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Our Ref Your Ref

Date: 28 February 2023

Dear Councillor,

## **Audit-Sub Committee**

A Meeting of the **Audit-Sub Committee** will be held at **Council Chamber**, Civic Offices, Civic Way, Swadlincote on **Wednesday**, **08 March 2023** at **16:00**. You are requested to attend.

Yours faithfully,

Chief Executive

Non-Grouped

MMK M PARME

Councillor Wheelton (Chair)

**Labour Group** 

Councillor Shepherd (Vice-Chair) and Councillor Dunn

**Conservative Group** 

Councillors Atkin and Bridgen

### **AGENDA**

## **Open to Public and Press**

1	Apologies.	
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 - 25
6	INTERNAL AUDIT PLAN 2023-24 AND AUDIT CHARTER	26 - 41
7	COMMITTEE WORK PROGRAMME	42 - 43

### **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 CATEGORY:

MEETING: 8 MARCH 2023 RECOMMENDED

**OPEN** 

REPORT FROM: AUDIT MANAGER

MEMBERS' ADRIAN MANIFOLD (01332 643281) DOC: u/KS/audit/internal

CONTACT POINT: adrian.manifold@centralmidlandsaudit.co.uk audit/quarterly reports/quarterly report

cover

SUBJECT: INTERNAL AUDIT PROGRESS REF:

**REPORT** 

WARD(S) TERMS OF

AFFECTED: ALL REFERENCE: AS 02

## 1.0 Recommendations

1.1 That the report of the Audit Manager is considered, and that any matters specifically identified are subject to an appropriate report back.

## 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 21 February 2023.

## 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



## C M A P central midlands audit partnership

## South Derbyshire District Council -**Audit Progress Report**

Audit Sub-Committee: 8th March 2023





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## Our Vision

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

## Contacts

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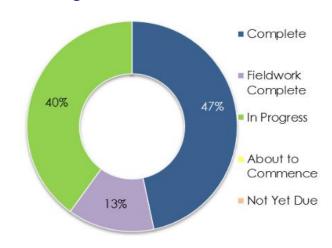
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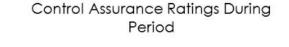


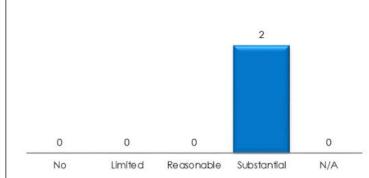
## **AUDIT DASHBOARD**

## Plan Progress



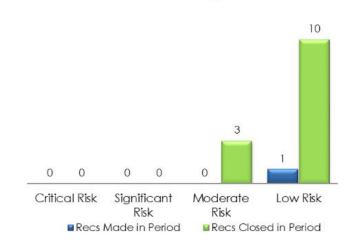
## Jobs Completed in Period





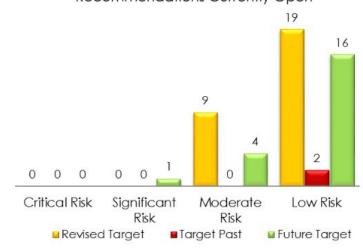
## Recommendations

## Movement During Period



## **Recommendations**

## Recommendations Currently Open

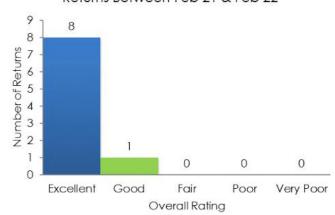


## Recommendations

# Overdue Recommendations 18 16 14 12 10 8 6 4 2 0 3 Months < 3-6 Months 6-12 Months 12 Months >

## **Customer Satisfaction**

## Returns Between Feb 21 & Feb 22







■ Critical Risk ■ Significant Risk ■ Moderate Risk ■ Low Risk

Audit Sub-Committee: 8th March 2023

## 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 21st February 2023.

2022-23 Assignments	Status	% Complete	Assurance Rating
Records Management 2022-23	Draft Report	95%	
Risk Management 2022-23	Final Report	100%	Reasonable
Procurement 2022-23	In Progress	10%	
Safeguarding 2022-23	Draft Report	95%	
Main Accounting System 2022-23	Final Report	100%	Substantial
Treasury Management 2022-23	Final Report	100%	Substantial
Capital Programme 2022-23	In Progress	75%	
Banking Services 2022-23	Final Report	100%	Substantial
Officers Expenses & Allowances 2022-23	Final Report	100%	Reasonable
Revenues Systems 2022-23	In Progress	25%	
Mobile Device Management	In Progress	45%	
Data Quality & Performance Management 22-23	Fieldwork Complete	90%	
Grant Certification 2022-23	In Progress	65%	
Waste Management 2022-23	Deferred		
Street Cleansing 2022-23	In Progress	20%	
Development Management 2022-23	In Progress	60%	
Parks & Open Spaces 2022-23	In Progress	50%	
Rosliston Forestry Centre 2022-23	Final Report	100%	Reasonable
Housing Safety Inspections 2022-23	Deferred		
Sheltered Housing / Careline 2022-23	In Progress	40%	
Land Charges 2022-23	In Progress	60%	
Organisational Culture & Ethics 2022-23	In Progress	10%	
Economic Development 2022-23	Deferred		
B/Fwd Assignments	Status	% Complete	Assurance Rating
Procurement 2021-22	Final Report	100%	Reasonable
Income Streams 2021-22	Final Report	100%	Reasonable
Payroll Probity 2021-22	Final Report	100%	Limited
Creditors 2021-22	Final Report	100%	Reasonable
Housing System IT Upgrades	Draft Report	95%	
People Management 2021-22	Final Report	100%	Substantial
Homelessness 2021-22	Final Report	100%	Substantial
Corporate Governance 2021-22	Final Report	100%	Reasonable
Leisure Centres 2020-21	Final Report	100%	Reasonable
Electoral Services 2020-21	Draft Report	95%	

## Plan Changes

It has been agreed with senior management that three planned assignments will be deferred until 2023-24. The Economic Development assignment has been deferred as it is intended to look at the new Visitors Centre which is not yet complete. The Waste Management assignment has been deferred to allow the new Head of Operational Services time to fully settle into the post before reviewing this service. A recent audit of the Council's Lifespan Housing application has flagged a number of weaknesses with system security; the decision has therefore been taken to defer to Housing Safety Page 7 of 43



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Audit Sub-Committee: 8th March 2023

## South Derbyshire District Council – Audit Progress Report

Inspection audit to allow time for such matters have progressed sufficiently before embarking on a further audit in this area.

## **Assignment Delays**

I'm pleased to report that all the delayed assignments brought to the Sub-Committee's attention at the last meeting are all now progressing.

## **AUDIT COVERAGE**

## Completed Audit Assignments

Between 25<sup>th</sup> November 2022 and 21<sup>st</sup> February 2023, the following audit assignments have been finalised.

	Acquirance	Recommendations Made				0/ Doos
Audit Assignments Completed in Period	Assurance Rating	Critical Risk	Significant Risk	Moderate Risk	Low Risk	% Recs Closed
Treasury Management 2022-23	Substantial					n/a
Main Accounting System 2022-23	Substantial				1	100%

### Limited Treasury Management 2022-23 ş Assurance Rating **Controls** Adequate **Partial** Weak **Control Objectives Examined Evaluated Controls Controls Controls** Appropriate and approved Treasury Management Strategy, Policy and 6 5 0 Procedures are in place and are being adequately maintained. Effective forecasting and monitoring systems have been established to 4 0 ensure that movements of cash are appropriately managed. Treasury Management transactions comply with the Council's agreed Treasury Management Strategy, with investments suitably recorded to 0 4 4 0 ensure that interest received is correct and funds invested are recovered by the due date. The Council's Borrowing requirements are adequately monitored and 3 3 0 managed. Treasury Management activities and performance are being monitored 4 4 0 0 and reported. **TOTALS** 1 22 21 0 Risk Rating **Agreed Action Date Summary of Weakness** This report highlighted 1 minor risk issue for management's consideration, but contained no formal recommendations.

Main Accounting System 2022-23	Assurance Rating			
Control Objectives Examined	Controls Evaluated	Adequate Controls	Partial Controls	Weak Controls
Key control account reconciliations are carried out on a regular basis, reconciling items are cleared and the reconciliation is subject to independent review.	9	8	1	0
Robust systems are in place which allow revenue budget monitoring to take place.	6	6	0	0
Appropriate controls are in place with regard to the processing of journals.	5	5	0	0
TOTALS	20	19	1	0
Summary of Weakness		Risk Rating	Agreed A	Action Date
Not all reconciliations had been completed in a timely manner.		Low Risk	Already Ir	mplemented

## RECOMMENDATION TRACKING

Final Report		Assurance	Rec	ommendations O	pen
Date	Audit Assignments with Open Recommendations	Rating	Action	Being	Future
Dule		Kalling	Due	Implemented	Action
31-Oct-22	Rosliston Forestry Centre 2022-23	Reasonable			4
24-Oct-22	Officers Expenses & Allowances 2022-23	Reasonable			3
02-Aug-22	Income Streams	Reasonable		1	4
22-Aug-22	Homelessness 2021-22	Substantial	1		
23-Feb-22	Climate Change	Substantial		1	
29-Jul-22	People Management 2021-22	Substantial			1
31-Mar-22	Revenues Systems 2021-22	Substantial			2
10-Mar-22	Rent Accounting 2021-22	Reasonable		2	2
23-Nov-22	Payroll Probity	Limited			3
06-Sep-21	Data Protection & Freedom of Information	Reasonable		2	
15-Sep-21	Insurance	Substantial			1
06-Jan-21	Tenancy Management (Interventions & Support)	Substantial		1	
19-May-22	Leisure Centres 2020-21	Reasonable	1		
03-Feb-21	Waste Management (Trade Waste)	Reasonable		2	
16-Jun-21	Housing Repairs 2020-21	Limited		6	
06-Aug-20	Bereavement Services 2019-20	Reasonable		2	
22-Oct-20	Grounds Maintenance 2019-20	Reasonable		5	1
26-Mar-19	Fleet Management	Reasonable		1	
29-Aug-19	Corporate Governance 2018-19	Reasonable		1	
12-Feb-19	PCI Compliance 2018-19	Reasonable		3	
07-Aug-17	Parks & Open Spaces	Reasonable		1	
		TOTALS	2	28	21

**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.

	A	ction Due		Bein	g Implemente	d
Audit Assignments with Recommendations Due	Significant Risk	Moderate Risk	Low Risk	Significant Risk	Moderate Risk	Low Risk
Income Streams						1
Homelessness 2021-22			1			
Climate Change						1
Rent Accounting 2021-22					1	1
Data Protection & Freedom of Information					1	1
Tenancy Management (Interventions & Support)						1
Leisure Centres 2020-21			1			
Waste Management (Trade Waste)					1	1
Housing Repairs 2020-21					3	3
Bereavement Services 2019-20					1	1
Grounds Maintenance 2019-20					1	4
Fleet Management						1
Corporate Governance 2018-19						1
PCI Compliance 2018-19					1	2
Parks & Open Spaces						1
TOTALS			2		9	19

## 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
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.	Moderate Risk
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.	
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 15th February 2019 a compliance action plan will be drafted for agreement by each team.	01/04/2019
Status Update Comments	Revised Date
The Council intends to be PCI Compliant by the end of January 2023. We will then	31/01/2023
attest compliance on a channel by channel basis and renew annually.	Action Due

Bereavement Services 2019-20	Rec No. 2
Summary of Weakness / Recommendation	Risk Rating
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.	Moderate Risk
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.	
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
We will look to do an options appraisal to identify future service delivery, this could be	01/03/2023
either in-house or to go out to formal tender. This appraisal should be concluded by February 2023 and subsequent action will then be taken thereafter.	Future Action
Dans 40 of 42	



Grounds Maintenance 2019-20	Rec No. 6
Summary of Weakness / Recommendation	Risk Rating
Reactive work requested and performed was not consistently recorded.	Moderate Risk

We recommend that reactive work requests should be logged and the outcome recorded. This should include, as a minimum, the following details:

- Date and time issue was reported.
- Location of work.
- Details of issue.
- Urgency.
- Customer details.
- Work completed date.
- Time spent on work.
- Operative name.
- Outcome.

This information should be monitored to draw out the following:

- Time spent on reactive work vs planned work, to inform workforce planning.
- Responsiveness to requests, to allow effectiveness to be determined.

<ul> <li>Trends in the types of work requested, to inform planned maintenance.</li> </ul>	
Management Response/Action Details	Action Date
Operational Services is currently undertaking a management restructure, a formal process will be developed and implemented following this restructure.	01/04/2021
Status Update Comments	Revised Date
The new head of service is now in post and is exploring the options for management	01/01/2024
system which will provide a dedicated function detailing requests and closure, the timeline for installation of this system is Dec 23. Until the new system is introduced a	Future Action
standard request form will be created to include job details and closure notice, this is	
to be introduced by the end of Mar 23.	

Waste Management (Trade Waste)	Rec No.6
Summary of Weakness / Recommendation	Risk Rating
Mandatory Health & Safety training had not been refreshed in line with the required 3-year timescale.	Moderate Risk
We recommend that, whilst being mindful of the current Covid-19 restrictions, the delivery of mandatory Health & Safety training is pursued and delivered as a priority, when safe to do so. To bring the required training up-to-date, this should incorporate all members of the team and include all those Health & Safety training courses which are mandatory. Whilst training delivery continues to be problematic due to the Covid-19 pandemic, toolbox talks should continue in an effort to keep Health & Safety awareness at the forefront of everyone's mind.	
Management Response/Action Details	Action Date
Mandatory training, including but not limited to Health & Safety, for all Operational Services employees, without access to Myview, has now been organised. The training will be delivered over the following dates to ensure Covid safety measures are followed during delivery of the training. 3rd February, 23rd February, 10th March, 11th March, 23rd March, 25th March and 1st April	01/04/2021
Status Update Comments	Revised Date
The new Head of Service is now in post and has requested that the mandatory Health	01/02/2023
and Safety refresher course be undertaken by all staff that require the update. The training will be completed by the end of January 23 by all staff who require it.	Action Due



Housing Repairs 2020-21	Rec No. 3
Summary of Weakness / Recommendation	Risk Rating
There was a high degree of manual input in scheduling repair jobs and the system in place to record repairs was heavily reliant on paper job tickets, resulting in inefficiencies and possible inaccuracies. We were unable to locate a job ticket for 10 of the 19 completed repair jobs selected for testing.	Moderate Risk
We recommend that the Council considers the procurement of dynamic scheduling software. In the interim we recommend that:	
<ul> <li>Clear guidelines are provided to operatives on the information required to be completed on job tickets and timesheets, to improve the quality of data subsequently entered into Orchard, the Council's Housing Management System.</li> </ul>	
<ul> <li>The possibility of sending job tickets directly from Orchard to operative's smartphones (or scanning and emailing them) is investigated.</li> </ul>	
<ul> <li>The capability of the smartphones issued is reviewed to establish whether job tickets can be viewed and edited or whether other hardware /software is required to do this.</li> </ul>	
<ul> <li>Training requirements for operatives are considered to allow implementation of the above and further training be undertaken, where required.</li> </ul>	
Management Response/Action Details	Action Date
As part of the Council's Transformation Project, the renewed Orchard Contract package includes the option for the future purchase of dynamic scheduling/mobile working software. Written instruction for the completion of job tickets will be provided for operatives by the Interim Team Leader (by 30/07/2021). A possible interim solution for the electronic transmission of job tickets has been identified and is being tested. This will require new devices to be provided to operatives. The use of smartphone for this process has been tested and found to be not viable. Once testing of the process and new devices is complete this will be implemented across the team with the appropriate training.	01/10/2021
Status Update Comments	Revised Date
Electronic job ticket process in trial with DLO. Full implementation will rely on the	01/12/2023
upgrade of the Orchard system and the commencement of new Repairs Manager in Post. An outline timetable for the implementation of dynamic scheduling/mobile working has been agreed with Orchard MRI for completion by December 2023.	Future Action

Housing Repairs 2020-21	Rec No. 5
Summary of Weakness / Recommendation	Risk Rating
Orchard, the Council's Housing Management System, did not contain a full record of materials used on a job and there was consequently no tracking of materials purchased over the counter to confirm their usage.	Moderate Risk
We recommend that all materials used on a job should be recorded on the job ticket used to populate Orchard. This will ensure full data is available for the purposes of costing and post inspections. Operatives should be provided with clear instruction and this should be monitored by management until embedded.	
Management Response/Action Details	Action Date
Written instruction for the completion of job tickets will be provided for operatives by the Interim Team Leader.	30/07/2021
Status Update Comments	Revised Date
The implementation of an App to control stock purchase is in implementation with the	01/03/2023
major supplier and in discussion with the secondary supplier. This will not progress further until the commencement in post of the New Repairs Manager. The comprehensive management of this will be delivered through the implementation of additional Dynamic Scheduling Software which has a prospective completion date of December 2023.	Future Action

Housing Repairs 2020-21	Rec No. 6
Summary of Weakness / Recommendation	Risk Rating
Van stocks were not being tightly controlled, as annual audits only consisted of a count and valuation and did not track the usage of materials.	Moderate Risk
The Council should consider how the van stock audit regime might be strengthened to prevent the possible theft of materials. This should include an annual audit based on an inventory of van materials, taking into account materials purchased and materials used over the period to identify possible discrepancies, along with in-year spot checks.	
Management Response/Action Details	Action Date
A quarterly audit of van stock will be implemented by the new Repair Manager once appointed.	01/10/2021
An electronic method of managing materials and van stocks is being investigated with the current materials provider.	
Status Update Comments	Revised Date
New controls are in place with regard to the purchase of materials and a new	01/03/2023
secondary materials supplier has been appointed. Both providers have electronic solutions for the management of materials which will be progressed further once the new Repairs Manager is in place in November 2022.	Future Action

Data Protection & Freedom of Information 2021-22	Rec No. 3
Summary of Weakness / Recommendation	Risk Rating
Not all staff had completed the annual mandatory GDPR refresher training and not all Members had attended and completed GDPR training.	Moderate Risk
We recommend that training on GDPR is included as annual refresher training for Members as well as it being included as part of their induction training when newly elected to the Council. The progressive completion of mandatory GDPR refresher training for staff should be monitored on a regular basis to ensure that there is a high percentage rate of completion. Non-compliance with mandatory training should be identified and appropriate action to address non-compliance should be considered and acted on as a priority.	
Management Response/Action Details	Action Date
GDPR training is mandatory part of induction, and an annual refresh is required. Non-compliance will be escalated to the relevant Strategic Directors.	31/12/2021
Status Update Comments	Revised Date
This relates to a rolling 12 months and not all employees have completed the training	01/12/2022
but the fact that they haven't has been escalated and a new process whereby a monthly snapshot is emailed to Heads of Service. Members have not yet undertaken a GDPR training session. This was due to take place at the end of September but didn't happen. The training is delivered by a third party. New dates for training delivery have been requested and an update will be provided when these have been booked. Action date revised to end of November in the interim.	Action Due

Rent Accounting 2021-22	Rec No. 7
Summary of Weakness / Recommendation	Risk Rating
Energy costs paid by the Council for individual properties were not consistently recharged to tenants and there was a large outstanding debt relating to this.	Moderate Risk
We recommend that the Council writes off outstanding ground source heating debts where there is insufficient legal basis to pursue recovery. Furthermore, for existing tenants, appropriate action should be taken to obtain agreement to future energy cost charges, which should be invoiced as soon as possible to prevent further financial loss to the Council.	
Management Response/Action Details	Action Date
Agreed, the Former Tenant Arrears Officer will prepare the documentation for write off where recovery cannot be pursued against former / current tenants for ground source heating charges at Brook Street, Hartshorne.  A third-party agent is currently being procured to take meter readings and prepare figures for consumption costs to the responsible tenant for payment. At this point it is the Councils intention for the third-party agent to read meters and invoice tenants, however this may change in so far as Business Support may invoice tenants and collect the payments which are due.  Once procured, all existing tenants will be required to re-sign a contract indicating their agreement to be responsible for and pay their ground source heating charges to the Council.  All new tenants will sign a separate contract/letter when they sign their new Tenancy Agreement indicating their agreement to be responsible for and pay their ground source heating charges.  The Former Tenant Arrears Officer and the Tenancy Services Manager will have operational responsibility for implementing this recommendation.	31/03/2022
Status Update Comments	Revised Date
Outstanding debts have now been written off. Tenants have been given written notice of billing. A process for billing has been prepared and meter readings for Carnegie House are now being taken and billed monthly. Recharging of energy costs for those in Temporary Accommodation at Carnegie House is to be confirmed. Currently unable to get meter readings for Brook Street however officers are in discussion with the contractor to resolve this.	31/10/2023 Future Action

## 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.	Low Risk
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.	
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
We have placed the order with the Play Inspection company and they are on site in	01/05/2023
February to complete the site inventories. Training for the relevant staff will then follow.	Future Action

PCI Compliance 2018-19	Rec. No. 4
Summary of Weakness / Recommendation	Risk Rating
The Council had not maintained an inventory of hardware and software components relating to equipment used to take card payments.	Low Risk
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.	
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 Card Payment Data Security Policy has been reviewed with Section 19 (PCI DSS	31/01/2023
(Payment Card Industry Data Security Standards) being updated. An Inventory of Hardware and Software components is currently being finalised. Software technology (Call Secure Plus) is also due to be deployed in January 2023 which will prevent spoken cardholder data	Action Due

PCI Compliance 2018-19	Rec. No. 6
Summary of Weakness / Recommendation	Risk Rating
The document which outlined duties and responsibilities in terms of PCI Standards contained out-of-date references.	Low Risk
We recommend that the document outlining duties and responsibilities in terms of PCI Standards is updated to reflect the Council's current structure.	
Management Response/Action Details	Action Date
Procedural polices updates including communication and training to staff will be updated by Customer Services.	01/04/2019
Status Update Comments	Revised Date
The Card Payment Data Security Policy has been reviewed with Section 19 (PCI DSS	31/01/2023
(Payment Card Industry Data Security Standards) being updated. An Inventory of Hardware and Software components is currently being finalised. Software technology (Call Secure Plus) is also due to be deployed in January 2023 which will prevent spoken cardholder data being transmitted across Council infrastructure.	Action Due

Fleet Management	Rec. No. 2
Summary of Weakness / Recommendation	Risk Rating
A number of policies and procedures related to vehicle management and driving were inconsistent with the current regulations, out-of-date or drafted but not formally approved.	Low Risk
We recommend that the set of policies / procedures supporting the Vehicle Management Strategy are reviewed and updated to provide staff with clear instructions on the latest working practices.	
Management Response/Action Details	Action Date
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.	31/03/2020
Status Update Comments	Revised Date
The new head of service is now in post and has procured a fleet maintenance and	30/06/2023
management system for installation by the end of Mar 23. There will also be a revision to the vehicle replacement plan submitted in 2021, this review will be completed by June 2023.	Future Action

Bereavement Services 2019-20	Rec. No. 5
Summary of Weakness / Recommendation	Risk Rating
Historic graves and burials information had not been fully digitised.	Low Risk
The Council should consider making resource available to digitise historic graves and burials information to minimise the risk of data loss.	
Management Response/Action Details	Action Date
Report being drafted to Leadership Team and Housing and Communities Committee.	30/11/2020
Status Update Comments	Revised Date
Additional resources and commencement of a Database Project will be required to	01/02/2023
address this matter. A further update will be provided in January 2023.	Action Due



Grounds Maintenance 2019-20	Rec. No. 1
Summary of Weakness / Recommendation	Risk Rating
Arrangements for ensuring the updated GIS system remains accurate and up-to-date had not been confirmed.	Low Risk
We recommend that a corporate decision is secured on where the responsibility lies for ensuring the GIS system is accurately maintained and up-to-date, and that this decision is effectively communicated and resourced.	
Management Response/Action Details	Action Date
A project to map all environmental assets on the Corporate GIS system has been concluded. A report to E&DS and F&M Committees has allocated resources to Operational Services to maintain the data on GIS. A further process is being developed to ensure all departments provide the required data to Operational Services in order to accurately maintain the Environmental Assets layer on GIS.	01/01/2021
Status Update Comments	Revised Date
New Head of Service to be appointed and date extended to Dec 2022.	31/12/2022
	Action Due

Grounds Maintenance 2019-20	Rec. No. 2
Summary of Weakness / Recommendation	Risk Rating
The specification and associated bills of quantities were out-of-date, having not been updated since 2011.	Low Risk
We recommend that resources should be identified to review and update the specification and associated bills of quantity to reflect the current situation, to ensure better clarity over the areas covered within the 'contract' and the detailed requirements.	
Management Response/Action Details	Action Date
Previous detailed specification to be reviewed for Housing land and Cultural and Community Service land. Timing will depend on when restructures are in place.  Officers with operational responsibility are the Parks and Green Space Manager and the Housing Improvement and Asset Manager.	01/10/2021
Status Update Comments	Revised Date
The new head of service is now in post and has concluded that the updating/introduction of a new SLA or Bill of Quantities with sufficient stakeholder consultation is a substantial piece of work that will require expertise and knowledge not readily available within the existing operational services team. To support the resourcing of this task, the service will either seek external consultant assistance or support from new post creation from the forthcoming operational services restructure. A further update on the progress of these tasks will be available in June 23.	01/07/2023 Future Action

Grounds Maintenance 2019-20	Rec. No. 5
Summary of Weakness / Recommendation	Risk Rating
There was no formal process through which reactive works could be requested from Operational Services.	Low Risk
The Council should develop a formal process through which requests for grounds maintenance works should be made. This would help to ensure that all requests are properly authorised, allocated and tracked. One option could be to introduce a standard Job Request Form and a dedicated email address to receive requests.	
Management Response/Action Details	Action Date
A dedicated email already exists to receive requests GroundsDistList@southderbyshire.gov.uk. Operational Services is currently undertaking a management restructure, a formal process will be developed and implemented following this restructure.	01/04/2021
Status Update Comments	Revised Date
The new head of service is now in post and is exploring the options for management system which will provide a dedicated function for requests, the timeline for installation of this system is Dec 23. Until the new system is introduced a standard request form will be created and introduced by the end of Mar 23.	01/01/2024 Future Action

Grounds Maintenance 2019-20	Rec. No. 8
Summary of Weakness / Recommendation	Risk Rating
Monitoring of quality of work performed did not take place or was not formally recorded.	Low Risk
We recommend that regular quality monitoring is undertaken to ensure that quality of work meets the standards set within a revised specifications, and any performance issues are addressed.	
Management Response/Action Details	Action Date
Quality Monitoring Schedule derived from annual plan/programme for Housing Land and Cultural and Community Services land to be implemented. Officers with operational responsibility are the Parks and Green Space Manager and the Housing Improvement and Asset Manager.	01/04/2021
Status Update Comments	Revised Date
The new head of service is now in post and is introducing 2 new posts which will	01/07/2023
undertake and oversee the performance monitoring of GM output, restructure complete by May 23, new posts to be filled by June 23.	Future Action

Corporate Governance 2018-19	Rec. No. 2
Summary of Weakness / Recommendation	Risk Rating
The Members' Code of Conduct had not been reviewed since 2014, and was found to be out-of-date.	Low Risk
We recommend that the Council review and update the Members' Code of Conduct as soon as practically possible. A review schedule and version control should also be incorporated into the code to ensure that future reviews are conducted on a timely basis.	
Management Response/Action Details	Action Date
The Members' Code of Conduct is compliant with current standards legislation. A review of the Code will be carried out in due course.	31/12/2020
Status Update Comments	Revised Date
The LGA has issued a revised Code of Conduct, along with guidance documents to assist with the Code. It has been decided by Full Council for the Code to be adopted	01/06/2023
in May 2023, following the next election. In the meantime, Members have had a copy of the draft for information and comment.	Future Action

Tenancy Management (Interventions and Support)	Rec. No. 1
Summary of Weakness / Recommendation	Risk Rating
Tenants on Universal Credit (UC) did not have independent access to their details and rental account, specifically rent due dates and any accrued arrears.	Low Risk
We recommend that Housing Services consider adding the self-service module to Orchard Housing System, to allow tenants on UC to access their details and manage their rental account remotely. This would ensure that tenants are fully in control of their funds.	
Management Response/Action Details	Action Date
SDDC are considering the purchase and implementation of this module as part of the wider procurement of the Housing Management Software. A decision will be made by the end of February 2021	28/02/2021
Status Update Comments	Revised Date
SDDC will look to address this with the introduction of a Tenant Portal in Spring 2023.	01/07/2023
Currently Tenants are aware that rent is charged weekly on a Monday as this is stated in their tenancy agreement and the amount charged will be on the copy of their tenancy contract page. When the rent increases or decreases each year, the tenants are informed of this. They also receive rent statement (s) and rent arrears letters advising of their rent situation. Customer services also provide this information when a tenant contacts them direct. At present, tenants requiring information on rent due dates or their arrears would contact their Housing Officer or customer services who would provide this information from the Orchard Screen verbally to the tenant or confirm this information in writing by text, email or letter or by sending a rent statement.	Future Action

Housing Repairs 2020-21	Rec. No. 9
Summary of Weakness / Recommendation	Risk Rating
Post inspections were not being carried out on a sample of day-to-day repairs.	Low Risk
We recommend that a regime of post inspections for a sample of day-to-day repairs is developed and implemented. Inclusion of aspects such as, materials usage and time spent on the repair should be considered. This process should be managed by the Repairs & Improvements Team Leader to ensure a broad spread of all work types are covered and that any issues identified are duly investigated and rectified.	
Management Response/Action Details	Action Date
A trial post inspection regime is now in place. The effect of this will be reviewed by the newly appointed Repair Manager prior to implementation within the team.	01/11/2021
Status Update Comments	Revised Date
In house automated process designed subject to MRI system changes	01/03/2023
	Future Action

Housing Repairs 2020-21	Rec. No. 10
Summary of Weakness / Recommendation	Risk Rating
There was no clear process by which work was allocated to the repairs & maintenance contractor, rather than the Direct Labour Organisation (DLO), and there was no formal monitoring of the distribution of work to the DLO in comparison to the contractor.	Low Risk
We recommend that a robust process is developed to ensure that the split of work allocated to the DLO versus the contractor fully considers the type and quantity of work, to ensure this maximises capacity, costs and efficiency. Furthermore, the work allocation should be suitably monitored to enable any trends relating to skillsets or capacity to be identified and addressed.	
Management Response/Action Details	Action Date
<ul> <li>The Contract with NOVUS for day to day repairs is a support contract. This requires them to operate with a high degree of flexibility in order to meet repair requests that the in house team cannot fulfil. This can be for a number of different reasons for any given repair.</li> <li>In the case of electrical works the current DLO do not have any electricians so are unable to complete any such works.</li> <li>In the case of repairing/replacing wet room repairs the DLO do not have any operatives qualifies to carry out this work.</li> <li>In all other areas of work the contractor may be required to assist for a range of reasons, including the staff availability, scale and nature of works</li> <li>Monitoring of day to day repair works issued and completed by the contractor is carried out as part of the monthly contract monitoring process.</li> <li>A formal process for the allocation of works will be included within the procedural notes to be completed in response to Recommendation 1 above.</li> </ul>	30/11/2021
Status Update Comments	Revised Date
The Repair Manager Post has been vacant with a new manager due to start in	01/03/2023
November 2022	Future Action



Housing Repairs 2020-21	Rec. No. 11
Summary of Weakness / Recommendation	Risk Rating
Customer satisfaction was not being routinely measured for day-to-day repairs carried out by the Direct Labour Organisation (DLO).	Low Risk
We recommend that the existing Customer Satisfaction Survey is utilised when day-to-day repairs are completed by the DLO and that performance is monitored accordingly.	
Management Response/Action Details	Action Date
A trial post inspection regime is now in place. The effect of this will be reviewed by the newly appointed Repair Manager prior to implementation within the team.	01/10/2021
Status Update Comments	Revised Date
Paper satisfaction survey is still in use, text based survey to follow.	01/03/2023
	Future Action

Waste Management (Trade Waste)	Rec. No. 5
Summary of Weakness / Recommendation	Risk Rating
No performance measures were in place for the Trade Waste collection service.	Low Risk
We recommend that management consider introducing performance measures in respect of the Trade Waste collection service. This would serve to ensure the service delivered was being efficiently and reliably managed and that the service remained viable in a competitive market.	
Management Response/Action Details	Action Date
Performance indicators will be reviewed during the next draft of the Operational Services Service plan when consideration will be given to performance measures for Trade Waste	30/09/2021
Status Update Comments	Revised Date
The new Head of Service is now in post and is in the process of reviewing the team	02/04/2023
operational plans. Performance indicators for the Trade Waste Service will be considered during this review and implemented from 1st April 2023.	Future Action

Data Protection & Freedom of Information 2021-22	Rec. No. 1
Summary of Weakness / Recommendation	Risk Rating
The presentation and content of policy documents relating to the Data Protection Framework were inconsistent with respect to the inclusion of version control and carrying out a review.	Low Risk
We recommend that the Information Security and Acceptable Use Policy should be reviewed and updated (where necessary) as soon as possible. In accordance with best practice, policy documents should formally state a timeframe for their programmed review along with version control to track when documents were created and amended.	
Management Response/Action Details	Action Date
Version control will be duly noted when policies are updated. Review dates will generally be every 24 months unless there is a technical or legal change. This will be noted in all policies going forward at the point that they are reviewed.	31/12/2021
Status Update Comments	Revised Date
Policies will be reviewed and amended in line with their revision dates.	31/03/2023
	Future Action

REPORT TO: AUDIT SUB COMMITTEE AGENDA ITEM: 6

DATE OF 8 MARCH 2023 CATEGORY: MEETING: DELEGATED

REPORT FROM: AUDIT MANAGER

MEMBERS' ADRIAN MANIFOLD (01332 643281)

CONTACT POINT: Adrian.manifold@centralmidlandsaudit.com

DOC: u/KS/audit/internal

audit/annual plans/covering report

OPEN

SUBJECT: INTERNAL AUDIT PLAN 2023-24 and REF:

AUDIT CHARTER

WARD(S) TERMS OF

AFFECTED: ALL REFERENCE: AS 02

## 1.0 Recommendations

1.1 That the proposed Internal Audit Plan for 2023/24 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 Internal Audit Plan for 2023/24. 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 2023/24.
- 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 2023/24.

## 4.0 Financial Implications

4.1 The Plan will be delivered within the budget allocated for Internal Audit. Page 26 of 43

## 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

7.1 None



## P central midlands audit partnership

## South Derbyshire District Council – Internal Audit Plan 2023-24 & Audit Charter

Audit Sub-Committee: 8th March 2023





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## Our Vision

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

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## 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 2023-24.

## Role of Internal Audit

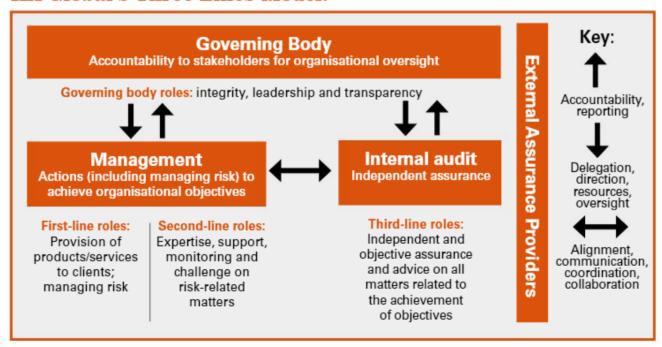
All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (\$151) and the Accounts and Audit Regulations 2015.

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. The current legal agreement between the Partners runs 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:

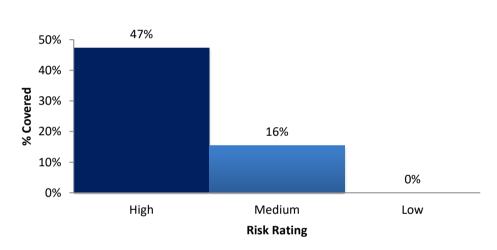


## Internal Audit Plan

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.



2023-24 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 <a href="Appendix B">Appendix B</a>. 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 Councils 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?
Likelihood	Changes  Complexity	
Likelihood		legislative) has this area been subject to?
Likelihood	Complexity	How complex is the area under review?  How often is this area reviewed by audit

Once the scores for each of the 78 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 19 High risk areas, 58 Medium risk areas and 1 Low risk area.

## 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

### **Preventive**

Segregation of duties, access controls, authorisation

### **Detective**

Exception Reports, reconciliations, control totals, error reports

### **Directive**

Accounting manuals, documented procedures, training and supervision

### Corrective

Error, incident and complaint handling, virus isolation

## Segregation of Duties

Division of duties between the appointment and payment of staff

## Organisational

Budgets, Performance targets and KPI's

## **Authorisation**Authority

Levels, spending limits, passwords and user ID

### **Personnel**

Recruitment and selection, staff appraisal procedures

### **Supervision**

Day-to-day oversight of staff and physical activities

## Physical

Door entry systems, restricted access to files

### Accounting

Control account and bank reconciliation

## Management

Team meetings and briefings, CRSA

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, Integrity, **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.

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**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 2022-23 Audit Plan will need to be concluded in 2023-24.



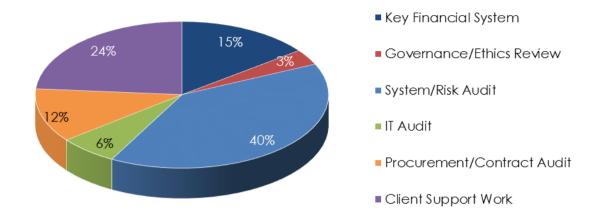
## Appendix A - Audit Plan Detail

Our risk assessment of the Council's activities, in consultation with senior management, has concluded that the following audits will be undertaken in 2023-24:

Audit Plan Assignments	Risk Rating	Indicative Quarter
Key Financial Systems Reviews		_
Grant Certification	Medium	Q1 - Q4
Revenues Systems	High	Q3/4
Housing Benefit & Council Tax Support	High	Q3/4
Rent Accounting	Medium	Q2
Governance/Ethics Reviews		
Health & Safety	Medium	Q4
Procurement/Contract Reviews		
Significant Contracts	High	Q2/3
System/Risk Reviews		
Waste Management (Collection, Trade, Recycling)	High	Q1/2
Fleet Management	Medium	Q3/4
Planning & Building Control Fees	Medium	Q2/3
Section 106 Agreements	Medium	Q1
Climate Change	High	Q2/3
Warden Controlled Services	Medium	Q1
Rosliston Forestry Centre	High	Q4
Housing Repairs (Planned & Responsive Maintenance)	High	Q3
Housing Safety Inspections	High	Q1
Improvement Grants (Energy, Disabled		
Facilities etc.)	Medium	Q4
Economic Development	Medium	Q1/2
IT Audit Reviews		-
IT Key Controls	High	Q1/2

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 2023-24 is £176,229.

## Audit Plan 2023-24 per Type of Audit





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## 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**<sup>1</sup> and the **Board**<sup>2</sup> 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 Strategic Director (Corporate 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.

<sup>&</sup>lt;sup>2</sup> 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 gerts in this instance this would be the **Audit Sub-Committee**.



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<sup>&</sup>lt;sup>1</sup> 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**.



## P central midlands audit partnership

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.





## central midlands audit partnership

 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.
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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 Page 40 of 43





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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.



REPORT TO: AUDIT SUB-COMMITTEE AGENDA ITEM: 7

CATEGORY:

DATE OF MEETING:

8 MARCH 2023

DELEGATED

REPORT FROM: STRATEGIC DIRECTOR

(CORPORATE RESOURCES)

OPEN

DOC:

MEMBERS' KEVIN STACKHOUSE

**CONTACT POINT: (01283 595811)** 

Kevin.Stackhouse@southderbyshire.gov.uk

SUBJECT: COMMITTEE WORK PROGRAMME REF:

WARD(S) ALL TERMS OF

AFFECTED: 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 for the Municipal Year 2022/23

Work Programme Area	Date of Committee Meeting	Contact Officer (Contact details)
Internal Audit Progress Report	22 June 2022	Adrian.manifold@centralmidlandsaudit.co.uk
Internal Audit Annual Report 2021/22	22 June 2022	Adrian.manifold@centralmidlandsaudit.co.uk
Local Code of Corporate Governance Review	22 June 2022	Ardip.sandhu@southderbyshire.gov.uk
Draft Annual Governance Statement 2021/22	22 June 2022	Ardip.kaur@southderbyshire.gov.uk
Anti-Fraud and Corruption: Performance and Plan 2022/23	22 June 2022	Elizabeth.barton@southderbyshire.gov.uk
Internal Audit Progress Report	7 September 2022	Adrian.manifold@centralmidlandsaudit.co.uk
Audit Results Report for Year Ending 31 March 2021	7 December 2022	Kevin.stackhouse@southderbyshire.gov.uk
Internal Audit Progress Report	7 December 2022	Adrian.manifold@centralmidlandsaudit.co.uk
Local Code of Corporate Governance Review	7 December 2022	Ardip.sandhu@southderbyshire.gov.uk
Central Midlands Audit Partnership – External Assessment	7 December 2022	Adrian.manifold@centralmidlandsaudit.co.uk
Internal Audit Progress Report	8 March 2023	Adrian.manifold@centralmidlandsaudit.co.uk
Internal Audit Plan 2023-24 and Audit Charter	8 March 2023	Adrian.manifold@centralmidlandsaudit.co.uk

TBC: Reports from External Audit