of management.

Responsibility

The Chief Audit Executive has the responsibility to:

- Submit, at least annually, to senior management and the Audit Sub-Committee a risk-based internal audit plan for review and approval.
- Communicate to senior management and the Audit Sub-Committee the impact of resource limitations on the internal audit plan.
- Review and adjust the internal audit plan, as necessary, in response to changes in the Council's business, risks, operations, programmes, systems, and controls.
- Communicate to senior management and the Audit Sub-Committee any significant interim changes to the internal audit plan.
- Ensure each engagement of the internal audit plan is executed, including the establishment of objectives and scope, the assignment of appropriate and adequately supervised resources, the documentation of work programs and testing results, and the communication of engagement results with applicable conclusions and recommendations to appropriate parties.
- Follow up on engagement findings and corrective actions, and report periodically to senior management and the Audit Sub-Committee any corrective actions not effectively implemented.
- Ensure the principles of integrity, objectivity, confidentiality, and competency are applied and upheld.
- Ensure the internal audit service collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of the internal audit charter.
- Ensure trends and emerging issues that could impact the Council are considered and communicated to senior management and the Audit Sub-Committee as appropriate.
- Ensure emerging trends and successful practices in internal auditing are considered.
- Establish and ensure adherence to policies and procedures designed to guide the internal audit service.
- Ensure adherence to the Council's relevant policies and procedures, unless such policies and procedures conflict with the internal audit charter. Any such

conflicts will be resolved or otherwise communicated to senior management and the Audit Sub-Committee.

- Ensure conformance of the internal audit service with the Standards, with the following qualifications:
 - If the internal audit service is prohibited by law or regulation from conformance with certain parts of the Standards, the Chief Audit Executive will ensure appropriate disclosures and will ensure conformance with all other parts of the Standards.
 - When the Standards are used in conjunction with requirements issued by CIPFA, the Chief Audit Executive will ensure that the internal audit service conforms with the Standards, even if the internal audit service also conforms with the more restrictive requirements of CIPFA.

Quality Assurance & Improvement Programme (QAIP)

The internal audit service will maintain a quality assurance and improvement programme that covers all aspects of the internal audit service. The program will include an evaluation of the internal audit service's conformance with the Standards and an evaluation of whether internal auditors apply The IIA's Code of Ethics. The program will also assess the efficiency and effectiveness of the internal audit service and identify opportunities for improvement.

The Chief Audit Executive will communicate to senior management and the Audit Sub-Committee on the internal audit service's quality assurance and improvement programme, including results of internal assessments (both on-going and periodic) and external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside the Council.



Central Midlands
Audit Partnership

REPORT TO:	AUDIT SUB-COMMITTEE	AGENDA ITEM: 7
DATE OF MEETING:	24th MARCH 2021	CATEGORY: DELEGATED
REPORT FROM:	STRATEGIC DIRECTOR (CORPORATE RESOURCES)	OPEN
MEMBERS' CONTACT POINT:	KEVIN STACKHOUSE (01283 595811) Kevin.Stackhouse@southderbyshire.gov.uk	DOC:
SUBJECT:	COMMITTEE WORK PROGRAMME	REF:
WARD(S) AFFECTED:	ALL	TERMS OF REFERENCE: G

1.0 Recommendations

1.1 That the Committee considers and approves the updated work programme.

2.0 Purpose of Report

2.1 The Committee is asked to consider the updated work programme.

3.0 Detail

3.1 Attached at Annexe 'A' is an updated work programme document. The Committee is asked to consider and review the content of this document.

4.0 Financial Implications

4.1 None arising directly from this report.

5.0 Background Papers

5.1 Work Programme.

Audit Sub-Committee: Work Programme 24th March 2020/21

Work Programme Area	Date of Committee meetings	Contact Officer (Contact details)
Reports Previously Considered By Committee		
External Audit Planning Report for the year ending 31 st March 2020	13 th July 2020	Jason Burgess (Assistant Manager) EY Jburgess3@uk.ey.co
Internal Audit Progress Report	13 th July 2020	Adrian Manifold (Audit Manager) Adrian.manifold@centralmidlandsaudit.co.uk
Proposed Internal Audit Plan 2020/21	13 th July 2020	Adrian Manifold (Audit Manager) Adrian.manifold@centralmidlandsaudit.co.uk
The Role And Responsibilities of The Chief Finance Officer in Local Government	13 th July 2020	Kevin Stackhouse (Strategic Director Corporate Resources) Kevin.stackhouse@southderbyshire.gov.uk
The CIPFA Financial Management Code	13 th July 2020	Kevin Stackhouse (Strategic Director Corporate Resources) Kevin.stackhouse@southderbyshire.gov.uk

Annual Report of Agreed Procedures 2018/19	13 th July 2020	Kevin Stackhouse (Strategic Director Corporate Resources) Kevin.stackhouse@southderbyshire.gov.uk
Proposed External Audit Fee 2019/20	13 th July 2020	Jason Burgess (Assistant Manager) EY Jburgess3@uk.ey.co
Local Government Audit Briefing	13 th July 2020	Jason Burgess (Assistant Manager) EY Jburgess3@uk.ey.co
Internal Audit Annual Report	29 July 2020	Adrian Manifold (Audit Manager) Adrian.manifold@centralmidlandsaudit.co.uk
Local Code of Corporate Governance Review 2019/20	29 July 2020	Ardip Kaur (Head of Legal and Democratic Services) Ardip.kaur@southderbyshire.gov.uk
Annual Governance Statement 2019/20	29 July 2020	Ardip Kaur (Head of Legal and Democratic Services) Ardip.kaur@southderbyshire.gov.uk
Anti-Fraud and Corruption Annual Report 2019/20	16 September 2020	Lizzie Barton (Head of Customer Services) Kevin.stackhouse@southderbyshire.gov.uk
Internal Audit Progress Report	16 September 2020	Adrian Manifold (Audit Manager) Adrian.manifold@centralmidlandsaudit.co.uk

Local Government Audit Committee Briefing	16 th September 2020	Jason Burgess (Assistant Manager) EY Jburgess3@uk.ey.co
Audit Results Report for the Year Ending 31 March 2020	9 December 2020	Jason Burgess (Assistant Manager) EY Jburgess3@uk.ey.co
Internal Audit Progress Report	9 December 2020	Adrian Manifold (Audit Manager) Adrian.manifold@centralmidlandsaudit.co.uk
Local Code of Corporate Governance Review 2020/21	9 December 2020	Ardip Kaur (Head of Legal and Democratic Services) Ardip.kaur@southderbyshire.gov.uk
Risk Management	9 December 2020	Kevin Stackhouse (Strategic Director Corporate Resources) Kevin.stackhouse@southderbyshire.gov.uk
Data Quality & Performance Management	9 December 2020	Clare Booth (Corporate Performance & Policy Officer) clare.booth@southderbyshire.gov.uk
Proposed Internal Audit Plan 2021/22	24 March 2021	Adrian Manifold (Audit Manager) Adrian.manifold@centralmidlandsaudit.co.uk
Internal Audit Progress Report	24 March 2021	Adrian Manifold (Audit Manager) Adrian.manifold@centralmidlandsaudit.co.uk

Local Government Audit Committee Briefing	2021-22	Jason Burgess (Assistant Manager) EY Jburgess3@uk.ey.co
Annual Report of the Agreed Upon Procedures 2019/20	2021-22	Jason Burgess (Assistant Manager) EY Jburgess3@uk.ey.co
The CIPFA Financial Management Code	2021-22	Kevin Stackhouse (Strategic Director) Kevin.stackhouse@southderbyshire.gov.uk
External Audit Planning Report for the Year Ending 31 March 2021	2021-22	Jason Burgess (Assistant Manager) EY Jburgess3@uk.ey.co