RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2019/20

AUDIT COMMITTEE 16th September 2019	AGENDA ITEM NO. 4
REPORT OF THE DIRECTOR OF FINANCE & DIGITAL SERVICES	FINALISED AUDIT ASSIGNMENTS

Author: Paul Griffiths (Service Director – Finance and Improvement Services) / Mark Thomas (Head of Regional Internal Audit Service)

1. **PURPOSE OF THE REPORT**

1.1 This report provides Members with a summary of audit assignments completed between 2nd July 2019 and 31st August 2019.

2. **RECOMMENDATIONS**

It is recommended that Members:

2.1 Seek clarity and explanation where there are areas of concern.

2.2 Identify further action to be taken where deemed necessary.

3. **REASON FOR RECOMMENDATIONS**

3.1 To help ensure that Audit Committee discharges its responsibilities in respect of reviewing the overall control environment in place across the Council.

4. **BACKGROUND**

4.1 The Audit Committee Terms of Reference (Point C) requires it to 'Review, scrutinise and issue reports and recommendations on the appropriateness of the Authority's risk management, internal control and corporate governance arrangements, and providing the opportunity for direct discussion with the auditor(s) on these'.

4.2 In line with this requirement **Appendix 1** provides a summary of the audit assignments completed between 2nd July 2019 and 31st August 2019. Members will note that the summary provides for each assignment: the Introduction, Scope & Objectives, Auditor's stated opinion and a summary of all recommendations made for each audit review completed to final report stage within the stated period.

4.3 To help ensure Audit Committee effectively discharges the responsibility as set out in its Terms of Reference (and replicated at point 4.1 above), Members may wish to consider the principles noted below in addition to their own lines of enquiry:

- Are the conclusions made by Internal Audit reasonable / backed up by the findings reported?

- Are the recommendations made by Internal Audit likely to support the necessary improvement in internal control?

4.4 Members will note that 9 audit assignments have been finalised in the period and are set out in Table 1 below.

Table 1 – finalised audit assignments

CHIEF EXECUTIVE
- COMMUNITY INFRASTRUCTURE LEVY 2018/19

FINANCE & DIGITAL SERVICES
- PERFORMANCE INDICATORS 2019/20

COMMUNITY & CHILDREN'S SERVICES
- SUPPORTED LIVING 2018/19
- YOUTH OFFENDING SERVICE 2019/20

EDUCATION & INCLUSION SERVICES
- POST 16 FUNDING 2018/19
- YSGOL NANTGWYN 2018/19
- TONYSGUBORIAU PRIMARY SCHOOL 2019/20
- RHIGOS PRIMARY SCHOOL 2019/20

PROSPERITY, DEVELOPMENT & FRONTLINE SERVICES
- HIGHWAYS CAPITAL PROGRAMME 2019/20

5.   EQUALITY AND DIVERSITY IMPLICATIONS

5.1   There are no equality and diversity implications as a result of the recommendations set out in the report.

6.   CONSULTATION

6.1   There are no consultation implications as a result of the recommendations set out in the report.

7.   FINANCIAL IMPLICATION(S)

7.1   There are no financial implications as a result of the recommendations set out in the report.

8.   LEGAL IMPLICATIONS *OR* LEGISLATION CONSIDERED

8.1   The provision of regular information in respect of the Council's Internal Audit Service supports the Council in demonstrating compliance with the Accounts and Audit (Wales) (Amendment) Regulations 2018.

8.2   Regulation 7 (Internal Audit) of Part 3 of the 2018 Regulations directs that: *"A relevant body must maintain an adequate and effective system of internal audit of its accounting records and of its system of internal control."*

9.   LINKS TO CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT

THE COUNCIL'S CORPORATE PLAN PRIORITIES
9.1   The work of Internal Audit aims to support the delivery of the priorities contained within the Council's Corporate Plan – *The Way Ahead*, in particular 'Living Within Our Means' through ensuring that appropriate internal controls are in place to effectively manage resources.

WELL-BEING OF FUTURE GENERATIONS ACT
9.2   The Sustainable Development Principles, in particular Prevention, can be applied to the systematic reviews undertaken in order to provide assurance that risks to the achievement of objectives are being managed.

10.   CONCLUSION

10.1   The regular provision of all summarised audit assignments to Audit Committee throughout the year is aimed at assisting Members in evaluating the effectiveness of Internal Audit work across all Council systems and services.

10.2   In doing so, it informs Members knowledge of the overall control environment of the Council.

Other Information:-
Relevant Scrutiny Committee
Not applicable.
Contact Officers – Paul Griffiths / Mark Thomas

LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

AUDIT COMMITTEE

16th September 2019

FINALISED AUDIT ASSIGNMENTS

REPORT OF THE DIRECTOR OF FINANCE & DIGITAL SERVICES
Author: Paul Griffiths (Service Director – Finance and Improvement Services)
Mark Thomas (Head of Regional Internal Audit Service)

Item: 4

Background Papers

None.

Officer to contact: Paul Griffiths / Mark Thomas

CHIEF EXECUTIVE
AUDIT NAME: COMMUNITY INFRASTRUCTURE LEVY
DATE FINAL REPORT WAS ISSUED: 17/07/2019
INTRODUCTION   The responsibility for administering the Community Infrastructure Levy lies with Development Control within the Prosperity & Development Division and is delivered operationally by the Planner Level 4, reporting to the Team Leader Housing Delivery (Strategic Planning). The Reporting Lines changed during the review and is now reported to the Planning Enforcement Manager.   The Community Infrastructure Levy (CIL) is a new charging system that allows local planning authorities in Wales (and England) to raise funds from developers who are undertaking new building projects in their area. The charge took effect from 31st December 2014. The CIL charge is calculated on gross internal floor area space. 80% of the funds raised will go towards funding infrastructure needed to support growth, such as schools and transport improvements, with the remaining 15% and 5% ring-fenced for use by Community Councils and an administrative charge, respectively. The administering authority has flexibility in the charges it can impose and as required by Section 213 of the Planning Act 2008. The Council's Charging Schedule was approved at a meeting of the Council on 10th December 2014.   The Council's CIL rates have been set in order to strike a balance between raising appropriate funds to deliver infrastructure projects, whilst still ensuring the viability of new development schemes. As at 31st March 2018, the balance of the strategic element (80%) of income received was £394,779.23.
SCOPE & OBJECTIVES   In accordance with the Internal Audit Plan for the financial year 2018/2019 as agreed by Audit Committee, a review of the key controls within the system was undertaken.   Audit testing was also carried out on a sample of new builds, to ensure that the Levy has been administered appropriately.   The primary purpose of the audit review is to provide management with an opinion on the adequacy and effectiveness of the internal control system.   The specific objective of the review is to ensure that;   • Appropriate procedures and processes are in place for overseeing and administering the Community Infrastructure Levy.
AUDIT OPINION   **The overall control environment in relation to the administration of Community Infrastructure Levy is considered to be effective with opportunity for improvement.**   <u>Procedures and Processes</u>   Procedures and processes in place were evaluated and reviewed during the audit, to identify if the process for identifying and administering the charge were

appropriate. A review of the process for recording and reconciling payments was also undertaken. A sample of 10 applications where a charge had been levied was selected and the process followed through. Testing established that there was a comprehensive suite of procedure guides in place, compiled by the Planner Level 4. It was identified, however, that the process is overseen by one member of staff only and in the case of staff absence, there may not be suitable cover, to provide continuity of service, both in the respect of strategic guidance and at an operational level. It is recommended that at least one other member of staff is trained to ensure that staff absence does not impact on service delivery.

An Acolaid database is in place for recording the planning application process and wherever possible this database is utilised to record key data for the Community Infrastructure Levy. However, the system is not designed specifically to record CIL charges/information. A new database (Uniform) is planned to be introduced for recording planning applications, but also does not have a specific CIL module. As a result, the Planner Level 4 has created a spreadsheet and Word document to facilitate tracking of applications with a CIL charge. Testing identified that recording payments on Acolaid may not be appropriate, as the system can only capture the correct number of instalments due to value, so where the number of instalments deviates from this, due to separate plots on a larger scheme or liabilities transferred from another planning application, the instalments due cannot be adjusted accordingly. The Monitoring spreadsheet may also benefit from redacting/revising the current number of columns to include key data only and colour coding lines to reflect the current stage of the development.

It was also identified that the Enterprise Triggers within Acolaid which should pull through any development with a CIL liability are not working. As a result, the Planner Level 4 is reliant on the Case Officer and Business Support to inform her of any new CIL liabilities. A reasonableness check is undertaken on all new planning applications, with a view to identifying any missed developments, but this was not found to be documented, during the review.

Testing of the 10 applications highlighted that the process for informing land charges of the need to raise a charge and remove a charge had been missed in 2 cases (although these were subsequently corrected during the audit.) By recording dates raised and removed in the Monitoring Spreadsheet, this may facilitate identification of any not pulled through on reports or omitted in error.

Testing confirmed that all payments identified had been received and the cumulative strategic element was agreed to the ledger. However, the management trail to support the reconciliation could be improved, going forward, through the retention of evidence to support receipt of payments and a formal reconciliation of ledger to payments received accounting for any differences/discrepancies.

Others areas for suggested improvement included, introducing formalised chase-up timescales for late payments, to ensure consistency of application, and more regular, scheduled site visits for sites where notification of commencement has not been received, to ensure that applicants are treated consistently and there is a greater likelihood of work commenced, prior to notification being identified.

By implementing the associated recommendations contained within this report, Management will enhance further the standard of control.

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	SUMMARY OF RECOMMENDATIONS:		
5.1.1 Medium	A comprehensive suite of processes and procedures have been completed for all areas of the process. However, it was established that the responsibility for administering the Community Infrastructure Levy lies with one person only. Although the operational procedure guides are very comprehensive, in the absence of other staff appropriately trained to carry out the process, there may not be appropriately experienced cover in place, in the case of staff absence.	Management should consider providing training to at least one other Officer, to ensure continuity of service, in the case of staff absence.	31 January 2020
5.1.2 Medium	The CIL Additional Information Form is a validation requirement for all full (including householder) and reserved matters (if the outline permission was granted on or after 31/12/14) applications. The Technical Support Officer will request the CIL Additional Information Form and write back if not received or completed incorrectly. Once an application is valid, it is the Case Officer's responsibility to ensure that the CIL calculator has been correctly completed by Technical Support. Both the Case Officer and Technical Officer are required to email the Planner Level 4, for any developments where CIL has been identified; however, this is not documented in the procedures. Enterprise Triggers were set in Acolaid to identify automatically any CIL developments, but these are no longer working. Discussion with the Planner, Level 4 established that a periodic review of a list of new developments is undertaken to identify potential developments, but this process is not formalised or documented. Note: This was discussed with the Planner Level 4 during the review and September's listings were reviewed and documented. One CIL liability was subsequently evidenced, which had not been forwarded to the Planner Level 4.	Management should ensure that monitoring lists are reviewed on a monthly basis and the individual checks undertaken and the omissions identified are recorded to identify whether they are one-offs or as a result of a training need and inform the level of checking required, going forward. The procedures should be updated to include the requirement that both Case Officers and the Technical Support Officer are required to notify the Planner Level 4 of all CIL liabilities.	31 October 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.1.3 Medium	In accordance with Regulation 69b of the Community Infrastructure Levy Regulations 2010, the payment of CIL by instalments is set out as below and are linked to the value of the amount payable. However, where a CIL Assumption of Liability form or CIL Commencement Form is not received prior to commencement, the total liability will become payable within 60 days of commencement. • Amounts up to £50,000 - 2 instalments - 50% within 90 days of commencement date and 50% within 180 days. • Amounts between £50,000 and £100,000 - 3 instalments - 30% within 90 days of the commencement date, 30% within 180 days and 40% within 270 days. • Amounts between £100,001 and £200,000 - 4 instalments 25% upon commencement date - 25% within 180 days - 25% within 270 days - 25% within 360 days. • Amounts between £200,0001 and £1,000,000 - 5 instalments - 20% upon commencement date - 20% within 180 days - 20% within 360 days - 20% within 540 days - 20% within 720 days. • Any amount in excess of £1,000, 000 - 5 instalments - 20% upon commencement date - 20% within 360 days - 20% within 720 days - 20% within 1080 days - 20% within 1460 days. Discussion with the Planner Level 4 established that although late payment of charges is followed-up and surcharges imposed, there are no agreed timescales in place with regards chasing up late payment i.e. letters sent 7 days after date due etc.	Consideration should be given to drafting a formal timescale for chasing up late payments. The Operational Procedures should be updated to reflect the timescales agreed.	30 September 2019 31st January 2020

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.4 Medium	The Community Infrastructure Legislations 2010 states that 65 3) The collecting authority must serve the liability notice on- (a) the relevant person; (b) if a person has assumed liability to pay CIL in respect of the chargeable development, that person; and (c) each person known to the authority as an owner of the relevant land. The legislation does not provide clarification as to how the authority undertakes this. The Council's policy is to serve notice on the owners/applicants/agents notified to the Council during the planning application process. There is no further corroboration that all relevant parties have been identified.	Management should make an assessment whether the information provided constitutes compliance with 'known' to the Authority, or whether further land ownership checks are required. The outcome of this decision should be documented for clarity.	Implemented
5.1.5 Medium	Discussion with the Planner Level 4 established that site visits to check whether commencement has started tend to be infrequent and non-scheduled, due to capacity and may only be checked by another Planner, if they are in the area.	Consideration should be given to scheduling site visits for all works where commencement notices have not been received on a regular basis. The frequency of these scheduled visits to be determined by Management.	31 January 2020
5.1.6 Low	All planning applications are required to be submitted on a standard form and can be submitted online through the Planning Portal. The Planning Portal provides a conduit between those submitting planning applications and the local planning authority who will determine the application. Information provided through the Planning Portal and documents provided are all clear and detailed, with one exception. Via the Planning Portal, the applicant is informed that 'this notice must	Management should revise the Liability Notice to make clear that surcharges/interest for late payment will be applied.	31 January 2020

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
	be received by the charging/collecting authority prior to commencing your development. Failure to do so may result in you losing the ability to pay the levy instalments and you may also incur a surcharge.' This is the standard wording on the site and cannot be changed. However, how the policy is applied is discretionary and the Council's policy is that the ability to pay by instalments will be lost in all cases as well as apply surcharges/interest for non-payment. The Liability Notice sent to the applicant currently states that 'persistent failure to pay CIL liabilities due may result in the Council: imposing surcharges, when in fact it 'will' result. The Liability Notice is clear that the right to pay by instalments 'will' be lost.		
5.1.7 Medium	The Acolaid database has no module for recording CIL liabilities. As such, the Planner Level 4 records details of the progress/stages of CIL charges in a Word document and Excel spreadsheet, in order to keep track of cases. However, the number of columns recorded in the spreadsheet may benefit from being revised to the key data only, to ensure that it enables easy identification of the current stage. This may be further improved by the identification of appropriate stages i.e. pre-commencement, commencement, payment ongoing and payment completed etc., the use of colour coding i.e. red for completed, yellow for work commenced etc. to facilitate easier identification of which stage the development is at. Once the spreadsheet becomes too large, all ongoing cases could be copied over to a new one, at a fixed point in time and the previous spreadsheet retained as a record.	Management should ensure that the current format of the monitoring spreadsheet is reviewed and redacted to include key monitoring information only. Consideration should be given to colour coding CIL liabilities on the spreadsheet to reflect the current stage of the process for easier identification.	Implemented
5.1.8 Medium	The process for applying and removing land charges was tested for a sample of 10 liabilities. Land Charges are informed of the value of the charge at the Liability Notice stage, Demand Notice stage and are informed that the charge needs to be removed once the full payment has	The Monitoring spreadsheet should be updated to reflect when the charge was raised and removed, for clarity.	Implemented

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	been dispatched or the conditions period discharged. Land charges are not recorded formally in the monitoring spreadsheet. Testing identified the following issues. 16/1362 Revised Liability Notice 6/6/18 did not pull through to Crystal report and so was not reported to Land Charges. Following the identification of this during audit testing, land charges were informed subsequently. 16/0771 – Land Charges not informed of the need to remove the charge as the liability was discharged fully on 23rd May 2018. 16/1269 – Land charges were not informed of the Demand Notice, as the liability is now fully discharged, no further action is required. 17/1338 – Land Charges not informed of the need to remove the charge as the liability was discharged fully, with the exception of the surcharge on 5th October 2018. Following the identification of this during audit testing, land charges were informed subsequently. The Land Charges Officer does provide confirmation that the charge has been raised/removed, on request. Testing identified that with one exception, no confirmation was received that the charge has been registered or removed, as confirmation was not sought.	Management should request that formal confirmation that the charge has been raised and removed should be obtained from Land Charges and the record retained.	
5.1.9 Medium	Testing identified that where the scheme has several plots, the instalment scheme will be split across the plots and therefore for 4 plots, there may be 8 instalments instead of 2. As Acolaid has no flexibility to	Consideration should be given to recording all payments on a separate spreadsheet against the planning application number. The	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	amend the instalments due, additional instalments are added in the due column to match the actual instalment due/paid. As a result, the total value of the due amount does not reflect the actual payment made; the two columns do not balance as payment totals don't tally. Whilst it is accepted that at present, there are only small schemes in place, with future large developments, recording payments within Acolaid will be untenable. Payments made are recorded in the monitoring spreadsheet, but it is not always clear, if the liability is fully paid.	spreadsheet should record the number of instalments, instalment due dates and date paid. Once payment has been received in full, it should be colour-coded to reflect this. For larger schemes, a separate excel worksheet tab should be opened to record each individual payment due and received and a summary provided on the main payment spreadsheet. The monitoring spreadsheet should include summarised payment information i.e. 2 instalments paid to date or fully paid etc.	
5.1.10

Medium | As payments are made, the Planner Level 4 records them on the draft monitoring report. Although the ledger is checked by the Technical Support Officer, there are no formal payment reconciliation records retained. During the audit, the payments for the current year were verified to the ledger and the overall cumulative strategic total verified. | Management should ensure for 2018/19 year end that evidence of all payments received is retained and that evidence of reconciliation to the ledger is undertaken, recorded and retained. | Implemented |

EDUCATION & INCLUSION SERVICES

AUDIT NAME: POST 16 PLANNING AND FUNDING 2018/19

DATE FINAL REPORT WAS ISSUED: 05/07/2019

INTRODUCTION

The Director of Education & Inclusion Services determines budget shares for Secondary Schools in accordance with a formula that complies with the Financing of Maintained Schools Regulations 1999. One of the key elements taken into account is the number of registered pupils at each school prescribed by the Post 16 Planning & Funding Department. For 2018/19, the Welsh Government delegated the responsibility for allocating £9.3 million of 6th Form Funding to the Director of Education & Inclusion Services.

To calculate and delegate 6th Form Funding fairly, Schools need to demonstrate that pupils are following full-time programmes and are attending the appropriate lessons. As a way to demonstrate this, Schools are required to ensure that clear and efficient registration practices are in place and that they are accessible to the Local Authority for monitoring purposes. It is also a legal requirement for Schools to maintain accurate registers of pupil attendance.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for financial year 2018/19, agreed by Audit Committee, a review of the procedures for the accurate and timely submission of data used in the calculation of 6th Form Funding was undertaken.

The primary purpose of the review was to provide management with an opinion on the adequacy and effectiveness of the supporting systems of internal control surrounding 6th Form Funding. The specific control objective was: -

To ensure that 6th Form Funding allocations have been accurately calculated, submitted and a full audit trail is available.

The audit review was carried out on a sample of pupils included in the October 2018 data extracted by the 14 to 19 Strategy Officer from each School's pupil database for 6th Form Funding.   The schools sampled were:-

Aberdare Community School
Ysgol Cwm Rhondda
Tonyrefail School
Treorchy Comprehensive School
Y Pant
St John Baptist CIW High School

AUDIT OPINION

Overall, the control environment is considered to be effective with opportunity for improvement.

Internal Audit is able to provide assurance that the funding returns submitted to the 14 to 19 Strategy Officer have been accurately completed. There have been improvements made at the Schools visited during the review with regards to the claims submitted when compared to pupil timetables and course

manager, with pupil data and information correctly input.

Notwithstanding this, issues continue to be identified at Schools that require further improvements in relation to the procedures for recording both AM/PM class registrations, in order to evidence that pupils are actually attending School and the lessons that were claimed for can be verified.

Recording a pupil's attendance at School accurately is important for the pupil, the School and the Council. From the evidence examined at the six Schools sampled for this review, not all Schools were able to demonstrate that 6th form pupils are undertaking and attending full-time educational programmes due to variable attendance registration processes and inaccurate completion of registers. Consequently, Schools cannot always demonstrate the attendance of its 6th form pupils.

Schools have previously been informed of the requirements and importance of completing AM/PM registers for pupils. However this continues to remain an area where further improvements are required. Schools visited agreed that due to the current way in which attendance is recorded, they may be unable to provide an accurate list of 6th Form pupils in School at any point in the School day, should there be an emergency.

Implementation of the recommendations included in the report will further enhance the internal controls already in place.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.1 High	Within the Education (Pupil Registration) (Wales) 2010 Regulations, it is a requirement for Schools to take both morning and afternoon registrations. However, none of the six Schools sampled completed their AM/PM registers appropriately. Various issues found include: - • No afternoon registrations for pupils. Pupils with Lessons (either at Lesson 4 or 5 depending on the School) have their PM mark taken in those Lessons. However any pupils with no lessons timetabled do not get a mark. Pupils are assumed on site unless they sign out, but Schools are unsure. • Schools rely on pupils signing themselves in the 6th form room or Library for example. It is evident that pupils are either not doing this or are not attending School based on the levels of attendance for AM/PM Registrations. • Aberdare Community School – pupils are allowed to leave School in the afternoon should they have no lessons. If they do, they are required to sign out, with the School then providing the pupil with a present mark for the PM Registration.	Morning and afternoon registrations should be taken for all pupils. Management should ensure periodic checks are in place to ensure Schools are complying with this requirement. Schools should be instructed that if a pupil leaves School for the day a present mark on the register cannot be given.	30 November 2019

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	SUMMARY OF RECOMMENDATIONS:		
5.1.2 High	Each School should have procedures in place highlighting the School's processes in relation to School attendance and absences, and how absences are followed up. Each School visited confirmed they have these in place. It was identified that at 5 of the 6 Schools visited there are significant levels of unauthorised absences. This indicates that Schools are not undertaking appropriate AM/PM registration practices (as raised in 5.1.1) or not adhering to their own procedures in relation to pupil absences. For the period 3rd September 2018 to 22nd February 2019, there were 18,261 unauthorised absences at the sampled Schools.	Schools should be reminded of the requirements in relation to School attendance and absences. Management should investigate why the levels of unauthorised absences appear so high at each School. Management should ensure periodic checks are in place to ensure Schools are complying with requirements.	30 November 2019
5.1.3 High	At each of the Schools sampled it was identified that class registers are not always being maintained for lessons. This is of particular concern as it demonstrates that teachers are not fully aware of the implications of not completing class registers, (from both a safeguarding and funding perspective), whereby unless the School can demonstrate each pupil is undertaking and attending a full time educational programme, which is the criteria required i.e. if pupils are part-time, they are not fundable. Additionally the procedures for recording consortium lessons for 'visiting'	Registers should be maintained for all subjects taught to ensure there is sufficient evidence at the School to demonstrate that each pupil is attending the subjects as stated on their return. Schools need to be reminded that registers for consortium pupils also need to be maintained, with regular cross referencing between each consortium School.	30 November 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	pupils are in need of improvement at Y Pant, as it was identified that they do not liaise with other Schools in ensuring pupils are attending the consortium lessons and ensuring all registers are up to date.		
5.1.4 Medium	Levels of courses undertaken were not always correct on Course Manager at 3 of the 6 Schools examined. These were Aberdare Community School, Tonyrefail School and Y Pant. Additionally the names of courses on Course Manager/timetables were not always correct at Aberdare Community School.	Schools should ensure their Course Manager and Nova T computer programmes are accurate and updated appropriately (as and when changes occur) prior to submitting their claims. This will ensure that the information recorded on their Post 16 Planning and Funding Arrangement returns is accurate.	30 November 2019

EDUCATION & INCLUSION SERVICES
AUDIT NAME: YSGOL NANTGWYN
DATE FINAL REPORT WAS ISSUED: 18/07/2019

INTRODUCTION

Ysgol Nantgwyn is a new 3-16 mixed Middle English School, created following the amalgamation of Tonypandy Community College and 4 Primary Schools located within the surrounding area. The School opened on 1st September 2018 and there are 1041 pupils on roll. The School is split between 2 buildings; Nant - Years 7 to 11 and Gwyn - Nursery to Year 6. The proportion of pupils entitled to Free School Meals currently stands at 28%, which is above the national average.

The total budget for the School for 2018/19 (September - March) is £2.47m. As Ysgol Nantgwyn is a newly created School, it has not yet been subject to a routine audit visit in its current Middle School status.

The Headteacher has confirmed that this report will be presented to the Full Governing Body at their October 2019 meeting.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for financial year 2018/19, agreed by Audit Committee, and at the request of the School, all financial systems in operation at the School were considered and an assessment carried out in consultation with the Headteacher and Chair of Governors to identify those areas representing the highest risk to the School, and therefore necessitating review.

On the basis of this assessment, audit work was carried out on the following areas of administration: -

- Governance
- Safeguarding
- School Private Fund
- Purchase Card
- Purchasing
- School Income
- School Meals

AUDIT OPINION

Safeguarding & Educational Visits

The control environment in relation to Safeguarding and Educational Visits is considered to be insufficient and requires improvement.

The School has a Child Safeguarding Policy in place. Whilst this was reviewed and presented to the Governing Body in November 2018, there was no documentary evidence at the School to confirm that all members of staff have received a copy of the Policy, and have read and understood it.

The School's Safeguarding Officer confirmed that Level 1 Safeguarding training was provided to all School staff in September 2018. However, no signed registers have been completed as evidence of those staff in attendance. Additionally, Certificates of attainment in respect of Level 3 Safeguarding training were not available at the School for 2 members of staff.

Testing identified that all Staff directly employed by the School received the appropriate clearances before commencing duties in their posts. However, where external staff are appointed by the School, while the Employment Status of the individual is confirmed using the HMRC (IR35) check, evidence of a current DBS is not routinely requested.

The School make use of the EVOLVE system to record details of off-site visits and staff are suitably qualified to make use of the system in accordance with the document 'Planning and Approval Procedures for Educational Visits'. All trips examined had been entered onto EVOLVE and authorised in accordance with the designated timescales. However, off-site sporting activities are not being entered correctly.

Governance

The control environment in respect of Governance is considered to be effective with opportunity for improvement.

With the exception of the Governors Allowances (Scheme for Payment) Policy, all Statutory Policies are in place at the School. The roles and responsibilities of the Governing Body and its Sub-Committees have been set out in writing. There are no Governing Body vacancies and all Sub-Committees have the requisite number of members.

A Register of Business Interests is in place at the School, but has not been updated for 5 of the current 19 Governors.

Whilst attendance registers for full Governing Body meetings are maintained, this is not being done for Sub-Committee meetings. Copies of full Governing Body minutes are held electronically by the School and hence the requirement to retain all original, signed Governing Body minutes is currently not being followed.

School Private Fund

The control environment in relation to the School Private Fund is considered to be insufficient and requires improvement.

At the time of the Audit review the Fund Ledger had not been completed since September 2018. A bank reconciliation had also not taken place since the same date.

The process for receiving and recording income was found to be inconsistent between the Nant (Years 7 - 11) and Gwyn (Nursery - Year 6) Receptions, with inadequate procedures in place within the Gwyn building to collect and record income received, prior to being passed to the Treasurer. It was also identified that some records are being duplicated by the Treasurer, which is unnecessary and prevents the completion of other essential duties.

Whilst a Management Committee has been appointed, it was identified that the Annual Statement in respect of the previous academic year was not presented to the Governing Body (despite being submitted to Education Finance). It is recommended that all members of the Management Committee familiarise themselves with the School Private Regulations, and in particular to the responsibilities assigned to their Management Committee designations, to ensure that any future potential non-compliance is identified at an early stage.

All expenditure incurred was found to be appropriately receipted within the sample examined and of an appropriate nature.

Purchasing

The control environment in respect of Purchasing is considered to be insufficient and requires improvement.

The School currently raise orders either over the telephone or online. In the main, these orders are not raised on SIMS until after receipt of the goods/invoice,

and the copy order/cheque authorisation slips not always signed by an authorised member of staff. Delivery notes/invoices are not always signed as confirmation of by whom deliveries were checked and there is no process in place for regularly reviewing pending orders.

The person responsible for raising orders, receipting deliveries and processing invoices on SIMS is named as a cheque signatory which is not considered to be a sufficient division of duties (even though it is acknowledged that 2 signatures are required on all cheques).

Consideration should be given to reviewing the current practices in place with a view to increasing the use of the Purchase Card. This would reduce the amount of administration required in making purchases using SIMS (and operating a petty cash account), allowing more opportunity for staff to undertake other administrative duties.

Purchase Card

The control environment in respect of Purchase Card is considered to be effective with opportunity for improvement.

There is one Purchase Card in operation at the School; however two Transaction Logs are maintained for the same card to record all expenditure - one manual and one electronic.

All purchases were adequately supported by receipts/invoices during the sample period examined. The reconciliation process however is undertaken by the Finance Assistant who is also responsible for the day-to-day purchases made; hence there is no division of duties.

School Income

The control environment in respect of School Income is considered to be insufficient and requires improvement.

The School has a Finance Policy document; however there are elements that require updating to define system processes and staff responsibilities. Where the School raises invoices on SIMS the same member of staff is responsible for the entire process, which does not provide sufficient transparency.

Bankings are made twice a week, and whilst there are records in place to record when invoiced and non-invoiced income is received, these were not being updated promptly and long delays of up to 6 weeks in the update to SIMS were noted.

School Meals

The control environment in respect of School Meals is considered to be insufficient and requires improvement.

Inadequate procedures are in place to receipt and record income received in respect of School Meals for the Gwyn (Nursery - Year 6) building within the School. A contributory factor is the limited availability of a staff member within the Gwyn (Nursery - Year 6) Reception at the start and end of the school day.

There are high levels of School Meals arrears within Nursery to Year 6, these amounting to £3,756.97 at the time of the audit and non-compliance with the Council's School Meals Arrears Recovery Protocols.

There is also no independent review of School Meals records for Nursery to Year 6, and no comparison between meals ordered and served.

Implementing the recommendations contained in the report will enhance the current levels of control at the School.

The Headteacher has requested that a follow up audit is carried out following the implementation of the recommendations contained within the report, to review the control environment in respect of the School's financial and governance arrangements.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.1 High	Section 3.16 of Safeguarding Children in Education: The role of Local Authorities and Governing Bodies under the Education Act 2002 (WAG circular 005/2008) states that: 'Governing Bodies should ensure that the school operates safe recruitment procedures and ensures that all appropriate checks are carried out on new staff and volunteers who will work with children…' The School Business Manager confirmed that whilst IR35 Employment Status checks are undertaken in respect of external staff appointed by the School a copy of their DBS is not routinely obtained. At the time of review, 4 instances of this were identified: - LA - Creative Practitioner AC - Creative Practitioner NW - Nightingales HL - Nightingales Additionally, whilst Internal Audit are able to provide assurance that all staff appointed and paid via the school's payroll received a DBS check prior to commencing in post, a list of staff DBS checks was only obtained by the school shortly prior to the audit review.	DBS checks should be obtained for the individuals identified immediately. Until this is undertaken, the Director of Human Resources should be contacted to obtain permission (if appropriate) for these people to continue to work at the School. The Headteacher should ensure that the School holds and maintains an up to date record of all staff that work at the School both permanently and temporarily. This should detail their names, DBS reference number and the date of check.	Implemented
5.1.2 High	Section 2.21 of Keeping Learners Safe: The role of local authorities, governing bodies and proprietors of independent Schools under the Education Act 2002 (WAG circular 158/2015) states that:	A formal signed record should be maintained each time any member of staff at the School undertakes any Safeguarding Training. This also includes whole school training which is	Implemented

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
	'Governing Bodies should ensure that all staff and volunteers who work with children undertake appropriate training to equip them with the knowledge and skills that are necessary to carry out their responsibilities for child protection effectively, which is kept up to date by refresher training'. The School's Safeguarding Officer confirmed that Level 1 Safeguarding training has been provided to all school staff in September 2018. However, the Safeguarding Officer confirmed that no manual signed registers of attendance have been completed. The School are therefore unable to evidence the training undertaken at the school.	often provided on Inset Day. This will allow the assessment of training requirements to be easily identified and ensure that a formal record is available.	
5.1.3 Medium	Point 3.1 of the Cwm Taf Safeguarding Children Board (CTSCB) Model Safeguarding Policy states: 'The Designated Senior Person (DSP) for Child Protection will...Ensure that all staff have signed to say that they have received, read and understood the Child Safeguarding Policy'. The School's Child Safeguarding Policy was last reviewed by the Governing Body in November 2018. Whilst the latest Cwm Taf Safeguarding Children Board (CTSCB) Model Safeguarding Policy has been used, the requirements in regards to designated Safeguarding staff and all other staff having to sign to confirm that they have received, read and understood the Child	The Designated Senior Person should ensure that each member of staff signs to demonstrate that they have received, read and understood the Safeguarding Policy and evidence of this retained at the School. This Policy should also be updated to the School's website once adopted.	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	Safeguarding Policy have not been put in place.		
5.1.4 Medium	Section 2.21 of Keeping Learners Safe: The role of local authorities, governing bodies and proprietors of independent schools under the Education Act 2002 (WAG circular 158/2015) states that: 'Governing Bodies should ensure that all staff and volunteers who work with children undertake appropriate training to equip them with the knowledge and skills that are necessary to carry out their responsibilities for child protection effectively, which is kept up to date by refresher training'. Discussion with the School's nominated Child Protection Officer identified that members of staff have received level 3 Child Protection training. However, certificates of attainment for 2 of the staff could not be evidenced at the School. Note: - It is accepted that evidence was provided by the Child Protection Officer that the 2 members of staff had been booked on the Level 3 course.	The Safeguarding Officer should ensure that copies of all Certificates for Child Safeguarding training are retained at the School in a central location.	Implemented
5.1.5 Medium	Although the document 'Planning and Approval Procedures for Educational Visits' states that Schools can determine their own planning and approval requirements for School trips, it also states that Schools are strongly advised to use the EVOLVE system. Routine off-site visits, such as sporting fixtures, are currently not entered	EVOLVE should be used to document all off-site visits, including those in relation to sporting fixtures / tournaments etc. All staff should be made aware of their responsibilities to avoid any confusion over	30 September 2019

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	onto EVOLVE correctly. Currently, EVOLVE is updated with a sporting activity for every day of the year in advance for all pupils in each year group, although they do not occur every day. Additionally, whilst the PE staff maintain manual registers of participants, these are not updated to EVOLVE.	future responsibilities.	
5.2.1 Medium	Examination of the Statutory Policies and Documents established that with the following exception, all were in place at the School :- • Governors Allowances (Scheme for Payment) Additionally, whilst the School has all Policies available, these are held electronically, hence no signed copies are held by the School. Furthermore, the Policies are not dated to confirm when they were reviewed.	Statutory Policies and Documents should be reviewed in line with the Governors Wales requirements. When policies and documents are reviewed and ratified by the Governing Body, copies of the Policies should be retained at the School, appropriately signed and dated. The School should ensure that the Governors Allowances (Scheme for Payment) Policy is now established and presented to the Governing Body for approval.	01 October 2019
5.2.2 Medium	The keeping of minutes and papers is prescribed in regulations 47 and 48 of The Government of Maintained Schools (Wales) Regulations 2005. These state: 'That the Governing Body must, as soon as reasonably practicable, make available for inspection at the school by any interested person, a copy of (a) the agenda for every meeting; (b) the signed minutes of every	Signed minutes for each governing body and sub-committee meeting should be retained at the school. Where minutes are loose-leaf, each page should be initialled, and the last page signed and dated.	Implemented

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	such meeting, (c) any report or other paper considered at any such meeting; and (d) the draft minutes of any meeting, if they have been approved by the person acting as chairman of that meeting'. Discussions with the Headteacher and School Business Manager established that since the School opened in September 2018, no signed copies of Minutes had been held at the School (only unsigned electronic copies).		
5.2.3 Medium	Section 2.9 of the Scheme for Financing Schools states that: 'Governing bodies are required to establish a register of business interests...which lists for each member of the governing body and the Head Teacher any business interests they or any member of their immediate family have. The register must be kept up-to-date by notification of changes from governors and the Head Teacher, and through an annual review process'. Although a register has been established, no declaration was present for 5 current Governors.	A declaration of business interests register should be completed on an annual basis which details the business interests of all Governors, the Headteacher and any other staff who may influence financial decisions at the School. Care should be taken to ensure that a declaration is completed by every Governor as soon as possible after the start of each academic year. The missing declarations should be completed immediately.	Implemented
5.2.4 Medium	Examination of the Finance Policy identified that delegated financial limits have been established in respect of the following staff; Headteacher, Business Manager, Heads of Faculty.	The School's Finance Policy should be enhanced to confirm the financial limits for delegated authority for the Finance Assistant	31 October 2019

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	However, it does not refer to a delegated limit for the Finance Committee, with any spends above the Headteacher's limit (£10k) to be presented and discussed by the full Governing Body. There is no delegated limit for the Finance Assistant who makes payments using the School Purchase Card. Additionally, examination of the Job Descriptions for the following staff revealed that responsibility for committing the school to expenditure has not been formally recorded: - • Headteacher • Deputy Headteacher • Assistant Headteacher • Business Manager • Head of Faculty	and the Finance Committee. Additionally, Job Descriptions should be revisited to ensure they include the authority to commit the School to expenditure by the appropriate/relevant staff.	
5.2.5 Medium	Section 43(d) The Government of Maintained Schools (Wales) Regulations 2005 states: 'The Clerk to the Governing Body must maintain a register of governors' attendance at meetings'. Currently, attendance sheets are not maintained in respect of all Sub-Committee meetings held, only Full Governing Body meetings.	The Clerk to the Governing Body should ensure that attendance sheets for all Governing Body and Sub-Committee meetings are completed and held at the School in a manner that makes them easy to locate.	Implemented

SUMMARY OF RECOMMENDATIONS:

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.3.1 High	Appendix 2, point 1.1(b) of the School Private Fund Regulations 2018 states: - 'Care should be taken to ensure...........the ledger is updated as income and expenditure occurs, and not on a monthly/annual basis of from bank statements'. At the time of the audit, the Private Fund Ledger had not been updated for the current academic year/since the newly amalgamated School opened in September 2018.	The Headteacher should ensure the Private Fund ledger is brought up to date immediately, and thereafter all income and expenditure should be promptly recorded in accordance with the School Private Fund Regulations. Appendix 2 of the School Private Fund Regulations provides notes of guidance for the completion of ledgers and a suggested format is included at Appendix 4 of these Regulations. The Fund Treasurer should be made aware of their responsibilities going forward.	Implemented
5.3.2 High	Income is currently received in the Nant (main) reception for Years 7 to 11 pupils and the Gwyn reception for Nursery to Year 6 pupils. The School have introduced a system whereby upon receipt income is recorded on a 'Daily Cash Log' then passed daily to the Fund Treasurer. Whilst the process within the main reception is working as intended and being consistently applied, the following was noted in respect of the Gwyn reception: - • The Daily Cash Log is not being used to record income received. • Income is not being consistently handled with some amounts passed to the Treasurer in envelopes, and some as loose change; both of	The Headteacher should ensure consistent practices are in place in relation to the collection of Private Fund Income, and all documentation retained and readily available. All income received should be recorded upon receipt to ensure that a permanent record is available. The recording process should be simplified to ensure there is no duplication in the level and detail recorded.	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	which are uncounted/unrecorded upon receipt in the Gwyn reception. (NOTE: A member of staff is only available at the Gwyn reception daily between 10am – 2pm, which is likely to be a contributory factor). It was also noted that the records maintained by the Fund Treasurer are being unnecessarily duplicated, as the income recorded on the 'Daily Cash Log' is being receipted a second time by the Treasurer.		
5.3.3 High	Appendix 2, point 5.1 of the School Private Fund Regulations 2018 states: - 'As soon as bank statements are received you must undertake a reconciliation of income and expenditure'. At the time of audit there had been no bank reconciliation exercise undertaken since the School opened in September 2018. NOTE: It is likely that the absence of prime documents, in the form of income and expenditure records, has contributed to the absence of an appropriate reconciliation exercise.	Bank statements should be reconciled to the fund ledger by an independent person on a regular basis, and at least monthly. The statements should be signed and dated by the person carrying out the reconciliation as evidence of when and by whom this was undertaken. The Headteacher should ensure that a reconciliation exercise is now undertaken to ensure that all income and expenditure transactions for the current academic year are accurate.	Implemented
5.3.4 Medium	Section 2 of the School Private Fund Regulation 2018 states that: -	It should be ensured that the Private Fund Annual Statement and Summary of Accounts are prepared and submitted to Education	31 October 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
	'The Headteacher must prepare a Summary of Accounts.........and must be returned by 31st December'.

The Annual Statement and Summary of Accounts in respect of the 2017/18 academic year was not submitted until 18th February 2019.

Additionally, at the time of audit, the Annual Statement and Summary of Accounts had not been presented to the Governing Body (despite being previously submitted to Education Finance).

NOTE: Following the formation of the middle school in September 2018, the former Tonypandy Community College account was used as the main Private Fund account going forward, with the funds held in the 4 subsidiary primary schools transferred / consolidated. This finding relates to the Community College Summary of Accounts that should have been completed. | Finance within the timescales required.

Additionally, it should be ensured that these documents are presented to the Governing Body prior to its submission and appropriately minuted. | |
| 5.4.1

High | A review of the purchasing processes at the School revealed that the system is not working as intended: -

•   Orders are being raised on SIMS after receipt of the invoice, even though a prior request for the goods would have been made.
•   Occasions were identified whereby Delivery Notes are not signed or dated to confirm who received the delivery.
•   Invoices are not always signed by an authorised Budget Holder prior to payment.
•   SIMS Cheque Authorisation Slips are not retained with the | To avoid additional work, invoices for non-orders e.g. utilities, should be paid via the Purchase Card where possible.

If the School is unable to use the Purchase Card, and a prior request is known for goods / services, an official order should be raised on SIMS for all committed expenditure. This should be done as soon as the commitment to expenditure is known. This will ensure that the budgetary information on SIMS is as accurate | Implemented |

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	appropriate copy orders/invoices and are also not signed by a delegated cheque signatory. • There are a number of non-order invoices being processed via SIMS, whereby the use of the School Purchase Card would be a more efficient use of staff resources.	as possible, has been authorised in the correct manner and there is a hard copy of the items ordered at the school which can be used to check against the subsequent delivery of goods and relevant invoice. Once the goods / services are received, the invoice / delivery note should be checked against the original order to ensure that the goods received agree to those originally ordered. The order and invoice/delivery notes should demonstrate evidence of this check (e.g. items ticked) and the invoice/delivery notes should be signed and dated by an appropriate budget holder who can commit the school to expenditure.	
5.4.2 High	At the time of audit review, the Finance Assistant (who is responsible for raising orders, receipting deliveries and processing invoices on SIMS) was also a designated cheque signatory. Whilst it is accepted that 2 signatures are required on all cheques issued, this is not considered to be an adequate division of duties as a signatory is unable to provide a sufficiently independent review.	The Finance Assistant should no longer be a cheque signatory for purchase orders whilst administering all other aspects of the purchasing processes. A new cheque signatory should be appointed to replace the Finance Assistant, thus ensuring a sufficient division of duties, and transparency in the authorisation process.	30 September 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.4.3 Medium	A report of outstanding Purchase Orders was obtained from SIMS. This identified a number of orders outstanding, 9 of which had been outstanding over a month, and 1 dating back to October 2018 (over 6 months earlier). This review has confirmed that pending orders are not routinely reviewed or chased up by the School due to a lack of available time.	Pending orders should be reviewed on SIMS on a regular basis and a note made on the copy order to confirm the same. This will allow outstanding orders which are no longer required to be identified at an early stage and corrective action taken.	Implemented
5.5.1 Medium	The Finance Assistant is responsible for maintaining the Transaction Log for the Purchase Card. Currently both a manual and electronic Transaction Log is maintained. The manual log is completed each time a purchase is made and used to check subsequent deliveries. These transactions are then transferred onto the computerised log, which is used to undertake the monthly bank reconciliation and SIMS journal transfers. This is a duplication of work as there is no requirement to complete two separate Transaction Logs.	Full details of all Purchase Card transactions should be recorded on one electronic Transaction Log as and when they occur.	Implemented
5.5.2 High	Bank Statements for the Purchase Card are received monthly and are reconciled by the Finance Assistant, who is also responsible for the day to day purchases made using the card. Examination of the bank statements for December 2018 to February	The Purchase Card Bank Statements should be reconciled to the Transaction Log by an independent person. Appropriate adjustments to the current	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	2019 showed that whilst they all showed evidence of reconciliation to the Transaction Log, they are not signed or dated.	responsibilities of staff should therefore be made to ensure that an adequate division of duties exists. When reconciliation takes place between the Transaction Log and bank statements, the statements should be signed and dated by the person undertaking the reconciliation to confirm by whom and when it was undertaken.	
5.5.3 Medium	Discussion at the School revealed that a cash book journal is undertaken once the bank statements are reconciled. Whilst cash book journals had been undertaken on SIMS as per the system intended by the School, the descriptives used on the journals are poor. Currently all transactions are referred to as 'Credit Card – with the appropriate month. No further details of the transaction are provided e.g. creditor, items purchased etc.	SIMS should provide a meaningful analysis of all income and expenditure, with clear details of the classification and type of activity recorded. All Purchase Card payments should be clearly identified on SIMS with the Purchase Card reference number, where the purchase was made and a brief summary of what was purchased.	Implemented
5.6.1 Medium	Whilst the School has a Finance Policy, it does not specifically mention the members of staff / post titles responsible for the procedures to be followed in relation to School Income.	The School Finance Policy should be enhanced to define system processes and the individual staff responsibilities within them across all areas of the School's financial administration.	31 October 2019

SUMMARY OF RECOMMENDATIONS:

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
		Once completed, the Policy should be presented to the Governing Body for approval and issued to all appropriate members of staff. NB: Any revision to the Policy should take into account recommendations raised elsewhere in this report.	
5.6.2 Medium	At the time of the fieldwork for this review, the Finance Assistant was responsible for: • Raising all invoices • Signing all invoices • Collecting and banking income • Updating income onto SIMS The current arrangements do not demonstrate an appropriate segregation of duties.	The Headteacher should ensure that an appropriate segregation of duties is put in place in respect of raising invoices, receiving income and updating SIMS Additionally, it should be ensured an authorised independent member of staff checks and signs all invoices prior to issuing.	Implemented
5.6.3 Medium	A Record of Daily Income is maintained at the School. Examination of this record identified that income is not recorded upon receipt, and invoiced income (i.e. income received in respect of an invoice raised on SIMS) is not recorded at all. Additionally, there are large delays between the receipt of income (cash	Details of all income received (including invoiced income) should be updated to a Record of Daily Income upon receipt. SIMS should also be updated promptly to ensure that it is an accurate reflection of income received.	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	& cheques) and when it is updated to SIMS (the delays being up to 6 weeks in some instances). Examples include: - Date Income Received Amount Date Input on SIMS 30/01/2019 £23,573.55 15/03/2019 31/01/2019 £32.90 15/03/2019		
5.6.4 Medium	From discussions at the School, invoices raised by the School are required to be paid within 21 days of issue. However, it was established that the following invoices were outstanding at the time of audit: - PRFC - £75.00 - invoice sent 16/1/2019 - reminder letter sent 5/3/2019 NNEM - £3,000 - invoice sent 5/2/2019 - no reminder sent at time of audit.	The School should contact the relevant Debtors in respect of the amounts outstanding to ensure that the overdue payments are received. The School should also ensure that all outstanding invoices are regularly reviewed and followed up where payment is not received within the specified deadlines.	Implemented
5.6.5 Medium	Discussions with the Finance Assistant revealed that the School Business Manager completes the monthly bank reconciliation. However, there is no evidence of any review or reconciliation on any of the income records at the School.	When the bank reconciliation process is undertaken, all income records should show evidence of when and by whom the reconciliation was undertaken i.e. ticked, signed and dated.	Implemented

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.7.1 High	Discussions at the School established that no PSM3 Meals Ordered / Meals Served forms are completed for the Nursery to Year 6 pupils. Currently, a class list is produced on a daily basis which highlights the meal options of each pupil. These forms are passed to the Kitchen and subsequently used to prepare/serve meals to the pupils. However, it was noted that the class lists are poor, are quite often not dated and cannot be used to identify to which days they relate. Additionally, the School receive no information in respect of the number of meals ordered and served on a daily/weekly basis. The School Business Manager confirmed that she is unaware as to whether more or less meals have been served to those ordered and paid for.	Class Lists for the Nursery to Year 6 meals ordered on a daily basis should be accurately completed to include full details of the class, dates, meals etc. Additionally, it should be ensured that accurate records are maintained to allow for a regular reconciliation of the number of meals ordered and those actually served. As a way forward, the School should contact Catering Finance to provide Guidance and training as to the requirements and expectations in respect of School Meals.	Implemented
5.7.2 High	Income received in the Gwyn (Nursery – Year 6) reception in respect of School meals is not being consistently handled with some amounts passed to the office in envelopes and some in loose change; both of which are not counted or recorded upon receipt in the Gwyn reception prior to being passed to the main office. (NOTE: A member of staff is only available at the Gwyn reception daily between 10am – 2pm, which is likely to be a contributory factor).	All income received should be recorded upon receipt to ensure that a permanent record is available. A regular, independent review of School meals income should be carried out to ensure all income received can be accounted for.	30 September 2019
5.7.3 High	A review of the pupil balances report at the time of audit revealed that 32 pupils in Nursery to Year 6 had arrears in excess of the two week limit, with a combined total of £3,756.97 at the time of visit. Staff arrears	Where arrears are in excess of the prescribed limits set, then as per the recovery protocols, these should be formally referred to Catering	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	also amounted to £52.11.

Discussions with Catering Finance identified that no school meals arrears returns have been submitted by the School since it opened in September 2018. It is a requirement to submit this information every half term in accordance with the Council's School Meals Arrears Recovery Protocols.

Additionally, the School Business Manager confirmed she was unaware of the requirements in respect of School Meal Arrears. | Finance for further recovery action.

Details of the current arrears should be submitted to Catering Finance immediately and half termly thereafter.

The School should liaise with Catering Finance staff to determine the most suitable way of pursuing/progressing the arrears identified. | |

COMMUNITY & CHILDREN'S SERVICES
AUDIT NAME: SUPPORTED LIVING
DATE FINAL REPORT WAS ISSUED: 09/07/2019

INTRODUCTION

The overall responsibility for managing the Supported Living Provider Contracts lies with the Strategic Commissioning Manager, reporting to the Service Director within Community and Children's Services.

Supported Living allows individuals with learning disabilities and some physical disabilities to live as independently (as possible) with up to 4 other individuals at a property, following an appropriate assessment.

Each individual is a tenant of the property, which is usually rented from a Housing Association. As a tenant, the individual(s) will pay rent and other bills (shared equally between them), and are responsible for keeping the property clean, reporting repairs etc. Support is sometimes provided 24 hours per day or it can be targeted, depending on need. The organisations providing the support are registered and inspected by the Care Inspectorate Wales (CIW).

Currently, the schemes in place can accommodate approximately 266 individuals across 87 different properties, administered by 3 commissioned external

providers (INNOVATE, DRIVE and Cartefi Cymru) and the Council in-house provision. The Commissioning Team also monitor the service that is provided in conjunction with the providers, and undertake financial monitoring visits at each property.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for the financial year 2018/2019 as agreed by Audit Committee, a review of the key controls within the system was undertaken.

Audit testing was carried out at 12 properties across a sample of schemes and providers, reviewing the contribution calculations and supporting records for the clients to ensure that transactions are recorded appropriately and consistently.

The primary purpose of the audit review is to provide management with an opinion on the adequacy and effectiveness of the internal control system in relation to the administration and management of communal expenditure at supported living establishments. The specific objective of the review is to ensure that;

- Communal contributions have been calculated correctly, consistently and are supported by appropriate financial records and receipts. Procedures are in line with agreed policies and all records are promptly updated ensuring transparency in the management and handling of individual(s) expenditure.

AUDIT OPINION

The overall control environment in respect of the administration and management of communal expenditure within supported living establishments is considered to be effective with opportunity for improvement.

The review sampled 12 supported living establishments across three external providers (INNOVATE, DRIVE, Cartrefi) and the Council's own in-house managed provision, focussing on the communal contribution calculations and supporting financial records for clients to ensure that transactions are recorded appropriately and consistently.

Internal Audit can confirm that at each of the properties visited the sampled expenditure had been correctly incurred, calculated, recorded on both the central and personal records, and in the majority of instances adequately receipted. Records were found to be complete and staff were aware of their roles and responsibilities in respect of the administration and recording of expenditure. It was however identified that not all providers and/or staff were consistent in the format of the records completed, or the level of detail in which transactions were being recorded.

<u>Communal Records</u>

Currently in the majority of properties visited the utility and other service accounts are held in the name of one or possibly all resident(s) living at the property. In the event of a problem/query staff are often unable to contact the utility provider, as they will only communicate with the designated account holder.

Across the 12 homes visited there were varying levels of information present in respect of utility related expenditure, as a number of individuals manage their accounts online using company websites and user login details (again no staff access), whereas some pay monthly by direct debit hence no hardcopy bills were available. A standard pro forma 'Record of Bills' was found to be in use at some establishments (on occasions where a hardcopy bill was not available), although this was not routinely used across the service. No evidence of regular meter readings was noted or any verification of the estimated readings provided on the hardcopy bills that were available for review.

The vast majority of supporting receipts for household shopping were available, although a small number of instances were noted where no receipt was

present. At one property a 'Record of Expenditure Without a Receipt' pro-forma was in place to record such instances, which is considered good practice as a means of recording and verifying the expenditure that was incurred. This record should be introduced more widely across the service to record such instances.

The methods used by providers and/or staff to record food and communal expenditure costs on the central records were also found to differ. Some were found to split the amounts spent across the various categories of expenditure (e.g. food, cleaning etc.), whereas others would group this together in a weekly total. Other variations in the method used to cross reference supporting receipts to the communal records were also noted, together with the retention of supporting information.

Personal Records

Across all 12 properties communal costs were found to be accurately updated to the clients' personal records with the contributions calculated correctly.   As with communal costs the inconsistent approach for recording food and other communal expenditure on personal records was also identified. Occasions were noted where this was split across the breakdown of costs (i.e. Gas £50, Electricity £50, Food £30 etc.) whereas in other instances a weekly total was recorded (i.e. Bills £130). For completeness and transparency it is recommended that a full breakdown is provided of the individual costs incurred by each of the clients across the various categories of expenditure.

This report provides Management and supported living providers with the opportunity to standardise procedures and pro-formas and share best practice across the service.

The implementation of the recommendations made within this report will enable Management to enhance the overall control environment further.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.1 Medium	Communal Records Currently in the majority of homes visited the utility and other service accounts (e.g. electricity, gas, water, TV, Broadland) are in the name of one or possibly all residents living at the property. In the event of a problem / query with the utility company, staff members are unable to help as often providers will only communicate with the designated account holder(s). Some of the providers examined manage utility and service accounts directly on behalf of clients, using a process whereby all charges (e.g. electricity, gas, broadband and TV services) are paid centrally by the provider – with the various service users recharged as and when appropriate for the costs incurred. This arrangement is currently at the discretion of the individual service providers, but could be a more manageable approach if introduced more widely.	Management should consider the possibility of liaising with service providers with a view to them managing all utility accounts centrally, with service users' costs recharged as and when appropriate (as is the case with certain current providers). Alternatively Management could consider the possibility of adding specific members of staff i.e. Home Manager, Senior Carer to each establishment's utility accounts as a point of contact to act on behalf of the service users. Both the above options would allow staff to contact utility companies on behalf of the service users should any issues arise.	31 March 2020
5.1.2 Medium	Across the 12 establishments visited there were varying levels of information present to support the expenditure incurred relation to utilities and other services. At some homes utility accounts are managed 'on line' hence no paper bills are received. Instead these are available using the 'on line' account	Management should investigate the possibility of adding specific staff as an alternative point of contact on utility accounts, allowing copies of bills to be printed and retained where possible.	31 March 2020

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	which is accessible via the company's website and users login details (again no staff access). Payment methods also varied across the service, some paying by monthly direct debits (online accounts), and some upon receipt of a bill, usually on a quarterly basis. It is also acknowledged that in some properties users are involved in the process of paying bills. A 'Record of Bills' pro-forma was being used at some properties which if introduced across the service would be useful to record information where no hardcopy bills are received. It was noted that there is currently no method of recording meter readings for utility services i.e. gas, electricity and water (if on a meter). It was common that many utility bills paid were based on estimated readings, with no comparison to actuals. It is however noted that utility companies take their own meter reading but there is no evidence of a comparison at each establishment.	Consideration could also be given to the potential savings that could be made paying monthly by direct debits (as opposed to the traditional manner) if appropriate, with the consent of individual users. The 'Record of Bills' pro-forma should be rolled out across the service (where not already in use) and used to record details of all bills received. Details of meter readings could also be included on this record, where smart meters are not installed.	
5.1.3 Low	Each of the 12 homes visited had the necessary records / pro-formas in place. However, for the properties managed by DRIVE it was identified that the Fin2 forms (for the central Drive account) from which the communal weekly food shopping (and cleaning products) are paid are not retained at the individual properties. Staff reported that these are submitted centrally to DRIVE for retention (due to them being paid from the central DRIVE account). Hence the financial records available at the properties	Management should explore the possibility of Fin2 forms being returned to individual properties following the centrally administrative review process currently in place. Alternatively a copy of the Fin2 form could be taken prior to submission and retained for future reference at each DRIVE property.	31 March 2020

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	are incomplete in the absence of this information.		
5.1.4 Medium	On review of the food and Control of Substances Hazardous to Health (COSH) communal expenditure record sheet the following was noted; • Various methods are used by staff to record food and COSH shopping costs. Instances were noted across all providers where staff split the costs into a breakdown of 'food' and COSH'. Others however were found to record 'weekly shop' on the records and a total value provided. Good practice was noted at some establishments where shopping in respect of food and COSH expenditure are carried out individually, allowing for a clear distinction on the communal expenditure record between the different categories of spend. • Records are inconsistently completed with some staff / providers using a continuous list method whereas others complete a new sheet for each weekly period. • Shopping receipts were present at each of the 12 establishments, although the method of retention was found to vary. Some used small envelopes with multiple receipts contained inside, whereas good practice was noted at others where receipts were numbered and attached to the corresponding weekly communal expenditure sheet.	Management should ensure that there is a consistent approach to recording both communal food costs and COSH by all staff across the service. This will provide greater transparency and allows easier monitoring of food and COSH expenditure. It is also considered good practice for weekly sheets to be completed as opposed to a continuous record. These sheets should be numbered consecutively and receipts relating to the same period cross referenced and attached either individually or using an envelope.	31 March 2020

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.1.5 Medium	The majority of food and communal expenditure across each of the 12 establishments visited was adequately supported by receipts. Some minor occasions were however noted where receipts were not present, these being highlighted / noted on the COSH communal expenditure record sheet. At one home a Record of Expenditure Without a Receipt pro-forma was in use to record such instances, although this form was not routinely used across all providers to document instances of un-receipted expenditure.	Management could consider issuing a Record of Expenditure Without a Receipt pro-forma across all service providers. This form should be used to record details of any purchases made where a receipt has not been obtained or had been misplaced, with each entry checked and verified by two members of staff.	31 March 2020
5.1.6 Medium	Personal Records A review of the personal expenditure records across each of the sampled establishments revealed that: • Various types of forms are being used to record personal expenditure across the different providers • Inconsistencies were identified in the level of detail recorded depending on the staff member and / or provider e.g. instances were noted where some utility expenditure had been itemised (i.e. gas £50, electricity £40, BT £20) on the user's finance sheets, however other occasions were noted where these had been collectively recorded as, for example £110 Bills.	Procedures and forms should be standardised across all providers to ensure that the same level of detail is being recorded. Good practice should be followed by staff and service providers when updating user's personal expenditure forms to ensure that all amounts are individually recorded. This provides transparency in the process and demonstrates that the correct contribution towards the communal costs has been incurred.	31 March 2020
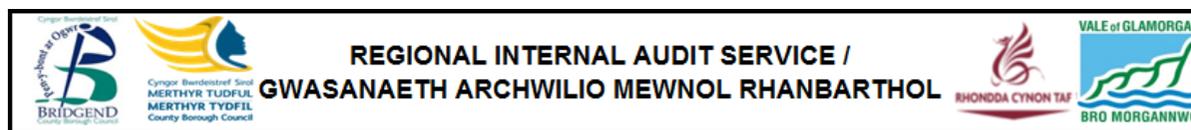
FINANCE & DIGITAL SERVICES
AUDIT NAME: PERFORMANCE INDICATORS
DATE FINAL REPORT WAS ISSUED: 05/08/2019

INTRODUCTION

The Council regularly measures the performance and outcomes of delivery across all its service areas, using a combination of national and local Performance Indicators. Performance Indicators are measured against agreed targets (where targets have been set), and the results are reported in the public domain.

This framework of performance information provides the primary intelligence to enable the Council to manage performance against key strategic priorities, service / policy objectives and also local priorities specific to the needs of Rhondda Cynon Taf. Key indicators are also used for comparison purposes with other Councils.

Each PI has been assigned an owner who is responsible for declaring the methodology and accuracy of the calculation via the pro-forma Self-Assessment Form. The in-year production and review of this performance information enables service managers to measure their service. PI owners are supported by the Corporate Performance Team based in the Finance Division (within Finance & Digital Services).

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for financial year 2019/20, agreed by Audit Committee, a review of a selection of 12 Performance Indicators was undertaken.

The primary purpose of the review was to independently assess the sampled Performance Indicators and provide an opinion on the accuracy of the reported data.

To achieve this, the following key objectives were identified: -
  •   That the methodology used to collect the statistical data is consistent with the agreed definition of each Performance Indicator;
  •   That the data used to calculate each PI has been correctly captured from prime documents / primary sources; and
  •   That the calculation was arithmetically accurate.

AUDIT OPINION

Overall, the control environment is considered to be effective with opportunity for improvement.

Assurance can be given that each Performance Indicator examined had appropriate definitions and methodologies and were implemented in line with the aims of those definitions and methodologies. Supporting data was available in most cases and reliance may be placed on the calculations for 9 of the 12

Performance Indicators examined.

For the remaining 3 Performance Indicators: -

One indicator (PAM041 - % of National Exercise Referral Scheme (NERS) clients who completed the exercise programme at 16 weeks) it was established that the reported data includes all clients who complete the NERS programme, (whether it is 4 weeks, 16 weeks or 32 weeks) and not just at 16 weeks. However, the National Definition and Methodology for this Indicator confirms that they cannot be included as part of the calculation.

Additionally assurance cannot be provided that the reported figures are correct as the Service have not retained the base data reports at the time this indicator was reported.

For the two other indicators (LCAP014 - Number of economically inactive, or unemployed, adults entering employment as a result of Communities for Work intervention & LCAP015 - Number of economically inactive, or unemployed, adults gaining a qualification as a result of Communities for Work intervention) it was established that the reported figures were incorrect i.e. the reported figures understated what should have been reported. LCAP014 was reported as 48, but should have been 50, whilst LCAP015 was reported as 239 but should have been 242.

Additionally, clarity needs to be sought and provided in respect of the Performance Indicator (LPPN127 - % of vulnerable repeat victims of anti-social behaviour (ASB) that feel safer as a result of intervention) as the reported data has not been reported to one decimal place (as required within the Indicator's definition and methodology).

It is pleasing to note that quality assurance reviews have been put in place by the Corporate Performance Team and had taken place for 5 of the 12 Performance Indicators examined. However, whilst each Performance Indicator examined had a definition and methodology, it was evident that the formats they were available in were inconsistent.

Implementing the recommendations within this report will enhance monitoring arrangements and the integrity of reported data will be increased further.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.1.1 High	From a sample of 12 Performance Indicators examined, it was found that 9 had been accurately reported. The 3 that had not were: - Leisure Services • PAM041 – % of National Exercise Referral Scheme (NERS) clients who completed the exercise programme at 16 weeks Reported figure is incorrect as it includes all clients who have completed the programme, irrespective of the number of weeks it took to complete the programme. Discussions with the Leisure Strategy Manager identified that the reported data includes all clients who complete the NERS programme, (whether it is 4 weeks, 16 weeks or 32 weeks) and not just at 16 weeks as specified within the National Definition. Additionally, assurance cannot be provided that the reported figure is correct as the Service have not retained the base data reports at the time this Indicator was reported. As the system is updated daily, it is not possible to extract data to reconcile to the reported figures retrospectively at a point in time. Communities for Work • LCAP014 - Number of economically inactive, or unemployed, adults entering employment as a result of Communities for Work intervention • LCAP015 - Number of economically inactive, or	Service Management must ensure that the figure reported for each Performance Indicator is supported by source data and is accurate. Service Management should also ensure any data that is not received is chased up and obtained for reporting. The source data must be challenged and reviewed prior to figures being reported publically.	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	unemployed, adults gaining a qualification as a result of Communities for Work intervention It was found that the reported figures were incorrect. The reported figures of 48 people (for LCAP014) and 239 people (for LCAP015) should have been 50 and 242 respectively. The variances have been attributed to the quarterly reports that are predicated on the enrolment date rather than outputs, and when outputs are recorded against the following quarters within the same reporting year, these are sometimes overlooked resulting in under-reporting. Additionally, clarity needs to be provided in respect of the following Performance Indicator: - <u>ASB – Community Safety</u> • LPPN127 - % of vulnerable repeat victims of anti-social behaviour (ASB) that feel safer as a result of intervention The Local Indicator Definition (LID) identifies that the data figure should be reported to one decimal place. However, for 2018/19, the reported data was not reported to any decimal place. • Reported 2018/19 Data Figure – 94% • Actual 2018/19 Data Figure – 94.3%		

SUMMARY OF RECOMMENDATIONS:

COMMUNITY & CHILDREN'S SERVICES

AUDIT NAME: YOUTH OFFENDING SERVICE C/F

DATE FINAL REPORT WAS ISSUED: 25/07/2019

INTRODUCTION

A Youth Offending Service is a multi-agency team that is coordinated by the Local Authority/Authorities and overseen by the Youth Justice Board. It deals with young people who offend and also those who are on the periphery of offending behaviour.

There is a Cwm Taf Youth Offending Service in place, covering Rhondda-Cynon-Taf and Merthyr Tydfil Local Authorities, which includes a Prevention Team managed by the Operational Manager reporting to the Head of Youth Offending Services.

Funding for 12 of the 14 Prevention Team Staff is provided via the Promoting Positive Engagement for Young People Fund (PPEYP), whilst Resilient Family Services provides £90,000 to the service to complete assessments for their Service Users, where applicable.

Referrals are received from a variety of routes, such as

- Children's Services;
- Anti-Social Behaviour referrals via Community Safety Team
- Out of Court disposals via the Police;
- Resilient Families Service (RCT) via the Resilient Families Service Panel;
- Multiple Intervention Assessment via Multiple Intervention Panel (Merthyr Tydfil County Borough Council's Resilient Family Services equivalent);
- Schools;
- Self-Referrals; and
- Fire Service.

Depending on the nature of the referral and the route by which it was received, assessments are required to be completed in different formats and can include the following;

- Prevention Assessment Tool;
- Proportionate Assessment;
- Resilient Family Services Self-Assessment;
- Out of Court Screening Tool; and
- Asset Plus.

In accordance with the Internal Audit Plan for financial year 2019/2020, as agreed by Audit Committee, a review of the assessment process within the Prevention Team of Youth Offending Services was undertaken. Audit testing was carried out on a sample of referrals leading to an assessment since April 2018, to ensure that fundamental controls are present and operating satisfactorily.

The primary purpose of the review is to provide management with an opinion on whether the assessment process is appropriate and applied accurately and consistently. The specific objective of the review is to ensure that:

- The Assessment Process is appropriate and undertaken consistently and in full.

AUDIT OPINION

The overall control environment in relation to the prevention assessment process within Youth Offending Services is considered to be effective with opportunity for improvement.

Of the 1145 referrals received between 1st April 2018 and 31st March 2019, the database was filtered to identify those potentially leading to assessment (dependent on type of referral.) 20 of the 55 referrals remaining after the database was filtered were selected, to review the assessment process.

A Cwm Taf Prevention Manual and standardised documents are in place, however, it was established that different assessment tools are required to be completed, depending on the referral route. Each assessment tool requires the completion of different information and the information required was led by the referrer. As a result, assessments completed differed quite significantly and could be onerous for Case Workers to complete, with information contained not consistent from one young person to another.

Of the sample of 20 referrals selected, the following was identified during the review;-

An assessment could not be evidenced for one of the 20;

Consent had not been obtained in 2 of the 20 referrals sampled, from the young person or family, which is required as the intervention is not a statutory requirement;

Agreed timescales of 2 weeks for completing assessments for Resilient Family Services were not being met; however, this may be as a result of unrealistic targets set, which have been agreed but are not statutory;

A guideline of 6 weeks is given to complete interventions. Many cases require more than this 6 week period but cases over 6 weeks require ongoing authorisation from Management. This is agreed in supervision, but the sample tested identified that there was is no clear management trail to support this;

The database and spreadsheet entries were not always completed correctly or consistently and assessments were not always named consistently or stored in the correct folder on the 'O' Drive.

With the exception of Resilient Family Services referrals, the outcome of the evaluations are not required to be reported formally, however, a review is undertaken by the Operational Manager but this is not documented formally. Whilst the completion of the evaluation by the young person is voluntary, it was identified that the evaluations completed all related to the same Case Officers.

By implementing the associated recommendations contained within this report, Management will enhance further the standard of control.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.1.1 Medium	For each young person referred into the Youth Offending Service, a record is created on the Childview database and a Childview ID number created. All information, referrals, interventions and assessments relating to that young person will then be documented/attached to their record. For a sample of 20 referrals, the key data recorded on the young person's record on the database was found to be completed accurately and in full with the following exceptions; • The engagement field within Interventions was left blank for 5 of the 20 young person referrals sampled. • For 2 of the 18 referrals sampled relating to young persons residing in Rhondda Cynon Taf (the database was not updated to record that a WICCIS check had been undertaken i.e. whether there is information relating to the child on the Social services database. The remaining 2 referrals related to young persons living within Merthyr Tydfil and so no check could be performed. Discussion with the Operational Manager established that a Welsh Community Care Information System (WCCIS) check would be done for all cases where the child resided within Rhondda-Cynon Taf, but this could not be evidenced in these 2 cases. • For 1 of the 20 referrals sampled (i.e. a referral had not been created on Childview for the referral. • For 1 of the 20 referrals sampled consent had been obtained but had not been attached to the young person's record on the database. As the service provided is on a voluntary basis, the Case Officer is required to obtain consent from the young person or family prior to undertaking an assessment. • For 1 of the 20 referrals sampled the assessment had been	1. Management should remind staff that the engagement field should be completed, where an intervention has taken place. 2. Management should remind staff that for all clients residing within Rhondda-Cynon-Taf, the database should be updated to record when the WCCIS check was carried out. 3. Management should remind staff that all relevant referrals should be recorded on Childview. 4. Management should remind staff that all Youth Offending Service prevention assessments carried out and consent obtained should be attached to the young person's record on the database, in the correct place. 5. For the 2 cases identified, the documents should now be attached retrospectively.	30 September 2019

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	SUMMARY OF RECOMMENDATIONS:		
	carried out but had not been attached to the young person's record on the database. • For 1 of the 20 referrals the consent was attached under the assessment tab on Childview rather than details tab, in error.		
5.1.2 Low	As information relating to forthcoming cases or potential referrals is received, it is recorded on an Excel spreadsheet. The spreadsheet is then populated with information/dates as the case progresses. This information should correspond to the data recorded on the young person's case file on the Childview database. Discussion with the Operational Manager established that there is no quality assurance in place to monitor the accuracy of the data entry on the spreadsheet. For the 20 referrals sampled, the information was found to be accurate with the following exceptions:- • For 3 of the 15 cases sampled (for those cases where the date received recorded on the spreadsheet and the referral date on the database should be the same). The dates did not correspond for the remaining 5. For 1 of the 20 sampled the young person's name was spelt incorrectly on the spreadsheet. • For 3 of the 20 sampled the date of birth was recorded incorrectly on the spreadsheet, with each differing by one year • For 13 of the 20 sampled, the Childview ID was not recorded on the spreadsheet against the specific referral selected.	1. Management should seek to correct the errors in the database identified in the finding. 2. Care should be taken to ensure the accuracy of the data entered. Management should consider instigating a quality control procedure, whereby the spreadsheet is periodically checked for accuracy and completeness.	Implemented

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.3 Medium	As work undertaken with the young person is undertaken on a voluntary basis and is not a statutory requirement, consent should be obtained from the young person or family prior to an assessment being carried out. Of a sample of 20 referrals, consent was not evidenced for 2 of the 20 referrals:- • For one referral, a tick was evidenced on the Resilient Family Services referral identifying that consent had been obtained but the formal consent form could not be evidenced. • For one referral, no tick was present nor was the formal consent evidenced. Discussion with the Operational Manager established that the case was given to a Case Worker from the statutory team in the North base and there have been previous instances where Case Workers working in statutory services have not obtained consent.	1. Staff should be reminded that consent to proceed with an assessment/intervention should be obtained in all cases. 2. Where referrals are dealt with by someone outside of the Prevention Team, consideration should be given to sending a standardised reminder to the officer detailing the key information/documents required to be obtained/complete, when referred.	Implemented
5.1.4 Medium	The Cwm Taf Prevention Manual states that for Resilient Family cases proceeding to assessment 'the Coordinator/Manager is to allocate immediately from panel and an assessment is completed within 2 weeks'. Discussion with the Operational Manager established that although there are no statutory timescales in place, a 2 week timescale has been agreed with Resilient Family Services, but in practice this is not always feasible to achieve as it depends on when the child is	1. Management should ensure that referrals are allocated on a timely basis and assessments carried out within agreed timescales, wherever possible. 2. Management should consider discussing with Resilient Family Services the achievability of the current 2 week timescale	30 September 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	available to meet. • 5871677 - referral date - 04/04/2018 - intervention start date 16/04/2018 - assessment date 01/05/2018. • 5872406 - referral date - 06/06/2018 - intervention start date 14/06/2018 - assessment date 16/08/2018. • 5872570 - referral date - 20/06/2018 - intervention start date 28/06/2018 - assessment date 16/07/2018. • 5866993 - referral date - 04/07/2018 - intervention start date 16/07/2018 - assessment date 16/08/2018. • 5872655 - referral date - 06/07/2018 - intervention start date 16/07/2018 - assessment date 02/08/2018. • 5871218 - referral date - 12/07/2018 - intervention start date 30/07/2018 - assessment date 15/08/2018. Cases are only allocated to a Case Worker when there is capacity in their workload to take on the referral, leading in a further delay between the referral and intervention start date. The same 2 week timescale has been included in the Cwm Taf Prevention Manual for the other referral routes, but these have not been agreed formally. Testing of the remaining 13 referrals (with an assessment) sampled established that the assessment from intervention date (date of allocation to Case Worker) to assessment date ranged from the same day to 7 weeks, but on average was approximately 3 weeks. Timescales for allocating referrals to Case Workers ranged from the same day to 3 weeks.	to complete assessments, with a view to agreeing an appropriate revised target, if applicable. Consideration should be given to reviewing the 2 week timescale in place for the other services. 3. Where timescales are not met, the rationale for the missed target date should be documented clearly on Childview. 4. Allocation timescales should be monitored formally.	

| SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.1.5 Medium	Where a referral progresses to an assessment, Case Officers have to complete one of 5 different assessment tools depending on the referral route. • Resilient Family Services - complete the Resilient Family Services Self-Assessment, but this does not cover the requirements of the Youth Offending Service as it doesn't manage risk. • Youth Justice Board - use Asset Plus assessment - this is not entirely suitable but is a well validated tool covering safety and wellbeing. • Multiple Intervention Agency, (Merthyr Tydfil Council's equivalent of Resilient Family Services) - Proportionate Assessment. This assessment is used so that there is parity of service provided to both Resilient Family Services and Multiple Intervention Agency. • Children's Services/Anti-Social Behaviour and Restorative Justice Disposals - use Prevention Assessment Tool. This has been modified and approved by a Professor at the University. • Out of Court Disposals – screening tool. A review of the assessment tools established that the assessments differ widely and are not causation-focussed.	1. Management should consider reviewing the number of assessments in place. Consideration should be giving to drafting a generic assessment tool that covers all referral routes, with a specifically tailored add-on for each separate referral route that covers any specific requirements of the service that is referring and taking into consideration future changes to the way in which prevention services are evidenced and monitored by Youth Justice Board and Welsh Government and future implications for early intervention and preventions contained within the Blueprint for Youth Justice Implementation Plan. 2. Management should review why an assessment was not undertaken for this one case identified.	30 April 2020

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	For a sample of 20 referrals, the appropriate assessment was carried out in full for 19 of the 20 cases. For one referral it was not possible to evidence that an assessment was carried out.		
5.1.6 Low	Each young person referred in to the Youth Offending Services Prevention Team will have an electronic file created on the 'O' Drive. A review of the 19 assessments established that although each young person's electronic file held on the 'O' Drive had stringent naming conventions for the sub-folders, the information was not always retained consistently in the same sub-folder, with some found in 7, Confidential/ETE Information and some in 6. Legal/Reports. There were no consistent naming conventions in place for each assessment tool completed, with each report named slightly differently to others i.e. 'Screening Tool Bureau', 'Screening Tool child's initials.' 'Child's initials Screening Tool date.' It was also established that whilst other reports received are often in a pdf format, the assessments completed are saved as 'word' documents.	1. Management should remind staff that documents should be retained consistently, within the same sub-folders. 2. Management should consider devising a naming convention for each current assessment type, for consistency. 3. Consideration should be given to ensuring that assessments are saved in a pdf format, once signed off and agreed.	30 September 2019
5.1.7 Medium	The Cwm Taf Prevention Manual states that interventions should be 'completed within 6 weeks unless otherwise agreed.' For a sample of 20 referrals cases the intervention was only completed within 6 weeks for 1 case. • A - intervention start date 16/04/2018 - intervention end date 14/06/2018 - (over 6 weeks)	Management should ensure that the young person's record on Childview is updated to reflect that an extension to the 6 week intervention period has been authorised appropriately and the rationale for the extension detailed. Each subsequent review and extension granted should also be documented.	30 September 2019

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	• B - intervention start date 14/06/2018 - intervention end date 03/09/2018 - (over 6 weeks) • C - intervention start date 28/06/2018 - intervention end date 14/12/2018 - (over 6 weeks) • D - intervention start date 16/07/2018 - intervention end date 16/10/2018 - (over 6 weeks) • E - intervention start date 16/07/2018 - intervention end date 13/12/2018 - (over 6 weeks) • F - intervention start date 30/07/2018 - intervention end date 19/09/2018 - (over 6 weeks) • G - intervention start date 06/11/2018 - intervention end date 29/03/2019 - (over 6 weeks) • H - intervention start date 09/05/2018 - intervention end date 29/03/2019 - (over 6 weeks) • I - intervention start date 30/07/2018 - intervention end date 05/11/2018 - (over 6 weeks) • J - intervention start date 27/07/2018 - intervention end date 18/12/2018 - (over 6 weeks) • K - intervention start date 04/09/2018 - intervention end date 04/12/2018 - (over 6 weeks) • L - intervention start date 24/09/2018 - intervention end date 15/02/2019 - (over 6 weeks) • M \ - intervention start date 25/09/2018 - intervention end date 06/02/2019 - (over 6 weeks) • N - intervention start date 18/05/2018 - intervention end date 21/08/2018 - (over 6 weeks) • O - intervention start date 04/07/2018 - intervention end date 30/08/2018 - (over 6 weeks) • P - intervention start date 05/11/2018 - intervention end date		

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	20/12/2018 - (over 6 weeks) • Q - intervention start date 16/11/2018 - intervention end date 070/3/2018 - (over 6 weeks) • R \ - intervention start date 11/06/2018 - intervention end date 06/08/2018 - (over 6 weeks) • S - intervention start date 24/09/2018 - intervention end date 03/12/2018 - (over 6 weeks) • T - intervention start date 11/10/2018 - intervention end date 30/10/2018 - (under 6 weeks). Discussion with the Operational Manager established that 6 weeks is set as a guideline to ensure that interventions are turned around promptly. However, significant work may need to be undertaken with the young person, which may take much longer to complete. Any interventions that exceed the 6 week period would have to be regularly re-assessed and approved within Supervision with the Manager, with authorisation to continue required. However, there is no management trail to support this.		
5.1.8 Medium	Of the 37 evaluations undertaken, (relating to the filtered database sample of 55), all bar 2 were completed by 3 Case Workers, the remaining 2 by a further 2 Case Workers. Case Workers can ask the young person to complete an evaluation, however, it is not mandatory for them to complete one. For Resilient Family Services, project evaluations are required to be undertaken as part of the contract. Of the 6 Resilient Family 3 category cases undertaken this year, only 4 had an evaluation. Discussion with	1. The Case Worker should document on Childview or the Evaluation Form when the young person was requested to complete an evaluation and any reasons they gave for refusing to complete it. 2. Where none or just one of the Case Worker's young persons has undertaken an evaluation, Management should investigate the reason why, in order to establish whether	31 August 2019

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	the Operational Manager established that completion of the evaluation by the young person is still voluntary and they can refuse to complete them. Where an evaluation has not been undertaken, there is no management trail to support that the young person has been asked to complete the evaluation and refused.	due process is being followed appropriately.	
5.1.9 Low	For Resilient Family Services, project evaluations are required to be undertaken and a monitoring form is completed quarterly pulling together the information in an agreed format. For the other evaluations, the Operational Manager reviews the case files and may look at individual cases/evaluations with the Case Officers but any review undertaken is not documented formally. This information is not required to be reported elsewhere; but is just used for management monitoring purposes.	Whilst the outcome of the evaluations are not required to be reported formally, consideration should be given to documenting the management review that has been undertaken and the outcome of that review.	30 September 2019
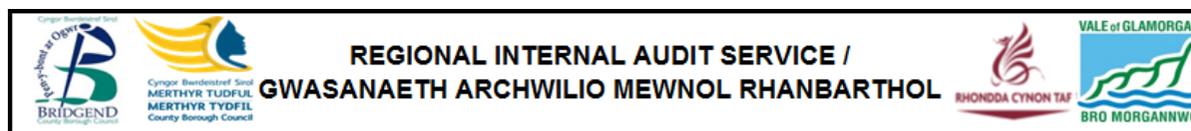
EDUCATION & INCLUSION SERVICES
AUDIT NAME: RHIGOS PRIMARY SCHOOL
DATE FINAL REPORT WAS ISSUED: 18/07/2019

INTRODUCTION

The self-evaluation process is designed to evaluate the effectiveness of a school's financial and governance arrangements. The process requires primary schools to complete a self-evaluation checklist against expected controls.

Rhigos Primary School was last subject to an Internal Audit Review in November 2014 and this is the third cyclical visit made to the school to examine progress made under the self-evaluation process.

The Headteacher has confirmed that this report will be presented to the full Governing Body at their Autumn Term 2019 meeting.

SCOPE & OBJECTIVES

The checklist for non-chequebook primary schools comprises of 101 standards that need to be reviewed. Audit testing was carried out on a sample of standards applicable to the School, using transactions processed during financial years 2018/19 and 2019/20.

The objectives of the review are:

- To review the governance arrangements in place at the School.
- To ensure compliance with Section 175 of the Education Act 2002, this requires Governing Bodies to have arrangements for exercising their functions with a view to Safeguarding.
- To ensure that the School Private Fund is appropriately administered in accordance with the requirements of the 2018 School Private Fund Regulations.
- To ensure that the Purchase Card is being used in accordance with the guidance and procedures issued by the Procurement Service.
- To ensure that all school meal income is identified, received and collected in accordance with Council Policy, arrears regularly reported and followed up and free meals only provided where entitlement has been confirmed by the Council.
- To ensure that all orders raised by the School are appropriate and reflected in the budget, are correctly authorised and comply with Financial Regulations.
- To ensure that all Formula Funding allocations are based on up to date and correct numbers of registered pupils, and an audit trail is maintained to ensure accountability and transparency of the numbers submitted.

- To ensure that the opportunities for unauthorised use of the School's IT equipment are restricted, that computer hardware and software is adequately protected and that the School and Governing Body are appropriately registered under the Data Protection Act 2018.

AUDIT OPINION

Governance

The control environment in respect of Governance is considered to be effective, and there are no findings contained within this report.

All statutory policies and documents were present at the time of the audit. The Headteacher was appointed in January 2018 and a rolling review programme is now in place to ensure that all policies and documents are reviewed and subsequently ratified by the Governing Body in accordance with prescribed timescales.

In accordance with statutory requirements, committee meeting minutes were present at the School and all those reviewed had been signed/initialled by the Chair of Governors.

A Register of Business Interests is in place at the School and declarations were present for all current Governors. The Governing Body is operating at capacity and there are no current vacancies.

Safeguarding & Educational Visits

The control environment in respect of Safeguarding & Educational Visits is considered to be effective, and there are no findings contained within this report.

The School has a Child Protection Policy in place which was last reviewed and presented to the Governing Body in September 2018. This was distributed to all staff and a record maintained of all staff signatures to confirm that they have received, read and understood the Policy.

Level 1 Safeguarding training was found to be up to date in respect of all current staff, with certificates present on the Headteacher's Safeguarding File. There are currently 4 members of staff at the school who have received Level 3 training. Internal Audit is able to provide assurance that all staff at the school received a DBS clearance prior to commencing in post and the School's list of current staff agreed to Vision.

The School use the Evolve system to document and authorise all planned trips and all trips sampled had been submitted for approval within the required timescales.

School Private Fund

The control environment in respect of the School Private Fund is considered to be effective with opportunity for improvement.

The Treasurer maintains an electronic ledger to record all income and expenditure transactions. While this was found to be of an appropriate format and was up to date with the latest income and expenditure transactions, it was noted that the level of detail for both income and expenditure transactions was not always sufficiently recorded.

All expenditure within the sample period was adequately supported with receipts / vouchers. One payment was however noted which falls outside of the scope of the School Private Fund Regulations and should be processed through the School Budget Account in future. This was a payment of £400 to a music tutor in respect of a series of music workshops at the School. It is also acknowledged that appropriate IR35 employment status checks were carried out in respect of this provider prior to them being appointed.

A review of the latest annual statement revealed that it was accurately completed and was submitted to Education Finance in October 2018, which is in

accordance with the deadline included within the School Private Fund Regulations.

<u>Purchase Card</u>

The control environment in respect of the Purchase Card is considered to be effective with opportunity for improvement.

The school has one Purchase Card in operation. All purchases reviewed during the sample period were supported with documentation i.e. receipts, invoices, online orders, and all transactions had been 'reviewed' and 'authorised' on the Barclaycard system. However, it was noted that the Transaction Log is a continuous list of transactions (with no monthly separation) hence the process of reconciliation is more difficult at the end of each billing period. It was also noted that although the school use Amazon and Amazon Marketplace to make purchases, copies of invoices from 3rd party suppliers are currently not requested hence the school only retain copies of the on-line orders.

The purchase card is sometimes used by other members of staff at the School and a card sharing log is in place to record this.

<u>School Meals</u>

The control environment in respect of the School Meals system is considered to be effective and there are no findings contained within this report.

School meals income is recorded directly onto SIMS daily with meal numbers provided daily to Catering staff. Income is banked regularly and catering returns submitted in accordance with guidelines.

The School send both text reminders and letters to parents in respect of dinner money arrears on a weekly basis and arrears at the school are low. Catering Finance are provided with a ½ termly report as required. At the time of the visit there were no pupils with arrears in excess of the 2 week limit.

<u>Purchasing</u>

The control environment in respect of Purchasing is considered to be effective and there are no findings contained within this report.

The majority of purchases are made by the school using the Purchase Card.

<u>Formula Funding</u>

The control environment in respect of Formula Funding is considered to be effective and there are no findings contained within this report.

Pupil numbers were reviewed and no discrepancies were noted.

Implementation of the recommendations contained within this report will enhance the control environment further.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.1.1 Medium	The School have used a music tutor to provide a number of music workshops for the School. While an IR35 assessment was carried out to determine the employment status of this individual (and the status confirmed as 'outside of scope')	Payments to music tutors fall outside the scope of the School Private Fund Regulations and should be processed through the school's budget account in future. The Private Fund should be reimbursed from the School Budget	31 July 2019

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	the tutor was subsequently paid via the School Private Fund. This payment totalled £400 and was paid via a cheque from the School Private Fund.	account.	
5.1.2 Low	The School are using an electronic ledger as detailed within the School Private Fund Regulations. Whilst the format of this ledger is appropriate and was found to be up to date with details of the latest transactions, it was noted that the level of detail for both income and expenditure transactions is not always sufficiently recorded i.e. Payee details recorded however no description of the items purchased.	Care should be taken to ensure that a full description is provided in the ledger in relation to both income and expenditure i.e. description of items purchased etc.	30 September 2019
5.2.1 Low	A transaction log is in place at the School and was found to be up to date with details of the latest transactions. However, this was found to be one continuous list of transactions with no clear distinction from month to month.	The transaction log should be split into monthly periods. This will help in the reconciliation process when comparing individual entries to the Barclaycard system and monthly bank statements. For each monthly period, the log can be printed and retained along with the supporting documentation. Both the Transaction Log and the bank statements should be signed and dated as evidence of when and by whom the reconciliation was undertaken.	30 September 2019

The SUMMARY OF RECOMMENDATIONS: header spans the top of the table.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.2.2 Low	On review of the purchases made using the purchase card it was noted that Amazon is frequently used by the School. In accordance with the guidance issued to Schools, for purchases made via Amazon and Amazon Marketplace the School should request an invoice for all 3rd party companies/suppliers and retain a copy at the school. However, from a sample of Amazon purchases reviewed it was noted that no invoices were present, only copies of the on line orders raised via Amazon.	In accordance with the guidance previously issued, the School should request invoices from all 3rd party companies where purchases are made using Amazon / Amazon Marketplace, and copies retained at the school.	31 July 2019
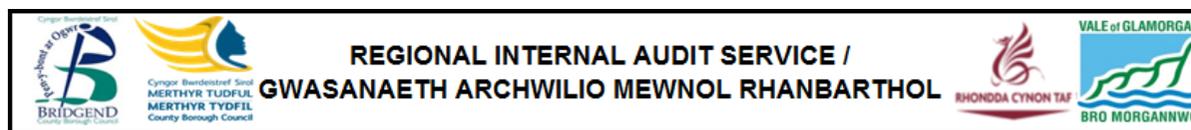
AUDIT NAME: TONYSGUBORIAU PRIMARY SCHOOL

DATE FINAL REPORT WAS ISSUED: 08/07/2019

INTRODUCTION

The self-evaluation process is designed to evaluate the effectiveness of a School's financial and governance arrangements. The process requires primary schools to complete a self-evaluation checklist against expected controls.

Tonysguboriau Primary School was last subject to an Internal Audit Review in November 2014 and this is the third cyclical visit made to the school to examine progress made under the self-evaluation process.

The Headteacher has confirmed that this report will be presented to the full Governing Body at their Autumn Term 2019 meeting.

SCOPE & OBJECTIVES

The checklist for non-chequebook primary schools comprises of 101 standards that need to be reviewed. Audit testing was carried out on a sample of standards applicable to the School, using transactions processed during financial years 2018/19 and 2019/20.

The objectives of the review are:

- To review the governance arrangements in place at the School.
- To ensure compliance with Section 175 of the Education Act 2002, this requires Governing Bodies to have arrangements for exercising their functions with a view to Safeguarding.
- To ensure that the School Private Fund is appropriately administered in accordance with the requirements of the 2018 School Private Fund Regulations.
- To ensure that the Purchase Card is being used in accordance with the guidance and procedures issued by the Procurement Service.
- To ensure that all school meal income is identified, received and collected in accordance with Council Policy, arrears regularly reported and followed up and free meals only provided where entitlement has been confirmed by the Council.
- To ensure that all orders raised by the School are appropriate and reflected in the budget, are correctly authorised and comply with Financial Regulations.
- To ensure that all Formula Funding allocations are based on up to date and correct numbers of registered pupils, and an audit trail is maintained to ensure accountability and transparency of the numbers submitted.
- To ensure that the opportunities for unauthorised use of the School's IT equipment are restricted, that computer hardware and software is adequately protected and that the School and Governing Body are appropriately registered under the Data Protection Act 2018.

AUDIT OPINION

Governance

The control environment is respect of Governance is considered to be effective with opportunity for improvement.

All statutory policies and documents were present at the time of the audit. However for some of the policies it was unclear as to when they were reviewed and presented to the Governing Body due to the lack of information or detail included on the Policy document cover. While this was present on some occasions it was not the case for all policies and documents, although it is acknowledged that a policy review spreadsheet was available at the school.

Sub-committee minutes are currently recorded informally in a Governors Book which is not compliant with statutory requirements, and while a Register of Business Interests has been established there are 4 current Governors who have yet to complete a declaration.

There is currently a Community Governor vacancy on the Governing Body for which the School and Governing Body should continue to canvass to fill.

Safeguarding & Educational Visits

The control environment in respect of Safeguarding & Educational Visits is considered to be effective with opportunity for improvement.

The School has a Child Protection Policy in place which was last reviewed and presented to the Governing Body in November 2018. While the Headteacher confirmed this was distributed to all staff, a record was not available at the time of the visit to demonstrate that each member of staff has received, read and understood the Policy, which is a requirement of the Cwm Taf Safeguarding Board. This was later provided by the Headteacher.

Level 1 Safeguarding training was found to be up to date in respect of all current staff, although certificates are held by individual staff members as opposed to centrally in the Safeguarding File. There are currently 8 members of staff at the school who have received Level 3 training although for 2 of these individuals the training has now expired and should be renewed.

Internal Audit is able to provide assurance that all staff at the school received a DBS clearance prior to commencing in post, although 2 errors were identified between the staff list maintained by the School and the staff recorded on Vision.

The School use the Evolve system to document and authorise all planned trips, however care should be taken to ensure that all trips are updated in accordance with the prescribed timescales as this had not been done for one of the two trips sampled.

School Private Fund

The control environment in respect of the School Private Fund is considered to be effective with opportunity for improvement.

The Treasurer maintains detailed records with an adequate audit trail of all income and expenditure transactions. A manual ledger is maintained and while this was found to be of an appropriate format at the time of the audit it had not been updated for a month, during which time deposits totalling £616.77 and expenditure to the value of £1288.74 had been made/incurred. It was also noted that income in respect of fruit and tuck is collected in some classes but is not deposited with the Treasurer on a timely basis, or intact (as it is used to facilitate further purchases).

All expenditure within the sample period was solely for the benefit of the pupils and was adequately supported with receipts / vouchers. A review of the latest annual statement revealed that it was accurately completed; however it was submitted after the deadline date specified in the School Private Fund Regulations.

Purchase Card

The control environment in respect of the Purchase Card is considered to be effective with opportunity for improvement.

The school has two Purchase cards in operation. All purchases reviewed during the sample period were supported with documentation i.e. receipts, invoices, online orders, and all transactions had been 'reviewed' and 'authorised' on the Barclaycard system. It was however noted that only one Transaction Log is

maintained to record expenditure relating to both cards making it difficult to identify which card was used for each purchase. It was also noted that the Transaction Log is a continuous list of transactions (with no monthly separation) hence the process of reconciliation is more difficult at the end of each billing period. One of the purchase cards is sometimes used by other members of staff although no card sharing log is in place.

Purchase Cards
School Meals

The control environment in respect of the School Meals system is considered to be effective and there are no findings contained within this report.

School meals income is recorded directly onto SIMS daily with meal numbers provided daily to Catering staff. Income is banked regularly and catering returns submitted in accordance with guidelines.

The School send both text reminders and letters to parents in respect of dinner money arrears and Catering Finance are provided with a ½ termly report as required. At the time of the visit there were no pupils with arrears in excess of the 2 week limit.

Purchasing

The control environment in respect of Purchasing is considered to be effective and there are no findings contained within this report.

The majority of purchases are made by the school using the purchase card. Use of the manual 'F111' Official Order Book is limited to occasions where the provider is unable to accept payment via the credit card option.

Data Security & Inventory

The control environment in respect of Data Protection & Security is considered to be effective with opportunity for improvement.

The school is currently registered with the Information Commissioner (expiry date October 2019). School data is backed up daily to RCT servers using an automated process. The School Inventory was previously maintained using the FMS module of SIMS, and discussions at the School revealed that they were no longer able to maintain the Inventory using SIMS as access was no longer available. It has since been confirmed by SIMS Support that access to the facility is still available allowing an up to date Inventory to be maintained. ICT equipment present at the school has been asset registered by RCT. On occasions where equipment is taken off site there is currently no log maintained to record the movement of these items.

Formula Funding

The control environment in respect of Formula Funding is considered to be effective and there are no findings contained within this report.

Pupil numbers were reviewed and no discrepancies were noted.

Implementation of the recommendations contained within this report will enhance the control environment further.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
5.1.1 Medium	While all statutory policies and documents were in place, it was difficult to establish when some of these were reviewed, due be to be reviewed and ratified / presented to Governing Body due to the lack of information or detail included on the Policy document cover. While this was present on some occasions it was not the case for all policies and documents. It was also sometimes difficult to identify this from the Governing Body meeting minutes. There was however a policy review spreadsheet present at the school as evidence that a review process is in place.	Any policies that are updated/amended should be presented to the Governing Body for ratification with a record held of this (recorded via the minutes). Details should be captured on the document covers i.e. date reviewed, date to be reviewed, signed and dated etc.	30 September 2019
5.1.2 Low	The membership of governing bodies is set out in chapter 3 of the Government of Maintained Schools (Wales) Regulations 2005. This specifies that the composition of the Governing Body should consist of either 13 or 17 Governors. It was confirmed in the Instrument of Government that the school's Governing Body should consist of 14 members (this is due to the school requiring a Minor Authority Governor due to the School being in a Local Community Council area). Examination of the current Governing Body structure revealed that there are currently only 13 Governors in post at this time.	The School should continue to endeavour to fill the Governor vacancy as soon as possible.	Implemented
5.1.3 Medium	Section 2.9 of the Scheme for Financing Schools states that: 'Governing bodies are required to establish a register of business interests...which lists for each member of the governing body and the Head Teacher any business interests they or any member of their	A Declaration of Business Interests should be completed on an annual basis which details the business interests of all Governors, the Headteacher and any other staff who may	Implemented

| REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	immediate family have. The register must be kept up-to-date by notification of changes from governors and the Head Teacher, and through an annual review process'. Although a register has been established, it was noted that 4 Governors have yet to complete a declaration for the current year. It was further identified that one Governor had not attended any meetings this academic year.	influence financial decisions at the School. A declaration should be completed immediately in respect of the 4 Governors identified. The Headteacher should liaise with Governor Support regarding the attendance of the one Governor to determine whether this appointment is appropriate going forward.	
5.1.4 Medium	The Government of Maintained Schools (Wales) 2005 Regulation, Part 7 states that: '(2) The minutes of the proceedings must be entered into a book kept for the purpose by the clerk and may be entered on loose-leaf pages consecutively numbered; but in that case the person signing the minutes must initial each page. Signed copies of all minutes are required to be retained at the School'. A review of the records at the school revealed that sub-committee minutes are currently recorded informally in a Governors Book. Good practice would be that these meetings are formally minuted and presented to full governing body and signed by the Chair of Governors.	In accordance with statutory requirements all original, signed documents and minutes (both Full Governing Body and sub committees) should be retained at the school in a central file with each sheet consecutively numbered and signed by the Chair of Governors. These should be presented to the Full Governing Body for discussion and ratification for compliance and transparency.	30 September 2019
5.2.1 Medium	Point 3.1 of the Cwm Taf Safeguarding Children Board (CTSCB) Model Safeguarding Policy (that should be adopted by schools) states: 'The Designated Senior Person (DSP) for Child Protection will...Ensure	The Headteacher should ensure that all staff sign to demonstrate that they have received, read and understood the latest Child Safeguarding Policy.	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	that all staff have signed to say that they have received, read and understood the Child Safeguarding Policy' Discussion at the School revealed that the School's Safeguarding / Child Protection Policy was ratified by the Governing Body and provided to all staff in November 2018. However there was no evidence at the school to demonstrate that staff had received, read and understood the Child Protection Policy.	Good practice would be to introduce a proforma with all staff names included. Following completion this should be retained with the School Safeguarding Policy and held within the Safeguarding file.	
5.2.2 Medium	Section 2.21 of Keeping Learners Safe: The role of local authorities, governing bodies and proprietors of independent Schools under the Education Act 2002 (WAG circular 158/2015) states that: 'Governing Bodies should ensure that all staff and volunteers who work with children undertake appropriate training to equip them with the knowledge and skills that are necessary to carry out their responsibilities for child protection effectively, which is kept up to date by refresher training'. The current requirements for safeguarding training are that Level 1 & 2 needs to be renewed every 3 years and facilitated by RCT with Level 3 being trained every 2 years (in house refresher training can also be provided as and when required by Level 3 trained staff). While the School currently have 8 members of staff who are Level 3 trained, for 2 of these individuals the last training provided was January 2017 and is therefore due for renewal.	The Headteacher should ensure that Safeguarding training is renewed as and when required for all members of staff and those certificates are received and retained accordingly. The School should develop a central training record to formally demonstrate the date and level of safeguarding training alongside individual staff names. This could be incorporated into the Child Protection Policy to allow the assessment of training to coincide with the Policy's annual review.	Implemented

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.2.3 Low	While Internal Audit is able to provide assurance that all staff at the school received a DBS check prior to commencing in post, comparison of the school's list of staff to the Vision system identified 2 inconsistencies between the staff names recorded.	The school should ensure that an up to date record of all staff who work at the school is maintained, with all staff changes notified to Human Resources in a timely manner to allow the appropriate adjustments to be made to Vision.	Implemented
5.2.4 Low	The 'Planning and Approval Procedures for Educational Visits' states that residential visits / adventurous activities must be 'planned and approved using the EVOLVE system at least 28 days before the visit'. Of the 2 trips examination the following had not been updated in accordance with the specified timescales: Llangrannog – May 2019 Date of Trip: 17th to 19th May 2019 Trip Form completed: 29.4.2019 Submitted to EVC: 30.4.2019 Submitted: 30.4.2019 Approved by Head: 30.4.2019 Approved by LA: 30.4.2019	The School should remind all staff that trip information should be collated on a timely basis to allow the EVC Co-ordinator sufficient time to approve and submit the trip to the Local Authority for approval within the laid down timescales.	Implemented
5.3.1 Medium	Section 4.2 of the School Private Fund Regulations states that: 'All monies collected must be banked intact, in order that income can be traced and reconciled to bankings.'	All income received should be banked intact to ensure that it can be traced and reconciled to bankings.	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	Examination of the income records in respect of the current academic year revealed that money is collected in the Nursery and Reception Classes in respect of fruit and tuck. However this income is retained within the classroom to facilitate the further purchase of fruit/tuck items. Large amounts of income were also noted as being deposited with the Treasurer from both classes (in excess of £600 over a 2 month period). These amounts were found to relate to the accrued cash in hand balance being passed for banking. While it is accepted that both classes retain records of the amount received and held, income is being held at the school for longer than necessary and is not being banked intact.	Income from the Nursery and Reception classes should be deposited with the Treasurer on a regular basis, where it can be formally recorded and held securely pending banking. Alternative arrangements should be made in respect of the purchase of fruit/tuck items in future i.e. all payments made by the Treasurer by cheque or the introduction of a small cash float.	
5.3.2 Medium	At the time of the audit review the Private Fund ledger had not been updated for over a month. During this time 3 deposits totalling £616.77 had been made and 8 cheques drawn to the value of £1288.74. The Fund Treasurer reported that the ledger is not updated until the monthly bank statement is received.	All income and expenditure should be promptly recorded on the private fund ledger. These records will then enable an appropriate reconciliation to take place upon receipt of the bank statements.	Implemented
5.3.3 Low	A small cash float was previously in operation at the school. This dates back some 2 years ago and is no longer used, although the remaining balance of £5.63 is still present at the school.	The cash in hand balance should be repaid into the Private Fund account.	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
	SUMMARY OF RECOMMENDATIONS:		
5.3.4 Low	Point 15.1 of the School Private Fund Regulations states: 'The Annual Certificate and Summary of Accounts is to be returned to the Education Finance Team by 31st December each year.' The Annual Certificate and Summary of Accounts for academic year 2017/18 was not submitted to Education Finance until 24th January 2019.	It should be ensured that the Annual Certificate and Audited Accounts are completed and returned to the Education Finance Team by the 31st December each year in line with the Regulations, and following presentation to the Governing Body.	31 December 2019
5.4.1 Medium	The school currently has two purchase cards; one held by the school clerk and the other by the Headteacher. A transaction log is in place at the school and was found to be up to date (with the exception of the most recent transactions). However, this was found to be one continuous list of transactions with no clear distinction from month to month. It is also used for both purchase cards with no clear method of identifying which card relates to each transaction. Little evidence was also available to confirm that a regular reconciliation of the purchase cards has taken place.	The transaction log should be split into monthly periods and separate logs should be used for each card. This will assist the reconciliation process when comparing individual entries to the bank statements. For each monthly period, the log can be printed and retained along with the respective period bank statements and supporting documentation. Both the Transaction Log and bank statements should be signed and dated as evidence of when and by whom the reconciliation was undertaken.	Implemented
5.4.2 Low	Discussion at the school revealed that the purchase card used by the school clerk is 'borrowed' out to other members of staff.	The School should introduce a signing in and out log to be completed when the school's purchase card is borrowed by other members of staff. This will allow the school to identify	Implemented

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION	IMPLEMENTATION DATE
SUMMARY OF RECOMMENDATIONS:			
	However, there is currently no card sharing log in place.	clearly where purchases have been made by staff other than the cardholder.	
5.5.1 Medium	Discussion at the school revealed that as they no longer have access to the FMS module of SIMS, an up to date inventory is no longer available. ICT Services reported that the FMS module of SIMS is still available and accessible to all schools to maintain their inventory. Staff also reported that on occasion staff take equipment such as iPads on school trips, but no log is used to record when and by whom the equipment was taken and returned.	The school should ensure that they review and maintain an up to date inventory of all valuable assets at the school. The Headteacher should liaise with SIMS Support to establish the best way to facilitate this. A signing in and out log should be in place to record instances where staff take school equipment off site.	30 September 2019
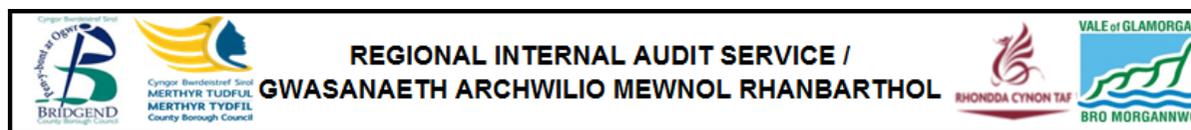
PROSPERITY, DEVELOPMENT & FRONTLINE SERVICES
AUDIT NAME: HIGHWAYS - CAPITAL PROGRAMME C/F
DATE FINAL REPORT WAS ISSUED: 05/08/2019

INTRODUCTION

The Council is committed to providing a structured, co-ordinated and well managed approach to essential highway repairs and maintenance, and delivering high quality, value for money planned improvements throughout the County Borough.

As part of this commitment, the Council inspects, identifies and repairs the roads and footways of the County Borough on a regular basis. This can include various aspects of highways maintenance, from fixing potholes, to designing and implementing new safety schemes, resurfacing roads and footways and renewing kerbing.

The larger projects and works that are identified e.g. road resurfacing, surface treatments etc. form the basis of the Highways Capital Programme, which is agreed annually by Council. These works can be undertaken by either Streetcare or external contractors, dependent on the type of works and timescales.

The management of the Highways Capital Programme is the responsibility of the Service Director, Highways & Engineering.

The management of the Council's Highways Infrastructure forms one of the Council's priorities.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for financial year 2019/20, agreed by Audit Committee, a review of the project management arrangements in place for delivering the Capital Highways Programme was undertaken.

The primary purpose of the review was to provide management with an opinion on the adequacy and effectiveness of the control environment in respect of Highways Capital Programme.

The specific control objective examined was:

- To review the Project Management arrangements in place for delivering the Capital Highways Programmes. This will include: -
    - To review how each project/scheme is identified and prioritised.
    - To review the budget setting process and associated cost management and reporting of progress during the life of each project.
    - Time Management - To review how delivery of each scheme is tracked and reported.
    - Quality Assurance/Inspections of each scheme during and on completion.

AUDIT OPINION

Overall the control environment in respect of the project management arrangements in place for delivering the Highways Capital Programme is considered to be effective with opportunity for improvement.

Budget setting and project/scheme identification/prioritisation

The Highways Network represents the most significant asset of the Council, valued in excess of £3.4bn and comprises of carriageways, footways, structures (bridges, retaining walls, culverts, etc.), street lighting, traffic signals and signs, safety barriers, highway drainage, etc. At its meeting of 6th March 2019, Council approved the budgets for the Highways Improvement Schemes for 2019/20.

Potential schemes are identified in respect of both the Highways network and structures, with preliminary works undertaken if necessary. The rationale behind this is that if funding becomes available from grants etc., the Council has schemes prepared and ready to implement. Once schemes are identified within the Highways Capital Programme, budgeted costs are also provided and works prioritised based on various factors, including weather, traffic flow etc.

Budget monitoring is undertaken throughout the year and reported to designated Officers and Members within the Council. It was identified during the review that the costs for schemes (ER200 & Scheme No. 2014) need to be reallocated to Emergency Repairs as the works undertaken did not form part of the agreed Capital Programme.

Time Management/Quality Assurance/Inspections

A weekly timetable for the year is maintained which monitors and tracks when each scheme is scheduled to be undertaken and the estimated length of time to complete the works. This is updated on an ongoing basis with various update reports provided to Management and elected Members.

It was identified that whilst work inspections are undertaken by supervisors to inspect both on-going and completed works, there is no official final inspection 'sign-off' for works/repairs undertaken, whether the works have been undertaken by Streetcare or by external contractors.

Implementation of the recommendations included in the report will further enhance the internal controls already in place.

SUMMARY OF RECOMMENDATIONS:			
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**	**IMPLEMENTATION DATE**
5.1.1 Medium	Highways Inspectors operate from two depots – Dinas & Abercynon. Currently, inspections should be undertaken by Streetcare Supervisors who carry out inspections for on-going and completed works undertaken by Streetcare staff. Highways Inspectors also carry out ad-hoc inspections to review progress of external works. However, there is no official final inspection 'sign-off' for works/repairs undertaken, whether the works have been undertaken by Streetcare or	Management should determine who is best placed to undertake final inspections and 'sign-off' by inspectors of all works undertaken and completed prior to payments made. Appropriate evidence of this 'sign-off' should then be retained.	31 August 2019

	by external contractors.		
5.1.2

Low | The total allocation of capital resources for the Highways Improvement Schemes, as included in the Capital Programme for 2019/20, is £15.032M and is broken down into various works projects e.g. carriageways, footways etc.

Budget monitoring for each project within the Capital Programme is undertaken, during and after completion of each Scheme. However the following issues were found: -

•   It was identified that Emergency Repair schemes are not being correctly classified for budget monitoring purposes, with one project (ER200 - estimated cost £53,594) allocated to the Capital Programme budget, whereas it should have been allocated to the Emergency Repairs budget.

•   Additional works were completed when undertaking a Capital Programme project (scheme no. 2014 – original estimated costs £73,470, updated estimated costs £107,653). The increase in costs can be attributed to the additional works required when undertaking the original project. However, these have not been clearly identified for budget monitoring purposes (i.e. the streets requiring additional work were not included on the original agreed Highways Capital Programme, so need to be correctly classified). | Management should ensure that work / schemes undertaken that did not form part of the agreed Capital Programme budget are clearly identified and accounted for, and reallocated to the Emergency Repairs budget. | 31 August 2019 |