

## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

### MUNICIPAL YEAR 2015/16

**COMMITTEE:**

**AUDIT COMMITTEE**

**26<sup>th</sup> October 2015**

<b>Item No. 6</b>
<b>Finalised Audit Assignments 2015/16</b>

**REPORT OF:-**

**GROUP DIRECTOR, CORPORATE & FRONTLINE SERVICES**

**Author: Marc Crumbie (Operational Audit Manager)**

**(01443) 680779**

**1. PURPOSE OF THE REPORT**

This report provides Members with a summary of audit assignments completed between the period of the 18<sup>th</sup> August 2015 to the 30<sup>th</sup> September 2015.

**2. RECOMMENDATIONS**

It is recommended that Members review the information contained within the report and:

- 2.1 Seek clarity and explanation where there are areas of concern.
- 2.2 Identify further action to be taken where deemed necessary.

**3. BACKGROUND**

- 3.1 In line with agreed procedures, I attach at **Appendix 1** a summary of audit assignments completed between the period of the 18<sup>th</sup> August 2015 to the 30<sup>th</sup> September 2015.
- 3.2 I have provided Members with the Introduction, Scope & Objectives, Auditor's stated opinion along with a summary of all recommendations made for each audit review completed to final report stage within the stated period.
- 3.3 Members will note that 8 audit assignments have been finalised in the period.

3.4 The audit assignments summarised at **Appendix 1** are: -

**CORPORATE & FRONTLINE SERVICES**

- FLEET MANAGEMENT

**EDUCATION & LIFELONG LEARNING**

- MAESGWYN SCHOOL
- PENGEULAN PRIMARY SCHOOL
- SAFEGUARDING DBS CHECKS IN SCHOOLS
- MAES-Y-COED PRIMARY SCHOOL
- PENDERYN PRIMARY

**CHIEF EXECUTIVE**

- THEATRES
- SICKNESS ABSENCE PROCEDURES

**4. SUMMARY**

4.1 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.

4.2 In doing so, it enables Members to form an opinion on the overall control environment prior to the closure of accounts process for 2015/16.

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**LOCAL GOVERNMENT ACT, 1972**

**as amended by**

**THE ACCESS TO INFORMATION ACT, 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**LIST OF BACKGROUND PAPERS**

**AUDIT COMMITTEE**

**26<sup>th</sup> October 2015**

**Report of the Group Director, Corporate & Frontline Services**

Author: Marc Crumbie (Operational Audit Manager).

<b>Item</b>	<b>File Ref:</b>
6. Finalised Audit Assignments 2015/16	IA / MC

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**FINALISED AUDIT ASSIGNMENTS**

<b>GROUP NAME : CORPORATE &amp; FRONTLINE SERVICES</b>
<b>AUDIT NAME : FLEET MANAGEMENT</b>
<b>DATE FINAL REPORT WAS ISSUED : 19<sup>TH</sup> AUGUST 2015</b>
<p><b>INTRODUCTION</b></p> <p>Fleet Management is an essential component of the Council's front-line services and has a direct impact on the provision of quality services to the residents of Rhondda Cynon Taf.</p> <p>The Council operates a fleet of 440 vehicles, comprising of a wide variety including small vans, lorries, refuse wagons, mobile libraries. The Group Director for Corporate &amp; Frontline Services has overall responsibility for the Council's Fleet, which is managed strategically by the Director of Highways and Streetcare Services.</p> <p>In order to operate the Fleet, the Council must comply with the relevant Road Transport Legislation and is required to satisfy the standards set by the Vehicle &amp; Operator Services Agency (VOSA) in respect of the Operator's Licence ('O' Licence).</p> <p>In addition to the management and maintenance of its own fleet, the Council also has a responsibility to manage and inspect all licensed vehicles (Hackney Carriage and Private Hire) operating across the County Borough.</p> <p>The operational responsibility for controlling the Council's taxi licensing service lies with the Taxi Licensing Section, reporting to the Service Director of Public Health and Protection. The responsibility for undertaking the vehicle inspection process lies with the Fleet Manager, reporting to the Director of Highways and Streetcare Services.</p>
<p><b>SCOPE &amp; OBJECTIVES</b></p> <p>In accordance with the Internal Audit Plan for the financial year 2015/2016, as agreed by Audit Committee, a review of the key controls within the system was undertaken.</p> <p>The primary purpose of the audit review was to provide management with an opinion on the adequacy and effectiveness of the internal control system. The objectives of the review were to ensure that:</p> <ul style="list-style-type: none"> <li>• Appropriate vehicle inspection/'driver defects' protocols and records are in place for Council vehicles that operate under the 'O' Licence;</li> <li>• The process in place dealing with taxi licensing inspections and appeals is appropriate and effective.</li> </ul>
<p><b>AUDIT OPINION</b></p> <p><u>'O' Licence</u></p> <p>The overall control environment in relation to the management of the Council's 'O' Licence is considered to be effective.</p>

Audit fieldwork focussed on 10 'O' Licence vehicles and the corresponding service checks undertaken since April 2014. Assurance can be provided that service checks are being carried out in accordance with the requirements placed upon the Council under its 'O' License i.e. at appropriate intervals, with faults identified, monitored and/or rectified appropriately. Inconsistencies in the completion of VC10 forms were evidenced however; this does not impact upon the overall level of assurance provided.

Taxi Licensing

The overall control environment in relation to the administration of Taxi License inspections is considered to be effective with opportunity for improvement.

Audit fieldwork focussed on the appropriateness of the current procedures and protocols in place.

The protocols in place for Taxi Licensing were found to be appropriate; however, some additional guidance is required, to include the requirement that taxi operators be present during the inspection and completion and retention of documentation.

The process in place for recording inspections was found to be appropriate, however, the process for recording taxi licence challenges was found to be inconsistent, as only 3 cases had been documented and of these 1 had not been counter-signed by the licensee. Moreover, there is no overview of the challenges received, for management information purposes.

Testing also identified that confirmation of attendance at a training course had not been obtained and therefore it was not possible to corroborate that the 6 fitters booked onto the course have undertaken the MOT training for light vehicles.

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

**SUMMARY OF RECOMMENDATIONS:**

<b>REPORT REF. &amp; PRIORITY</b>	<b>FINDING</b>	<b>RECOMMENDATION</b>
<p>5.1.1  Low</p>	<p>For all 10 'O' Licence vehicles selected for review, all had a completed VC10 form to support the process and all were inspected in accordance within the required timescales.</p> <p>Noting the above, a review of the forms completed identified some inconsistencies:</p> <ul style="list-style-type: none"> <li>• There was an inconsistent approach to completing the vehicle information details on the VC10s, in particular, the O Licence review date or last 2 year test date was left blank (albeit this information is recorded in the central database, for monitoring purposes).</li> <li>• One tester did not complete the box with 'n/a' as per the key, but input a 'dash' instead.</li> </ul>	<p>Management should draft a protocol for completing the service check documentation. The protocol should detail;</p> <ul style="list-style-type: none"> <li>• completion of the vehicle information box;</li> <li>• which fields require completion for each type of vehicle i.e. not applicable categories are applied consistently.</li> <li>• reminder that boxes should have a tick, cross, n/a and n/c.</li> </ul>
<p>5.2.1</p>	<p>The protocol for dealing with taxi licence inspections is covered by the Technical Specifications/Conditions of Licence for Hackney Carriages/Private Hire Vehicles. Testing is carried out to the Licensing</p>	<p>Consideration should be giving to drafting a flowchart covering the taxi inspection process. This should include</p>

<p>Medium</p>	<p>National Inspection Standards and the MOT Manual. The process for dealing with Taxi inspection Challenges is also covered within the Technical Specifications/Conditions of Licence for Hackney Carriages/Private Hire Vehicles, supplemented by a flowchart for Vehicle Challenges. There is no flowchart in place to supplement the initial testing process, however.</p> <p>An email was sent by the Fleet Workshop/Contract Manager to all fitters in February 2015 detailing changes to the process, these being that all Category A &amp; B failures have to be checked by another individual and signed off e.g. Charge Hand, Supervisor, another fitter and that when a vehicle fails in either category this must be cross referenced with the corresponding number in the MOT Inspection Manual or Supplementary Tester Manual.</p> <p>Discussion with the Fleet Manager and Fleet Workshop/Contract Manager established that the taxi operator is due to be present during the initial inspection; however, this is not documented in any of the protocols detailed above. Moreover, there is no procedure guide detailing what paperwork is to be completed.</p>	<ul style="list-style-type: none"> <li>• the requirement for taxi operators or nominated representative to be present during the inspection;</li> <li>• the requirement that Category A &amp; Category B failures have to be checked by another individual and signed off e.g. Charge Hand, Supervisor, another fitter;</li> <li>• when a vehicle fails in either category this must be cross referenced with the corresponding number in the MOT Inspection Manual or National Inspections Standard;</li> <li>• what needs to be completed on the Vehicle Inspection Form and;</li> <li>• retention of documents i.e. The Vehicle Inspection Form is completed in triplicate, blue copy stays in the book, yellow is given to the operator; white is retained in an arch lever file, after a copy is faxed across to Ty Elai.</li> </ul>
<p>5.2.2 Medium</p>	<p>Discussion with the Fleet Workshop/Contract Manager established that all staff are trained adequately to undertake inspections. However, due to complaints/challenges from taxi operators that RCT staff carrying out the inspection are not qualified to MOT standard (this is not a requirement), they have approached VOSA with regards to MOT Training for light vehicles. 6 members of staff have now attended 2 days of the 3 day course (3rd day is paperwork/admin for MOTs so not relevant.) At least 90% of the taxi inspections are carried out by those staff who attended the 2 day training. However, it is felt that all staff carrying out inspections are trained adequately.</p> <p>During the audit, it was not possible to evidence that the 6 fitters had undertaken this training. As they only completed 2 of the 3 days of training, they did not receive a certificate and no confirmation of attendance was obtained.</p>	<p>In future, consideration should be given to obtaining documented corroboration from the company providing training that all fitters have undertaken the training provided and were assessed as competent.</p> <p>If taxi operators continue to challenge a licence 'fail' on the basis that staff are not trained appropriately, Management should consider sending out a mailshot to all operators stating that 'all staff have been trained adequately to carry out the inspections and on this basis, any challenge made on this basis, will not be accepted. Only challenges relating to validity of the fault will be accepted.'</p>
<p>5.2.3</p>	<p>Discussion with the Fleet Workshop/Contract Manager established that</p>	<p>As per recommendation 5.2.1, consideration should be</p>

<p>Medium</p>	<p>operators are given a timeslot and are supposed to arrive at that timeslot, but some arrive first thing and drop their keys off i.e. not present during the inspection.</p> <p>Of the 3 'Request for Review of Vehicle Test Result' forms completed, the taxi operator was not present for 2 of the 3 initial tests.</p>	<p>given to drafting a flowchart covering the taxi inspection process. This should include the requirement for taxi operators to be present during the inspection.</p> <p>Consideration should be given to sending a mailshot to all taxi operators stating that inspections will only be carried out if the operator is present.</p>
<p>5.2.4 Medium</p>	<p>The Technical Specification/Conditions of Licence for Hackney Carriage/Private Hire Vehicles 13.6b states that <i>'Where the licensee/proprietor wishes to challenge the result of a test, he/she will be required to complete a form detailing the reason(s) for such a challenge.'</i></p> <p>Discussion with the Fleet Workshop/Contract Manager established that they had received "numerous" challenges to the initial taxi licence inspection; however; only 3 documented challenges could be evidenced. The 'Request for Review of Vehicle Test Result' was attached to the original Vehicle Compliance Check List and was not retained in a separate file.</p>	<p>Management should remind fitters that all challenges to Taxi Licence Inspection fails should be recorded on a 'Request for Review of Vehicle Test Result' Form.</p> <p>Consideration should be given to retaining a copy of 'Request for Review of Vehicle Test Result' Form in a separate folder, for ease of reference.</p> <p>Consideration should be given to keeping a spreadsheet record detailing a summary of all challenges, to include vehicle, date, Taxi Operator, Fitter, reason for challenge and whether it was upheld or overturned. This would facilitate more appropriate monitoring of challenges i.e. is it the same fitters/operators/faults etc., and provide meaningful management information.</p>
<p>5.2.5 Medium</p>	<p>Of the 3 challenges documented, all 3 had been carried out by someone independent of the original testing. However, for the challenge relating to inspection number 002748, the retest was carried out by the fitter who counter-signed the original fault.</p> <p>Of the 3 challenges, for the challenge relating to 002537, the licensee had not signed to confirm that they were present during the retest.</p>	<p>Wherever possible, the fitter carrying out the retest should be wholly independent of the original test.</p> <p>Management should remind fitters that the licensee must sign to confirm that they were present during the retest.</p>

**GROUP NAME : EDUCATION & LIFELONG LEARNING**

**AUDIT NAME : MAESGWYN SCHOOL**

**DATE FINAL REPORT WAS ISSUED : 8<sup>TH</sup> SEPTEMBER 2015**

**INTRODUCTION**

Maesgwyn Special School was last subject to a routine Internal Audit visit in October 2014. Following the presentation of the report to Audit Committee, a follow-up review was requested to ascertain whether recommendations made at the time have been successfully implemented.

**SCOPE & OBJECTIVES**

During the last review, all fundamental financial systems operating at the school were reviewed with particular emphasis given to major sources of school income and expenditure.

The follow up review of Maesgwyn Special School examined the action taken by the Headteacher since the recommendations were agreed in January 2015.

This report provides an opinion on whether Management have successfully implemented the agreed recommendations.

**AUDIT OPINION**

The previous Internal Audit review concluded that the overall control environment was considered insufficient and required improvement. Having now completed our follow up review, the overall control environment is now considered to be effective with opportunity for improvement.

Data Security and Inventory required the most improvement during the last review. All recommendations made for this area have been fully implemented. The school is now registered with the Information Commissioner, the school's equipment / assets are now marked as property of the school for security purposes, and are all recorded on the school's inventory on SIMS and a record is held of equipment that is taken off-site. The school has adopted the Council's Information Security Policy and Internet and Email Acceptable Use policy, which have been agreed by the Governing Body and distributed to all staff.

There is now a record on SIMS of all staff who have received Safeguarding training, on what date, and to what level. The members of staff identified as requiring safeguarding training during the last review still require training, as there has been no additional safeguarding training since then. Also there are new members of staff at the school who also require training; 8 members of staff in total.

A transaction log is now being completed to record all purchase card transactions. There is evidence on the transaction log to demonstrate that it is being checked; however the purchase card bank statements do not demonstrate evidence of being reconciled to the transaction log. Cashbook journals are still being undertaken on a monthly basis upon receipt of the bank statement; therefore SIMS is not up to date.

The Headteacher is now signing all catering and banking returns and signs cheques on a weekly basis. He compares the actual cheques to the cheque run from SIMS to ensure that all details agree prior to signing the cheque, and also signs the SIMS cheque run as evidence of this review.

A new lease has been entered into since the last review, and Education Finance were consulted beforehand. There has been no other building works undertaken, however the school are aware that in future all CIS applicable payments are to be made via Education Finance.

The bank reconciliation process is now undertaken by both the Headteacher and School Clerk. Where virements are required they are recorded and approved beforehand.

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

**SUMMARY OF RECOMMENDATIONS:**

<b>REPORT REF. &amp; PRIORITY</b>	<b>FINDING</b>	<b>RECOMMENDATION</b>
<p>5.1.1 Medium</p>	<p>There has been no additional safeguarding training at the school since the last review, therefore the staff highlighted previously as requiring level 1 training still applies.</p> <p>There are also new members of staff at the school that require training, 8 staff in total.</p>	<p>All members of staff should be provided with level 1 safeguarding training as soon as possible to ensure that they are fully aware of the basic safeguarding requirements. This information should also be documented.</p>
<p>5.2.1 Low</p>	<p>There is no evidence on the Purchase Card bank statements to demonstrate that they are reconciled to the transaction log.</p>	<p>It should be ensured that there is evidence on the Purchase Card bank statements, as well as the transaction log to demonstrate that both documents have been reconciled. The bank statements should also be signed and dated by the person undertaking this reconciliation.</p>
<p>5.2.2 Medium</p>	<p>Cashbook journals are undertaken on a monthly basis (upon receipt of the bank statement).</p>	<p>Cashbook journals should be undertaken for each transaction as soon as possible after they occur to ensure that SIMS is up to date.</p>

**GROUP NAME : EDUCATION & LIFELONG LEARNING**

**AUDIT NAME : PENGEULAN PRIMARY SCHOOL**

**DATE FINAL REPORT WAS ISSUED : 15<sup>TH</sup> SEPTEMBER 2015**

#### **INTRODUCTION**

The self-evaluation process is designed to help and advise Headteachers and their support staff to evaluate the effectiveness of their financial and governance arrangements. The process requires primary schools to complete a self-evaluation checklist against expected controls. Pengeulan Primary School was last subject to an Internal Audit Review in February 2011 and this is the third cyclical visit made to the school to examine progress made under the self-evaluation process.

#### **SCOPE & OBJECTIVES**

The checklist for chequebook primaries comprises of 155 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 2014/15 and 2015/16.

The objectives of the review were;

- 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 and this complies with the School Private Fund Regulations laid down by the Authority and other legislation.
- The Purchase Card is being used in accordance with the guidance and procedures issued by Procurement.
- To ensure that all income due to the Council 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 to and reflected in the budget, correctly authorised and comply with Financial Regulations.

#### **AUDIT OPINION**

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

The School has a Child Protection Policy in place and this is scheduled for its annual review in December 2015 after which it will be re-presented to the full Governing Body for ratification. Training undertaken in respect of Safeguarding was evident with certificates present but a central record of staff training was not provided to the auditor at the time of the visit. A record of DBS checks was in place and was up to date. The School use the Evolve system to document and authorise all planned trips.

Records in respect of the School Private Fund indicate the account is well administered. The Treasurer maintains detailed records, and all income and expenditure transactions had an adequate audit trail. All expenditure incurred is solely for the benefit of the pupils.

Dinner money is updated to SIMS daily and subsequently collected via the Loomis secure collection service. It was also identified that the school are consistently submitting their arrears returns as required and at the time of the visit there were a number of pupils with arrears in excess of the protocols; however, none have been referred to Education Finance for further recovery action as per the School Dinner Money Arrears Recovery Protocol. There was a sufficient audit trail in respect of Purchase Card transactions with an accurate and up to date transaction log being updated as and when transactions occur. Pupil numbers were reviewed and no discrepancies were noted in the latest return completed in January 2015. Implementing the recommendations contained in the report will enhance the current levels of control.

**SUMMARY OF RECOMMENDATIONS:**

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
5.1.1 Low	Review of the Private Fund income records revealed that income is initially recorded onto separate lists for trips, photos and other sources of income and these lists are completed as and when income is received, (although these are not totalled per day).	Care should be taken to ensure that the initial income list is totalled daily with these totals transferred onto the Record of Daily Income. This can then be used to reconcile the income received and banked.
5.2.1 Medium	<p>Review of the school pupil arrears balances revealed that there are three pupils with excessive arrears.</p> <p>It has been confirmed by Finance that whilst arrears returns are submitted regularly as required, the excessive arrears of the pupils identified have not been referred to them for further recovery action in accordance with the protocols.</p> <p>The schools budget has therefore been charged.</p>	<p>Where it is identified that pupils have excessive arrears balances they should be referred to Finance for further recovery action. The referral form is included in the School Dinner Money Arrears Collection Protocol and can be found at Appendix C.</p> <p>This is in addition to the ½ termly returns which are already submitted.</p>
5.3.1 Low	<p>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:</p> <p><i>'Governing Bodies...should ensure that the Headteacher and all other permanent 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'</i></p>	<p>The School should develop a central training record, to demonstrate the date and level of attainment alongside individual staff names.</p> <p>This could be incorporated into the Child Protection Policy to allow the assessment of training requirements to coincide with the policy's annual review.</p>

	While there were certificates retained on an individual basis, no central, collated record of all training undertaken was provided to the auditor at the time of the review.	
5.4.1 Low	From the sample of official orders raised it was noted that the delivery notes showed no evidence of being checked to the order and had not been signed or dated by the person taking receipt.	All delivery notes should be checked to the original order and items listed ticked as confirmation of receipt. The person taking receipt of the delivery should sign and date the delivery notes.

**GROUP NAME : EDUCATION & LIFELONG LEARNING**

**AUDIT NAME : SAFEGUARDING DBS CHECKS**

**DATE FINAL REPORT WAS ISSUED : 24<sup>TH</sup> SEPTEMBER 2015**

**INTRODUCTION**

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

While ESTYN advise that the Council is permitted to place reliance on an existing DBS check from another organisation, the Education & Lifelong Learning Directorate has opted to increase the control environment further by requiring a cleared DBS check (processed by the Council's Human Resources Service) be in place prior to a staff member commencing in post.

Both the Director of Education & Lifelong Learning and the Director of Human Resources acknowledge that there will be circumstances under which a member of staff is required to commence their duties urgently. On such occasions, the Headteacher can seek written approval from the Directors to place reliance on an existing DBS check as an interim measure and in extreme cases verbal approval can be granted; however this would be followed up with written confirmation. A subsequent DBS check completed by Human Resources and in line with procedure will still be completed.

**SCOPE & OBJECTIVES**

The primary purpose of the audit review was to provide management with an opinion on the adequacy and effectiveness of the control systems in place in respect of DBS checks in schools. The objective of the review was to:

- Provide assurance that no members of staff have commenced duties within a school environment without the necessary processes having been followed.

**AUDIT OPINION**

Overall, the control environment is considered to be effective.

Internal Audit has undertaken a review of all 864 employees who commenced in their post in a school environment between the 19<sup>th</sup> April 2014 and the 13<sup>th</sup> April 2015. Analysis to ascertain the level of compliance in respect of ESTYN and Council procedure was performed and is summarised in the table below:

Full compliance with Council procedure	861
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Compliance with ESTYN requirements demonstrated but full compliance with the Council procedure not evident <ul style="list-style-type: none"> <li>i.e. DBS check in place from another organisation but approval from the Director of Education &amp; Lifelong Learning and Director of Human Resources was not obtained prior to the employee commencing in post.</li> </ul>	3
<b>Total</b>	<b>864</b>

The Director of Education & Lifelong Learning has spoken to the Headteachers where the three instances of full non-compliance were identified and they have been reminded of the requirement to fully comply. The level of assurance provided as a result of this Internal Audit review is high. Notwithstanding the above, housekeeping issues were identified during this review with either the DBS check dates missing or the wrong date input into Vision. This proved problematic as it created a number of queries that required resolution with the Human Resources Service. The Education, Human Resources and Internal Audit departments will continue to monitor the application of these procedures rigorously.

**SUMMARY OF RECOMMENDATIONS:**

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
5.1.1 Medium	<p>A list of all staff commencing in a post within a school environment was obtained from the Council's Vision system for the period 19<sup>th</sup> April 2014 and the 13<sup>th</sup> April 2015.</p> <p>From this report it was identified that there were 159 occasions whereby Vision had not been updated appropriately.</p> <p>Examples of this include either the DBS Check Date not being recorded or the wrong date input. As a result, these anomalies were indicating that employees had started in post prior to a check; however when queried with Human Resources, amended information was provided as either the DBS had been received or the wrong date used.</p>	<p>Management should ensure Vision is updated accurately and promptly with the correct details for each DBS check input.</p> <p>Management should undertake regular reviews of this information to ensure that staff are inputting this information as required.</p>

**GROUP NAME : EDUCATION & LIFELONG LEARNING**

**AUDIT NAME : MAES Y COED PRIMARY SCHOOL**

**DATE FINAL REPORT WAS ISSUED : 30<sup>TH</sup> SEPTEMBER 2015**

#### **INTRODUCTION**

The self-evaluation process is designed to help and advise Headteachers and their support staff to evaluate the effectiveness of their financial and governance arrangements.

The process requires primary schools to complete a self-evaluation checklist against expected controls. Maes-y-Coed Primary was last subject to an Internal Audit Review in October 2011 - this is the third cyclical visit made to the school to examine progress made under the self-evaluation process.

#### **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 year 2015/16.

The objectives of the review were:

- 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 and this complies with the School Private Fund Regulations laid down by the Authority and other legislation.
- The Purchase Card is being used in accordance with the guidance and procedures issued by Procurement.
- To ensure that school meals arrears are appropriately monitored and pursued, cash in hand securely retained and income banked on a regular basis.

#### **AUDIT OPINION**

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

The School has a Child Protection policy in place; however, this was last reviewed in December 2013 and has therefore not been reviewed on an annual basis. Training undertaken in respect of Safeguarding was evident with certificates present. While it was reported that the school does have a central record of staff training, this was not provided for review during the visit. A record of DBS checks was in place and was up to date. The School use the Evolve system to document and authorise all planned trips.

Records in respect of the School Private Fund indicate the account is well administered. The Treasurer maintains detailed records, and all income and expenditure transactions had an adequate audit trail. Evidence of a detailed reconciliation was present on the bank statements which the Headteacher also signs and dates. However, it was identified that one of the appointed auditors is also one of the authorised cheque signatories.

Dinner money is updated to SIMS daily (by teaching staff and school clerks directly on SIMS) and subsequently banked promptly; however the weekly

banking and catering returns have not been signed by the Headteacher. The school consistently submit their arrears returns as required and therefore there are no significant outstanding arrears at the school.

There was a sufficient audit trail in respect of Purchase Card transactions; however a number of purchases (on the Barclaycard system) had not been updated to the transaction log therefore indicating that the log is not updated as per guidelines. Supporting paperwork was available for all sampled transactions, although the cash withdrawals pro-forma is not being used where cash withdrawals / payments are made.

Pupil numbers were reviewed and no discrepancies were noted in the latest return completed in January 2015.

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

**SUMMARY OF RECOMMENDATIONS:**

<b>REPORT REF. &amp; PRIORITY</b>	<b>FINDING</b>	<b>RECOMMENDATION</b>
5.1.1 Low	Comparison of the Barclaycard system report of transactions and the school's transaction log revealed that a number of transactions had not been up dated to the transaction log.	The School Clerk needs to ensure that the transaction log is updated with transactions as and when they occur so that there is an accurate and up to date record of all purchase card transactions available at the school.
5.2.1 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:  <i>'Governing Bodies should...have effective child protection policies and procedures in place that are reviewed at least annually'</i>  Although a Child Protection Policy has been developed at the school, this was last reviewed in December 2013 and is not scheduled for review by the Governing Body until December 2015.	The school and its Governing Body should ensure that the Child Protection Policy is subject to review and endorsement (via a Governing Body minute) on an annual basis.
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:  <i>'Governing Bodies...should ensure that the Headteacher and all other permanent 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,</i>	The School should develop a central training record to demonstrate the date and level of attainment alongside individual staff names.  This could be incorporated into the Child Protection Policy to allow the assessment of training requirements to coincide with the policy's annual review.

	<p><i>which is kept up to date by refresher training'</i></p> <p>While there were certificates retained on an individual basis and it was reported that all staff are scheduled to have refresher training in January 2016, no central, collated record of all training undertaken was provided to the auditor at the time of the review.</p>	
<p>5.3.1</p> <p>Low</p>	<p>It was identified that one of the private fund auditors is also a named cheque signatory for the fund.</p>	<p>The School needs to appoint a new auditor, or cheque signatory.</p>
<p>5.4.1</p> <p>Low</p>	<p>Examination of the school's weekly catering and banking returns revealed that they are not being signed by the Headteacher.</p>	<p>The Headteacher should ensure that she checks and certifies the weekly banking returns and catering returns.</p>

**GROUP NAME : EDUCATION & LIFELONG LEARNING**

**AUDIT NAME : PENDERYN PRIMARY**

**DATE FINAL REPORT WAS ISSUED : 30<sup>TH</sup> SEPTEMBER 2015**

#### **INTRODUCTION**

The self-evaluation process is designed to help and advise Headteachers and their support staff to evaluate the effectiveness of their financial and governance arrangements. The process requires primary schools to complete a self-evaluation checklist against expected controls. Penderyn Community Primary was last subject to an Internal Audit Review in June 2011 - this is the third cyclical visit made to the school to examine progress made under the self-evaluation process.

#### **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 year 2015/16.

The objectives of the review were:

- 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 and this complies with the School Private Fund Regulations laid down by the Authority and other legislation.
- The Purchase Card is being used in accordance with the guidance and procedures issued by Procurement.
- To ensure that school meals arrears are appropriately monitored and pursued, cash in hand securely retained and income banked on a regular basis.

#### **AUDIT OPINION**

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

The School has a Child Protection policy in place and this was subjected to its annual review in September 2015 after which it will be re-presented to the full Governing Body for ratification. Training undertaken in respect of Safeguarding was evident with certificates present. A record of DBS checks was in place and was up to date. The School use the Evolve system to document and authorise all planned trips.

Records in respect of the School Private Fund indicate the account administration needs to improve. The Treasurer maintains detailed records, and all income and expenditure transactions had an adequate audit trail. One item of expenditure was identified that should have been financed through the school budget. The school should consider adding a third cheque signatory to the account as this will negate the need for pre-signed cheques, four of which were identified during the review (a practise which is not permitted). Currently the private fund bank statements are received on a quarterly basis resulting in a time delay to identify any erroneous errors / mistakes. At the time of the visit there was a balance on the account in excess of £40,000.00 - it was reported

that an element of this balance was due to be transferred to the school budget account, but the actual amount was unknown at the time. It was identified that the school have not consistently submitted their half termly arrears returns as required. At the time of the visit there were a total of 16 pupils with arrears in excess of the ten meals limit yet it was confirmed by the School and Catering Finance that none had been referred for further recovery action as per the School Dinner Money Arrears Recovery Protocols. One member of staff was also identified as having an arrears balance of -£46.80. There was a sufficient audit trail in respect of Purchase Card transactions but the transaction log was not being updated as and when transactions occur. Implementing the recommendations contained in the report will enhance the current levels of control.

**SUMMARY OF RECOMMENDATIONS:**

<b>REPORT REF. &amp; PRIORITY</b>	<b>FINDING</b>	<b>RECOMMENDATION</b>
<p>5.1.1 Medium</p>	<p>Discussions at the school identified that they did not have a copy of the latest Private Fund Regulations.</p>	<p>The Fund Treasurer should obtain a copy of the latest version of the Private Fund Regulations. These are readily available via the Moodle portal.</p> <p>Copies of the Regulations should also be provided to all members of the Fund Committee and the two appointed auditors.</p>
<p>5.1.2 Medium</p>	<p>Point 18 of the School Private Fund Regulations state that;</p> <p><i>'Schools may receive income which should be correctly banked into the school budget account rather than the School Private Fund. If the income is banked into the School Private Fund a cheque for the same amount must be promptly raised to the school budget account and clearly annotated on the School Private Fund records'</i></p> <p>The most recent bank statement at the school (as at the 25<sup>th</sup> May 2015) identified a balance in excess of £40,000.00. Discussions established that this sum is inclusive of budget income that is yet to have been transferred, although staff were unsure of the definitive amount.</p>	<p>The School must determine the value of all 'school budget' money currently residing in the Private Fund account and ensure that it is transferred in its entirety as soon as possible.</p>
<p>5.1.3 Low</p>	<p>Review of the Private Fund bank statements identified that they are currently received on a quarterly basis.</p>	<p>The School should request that bank statements are issued on a monthly basis.</p>
<p>5.1.4</p>	<p>Discussions at the School identified that there are currently only two</p>	<p>The School should add a third cheque signatory to the</p>

<p>High</p>	<p>cheque signatories for the Private Fund.</p> <p>Problems encountered by staff as a result of the signing arrangements were evident via four pre-signed cheques (numbers 00992, 00993, 00994, 00995) that were retained in the fund cheque book for future use.</p>	<p>Private Fund account. Once the panel of signatories has been updated as required, a copy of the bank mandate should be retained at the school for reference purposes.</p> <p>The practice of pre-signing a 'stock' of cheques should cease with immediate effect.</p>
<p>5.1.5 Low</p>	<p>Review of the expenditure incurred through the Private Fund identified the following item which is considered outside of the scope of the SPF Regulations:</p> <ul style="list-style-type: none"> <li>• 19.3.2015 - Mole Control - Cost: £70.00</li> </ul>	<p>In accordance with the School Private Fund Regulations (Appendix 1), the activity detailed does not fall within the scope of the fund and therefore alternative arrangements should be made to process these transactions in future.</p> <p>The School budget should reimburse the Private Fund for the full cost of this item.</p>
<p>5.2.1 Medium</p>	<p>Review of the school pupil dinner money arrears identified that at the time of the visit, there were 16 pupils whose arrears exceed the £24 (10 day) limit with a combined total of £994.79.</p> <p>Catering Finance confirmed that the arrears of the pupils identified have not been referred to them for further recovery action in accordance with the protocols. The schools budget has therefore been charged.</p> <p>Review of school staff arrears balances also identified one member of staff with an arrears balance of -£46.80.</p>	<p>Where it is identified that pupils have excessive arrears balances they should be referred to Catering Finance for further recovery action. The referral form is included in the School Dinner Money Arrears Collection Protocol at Appendix C.</p> <p>This requirement is in addition to the half termly returns which must be submitted every half term.</p> <p>The outstanding staff meal balance should be recovered as soon as possible and no further meals permitted until payment has been received.</p>
<p>5.3.1 Low</p>	<p>Discussions with the school clerk identified that she does not update the Purchase Card transactions log as and when transactions occur. Instead it is updated just prior to the Barclaycard system being updated as part of the monthly reconciliation process.</p>	<p>The School Clerk needs to ensure that the all purchase card transactions are recorded on the transaction log as and when they occur. This log can then be compared to the entries on the Barclaycard system as required each month.</p>

**GROUP NAME : CHIEF EXECUTIVE**

**AUDIT NAME : THEATRES**

**DATE FINAL REPORT WAS ISSUED : 2<sup>ND</sup> SEPTEMBER 2015**

#### **INTRODUCTION**

The Council operates two theatres within the County Borough - The Coliseum in Aberdare and the Park and Dare in Treorchy. The venues offer a wide range of professional performing arts, including traditional and contemporary drama, ballet and dance, opera and popular music, as well as comedy and cinema. The theatres also support a number of amateur events presented by local amateur arts groups including choirs, community dance and musical theatre.

#### **SCOPE & OBJECTIVES**

In accordance with the Internal Audit plan for 2015/16, agreed by Audit Committee, a review of the Council's theatres was undertaken. The primary purpose of the review was to provide Management with an opinion on the adequacy and effectiveness of the internal control systems operating at the theatres. The specific control objective was:

- To examine the effectiveness of controls operating within key financial systems at the Coliseum and Park and Dare

#### **AUDIT OPINION**

Overall, the control environment relating to financial management within the Council's Theatres is considered to be effective with opportunity for improvement.

The income systems established by the Theatres are largely robust, and where applied consistently, operate well. Income control records for a sample period at the Park and Dare were transparent and detailed, but those at the Coliseum were less so.

The review has identified an ongoing issue in respect of the e-procurement system and the subsequent payment of invoices. Both Theatres have raised and receipted their orders as required, but have processed their invoices via 'batch' without linking to the ordering system. A housekeeping exercise is required alongside Procurement colleagues to ensure that all orders currently showing as 'outstanding' are cleansed as soon as possible. The payment of invoices is being undertaken by Staff at both venues, with batches often spread between Coliseum and Park and Dare, splitting the audit trail.

Three Purchase Cards used in respect of the Theatres were examined, with invoices/receipts retained to support expenditure incurred. It was noted that two of the three cardholders do not maintain any transaction logs for their spend and they also lacked information relating to the movement of the card when occasionally shared with other members of staff to make purchases on the service's behalf.

Both venues have a published pricing structure for their auditoria/room hire, with documented criteria for discounted rates. It was evident from a sample of hires that the costs charged were consistent with the published rates. Formal requests for payments are administered via the Sundry Debtor system. The format and extent of information captured in respect of hires was less consistent, with examples of detailed forms completed on Outlook on occasion,

compared to relatively blank event forms or brief narratives.

Implementing the recommendations contained within the report will improve the overall control environment in place at both Theatres.

**SUMMARY OF RECOMMENDATIONS:**

<b>REPORT REF. &amp; PRIORITY</b>	<b>FINDING</b>	<b>RECOMMENDATION</b>
<p>5.1.1 Medium</p>	<p>Examination of a sample of income control sheets identified several issues, particularly in relation to those held at the Coliseum:</p> <ul style="list-style-type: none"> <li>• Sheets were, on occasion, partially completed so it was not always evident where the income related to.</li> <li>• Cashiers and Duty Managers are not routinely signing off the monies recorded for the shift.</li> <li>• Till receipts showing the total takings for the shift in the Bar and Kiosk are not routinely retained. (Total control sales reports are run the following day and are used to substantiate the manual income sheet).</li> </ul>	<p>Income control sheets should be completed in full, to indicate when and where the income related to.</p> <p>All sheets should be signed by the cashier and Duty Manager to confirm that the amount recorded agrees to the tills once cashed up or that a variance has been identified and investigated.</p>
<p>5.1.2 Low</p>	<p>During the sample period of July 2015 examined at the Coliseum Theatre, no income was banked between the 2<sup>nd</sup> and 17<sup>th</sup> July as a result of the Administration Officer (who performs this task) being away on leave.</p> <p>Upon their return, income sheets spanning the 15 days were verified, an e-return completed and the sum of £1813.70 (£88.85 cheque) was banked. No interim arrangements had been put in place for this task to be undertaken in the administration officer's absence.</p>	<p>Management should ensure that there are interim arrangements in place for the verification and banking of income where the administration officer is unavailable for an extended period.</p>
<p>5.1.3 Medium</p>	<p><u>Purchasing</u> Examination of purchasing documentation at both of the venues identified examples of orders that had evidently not been raised via the e-procurement system.</p> <ul style="list-style-type: none"> <li>• Molson Coors (order ref 24/06 SXHENNES) – paid via batch 00236284</li> <li>• Holdsworth (no order ref) – paid via batch 00235004</li> </ul> <p>It should be noted that one of the suppliers, Holdsworth, is part of the</p>	<p>An official order should be raised in all cases where a commitment to expenditure is known in advance. All orders should be authorised as a required, and a copy available at the venue to compare to the subsequent delivery and invoice.</p> <p>Management should liaise with the Procurement Team in order to undertake a housekeeping exercise of all orders currently on the system.</p>

	<p>Council's e-invoicing programme.</p> <p>In addition to the above, sample testing identified occasions where invoices relating to e-procurement orders are batched and paid via Creditors (rather than invoice order matched on the system).</p>	<p>Staff training should be sought to ensure that those responsible for the processing of invoices are able to use the 'invoice-order-match' function as required.</p>
<p>5.1.4 Medium</p>	<p><u>Purchase Card</u></p> <p>Two of the cardholders examined confirmed that a transaction log, to document all expenditure incurred on the card, is not maintained. The third has a transaction log.</p>	<p>Details of all purchase card transactions should be recorded on individual transaction logs as and when they occur, and cross referenced to their respective invoice/receipt.</p> <p>The record should then be reconciled to the Barclaycard system on a monthly basis, by both the cardholder and the identified authoriser.</p>
<p>5.1.5 Low</p>	<p>There have been occasions where each of the cardholders examined have shared their card with other individuals. A record of this is not routinely maintained</p>	<p>On occasions where a member of staff other than the cardholder require the use of the card, a signing in/out record should be maintained.</p>
<p>5.1.6 Low</p>	<p><u>Bars</u></p> <p>While both of the Theatres have wastage records that are maintained behind the bar, none of the entries in the Coliseum are being verified by the Duty Manager even though there is provision for them to do so.</p> <p>In the Park and Dare, all entries were signed as required, but testing identified that there were two days (6<sup>th</sup> and 25<sup>th</sup> June) on which the bar was open but no wastage was recorded.</p> <p>Both Theatres utilise an external stock taker to undertake a six weekly check of stock levels in the kiosk and bar.</p> <p>Discussions established that the emailed reports from the stock take are reviewed, but evidence of this review is not currently retained.</p>	<p>Duty Managers should ensure that all wastage entries are authorised at the end of each shift as required.</p> <p>For completeness, an entry for each day that the bar facility is open should be recorded, even if there has been no wastage that day.</p> <p>Management should ensure that the stock reports produced are reviewed upon receipt, and a copy is signed, dated and retained to demonstrate this.</p>
<p>5.1.7 Medium</p>	<p><u>Hire of Rooms</u></p> <p>Of a sample of room hire and auditoria use, it was identified that neither of the Theatres use a consistent format to record the requests for the use of</p>	<p>A standard booking form should be developed and used at both venues. This should provide full details of each booking and demonstrate a link to the billing</p>

	<p>their facilities. A form has been devised via Outlook, but the extent to which this was used and populated differed for each booking examined.</p>	<p>process/receipt of income.</p> <p>Terms and Conditions relating to the use of the Theatres facilities should be devised and provided to all hirers. Confirmation of their acceptance of these should be obtained and retained via the booking form.</p>
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**GROUP NAME : CHIEF EXECUTIVE**

**AUDIT NAME : SICKNESS ABSENCE PROCEDURES**

**DATE FINAL REPORT WAS ISSUED : 2<sup>ND</sup> SEPTEMBER 2015**

#### **INTRODUCTION**

Absenteeism is, for most employers, a common problem, which needs to be dealt with consistently. Rhondda Cynon Taf Council is no exception to this. Whilst the Council accepts that its employees are its most valuable resource, it also recognises that if employees spend less time at work than they are contracted to do, there is a direct effect on the service that can be provided to the Community. The Council has therefore determined that the control of sickness absence must be given high priority and in so doing, have developed a Sickness Absence policy in accordance with the advice of the National Joint Councils.

The Council acknowledges that the issues cannot be regarded purely as a Management problem. To deal effectively with sickness absence, Managers, employees and their representatives will need to work together to ensure that sickness absence is monitored and controlled and that there is fair and consistent treatment of all the Council's employees.

The Sickness Absence policy is designed to help minimise disruption to work, to ensure that all sickness absence is monitored and managed and that employees are treated sympathetically and equitably.

#### **SCOPE & OBJECTIVES**

In accordance with the Internal Audit plan for 2015/16, agreed by Audit Committee, review of the application of the Council's Sickness Absence Policy was undertaken.

The primary purpose of the review was to provide Management with an opinion on the adequacy and effectiveness of the internal control systems regarding sickness absence. The specific control objective was:

- To ensure that the Council's Sickness Absence Policy is being consistently applied by Managers and to ascertain any reasons for persistent non-compliance (if identified during testing).

#### **AUDIT OPINION**

Overall, the Council's governance arrangements in relation to sickness absence are considered to be effective with opportunity for improvement.

The Council has a detailed policy, which sets out the guidelines under which all Staff and their Managers should operate. Expectations in respect of sickness absence and how the procedures should be recorded via the Vision system have been formally communicated via the policy document and user guide. Monthly reporting arrangements are in place that provide details of sickness levels on a Group and Divisional level, as well as non compliance with key aspects of the policy for each of the Group Directors.

A sample of 50 absences was chosen and examined in detail on the Vision system. Information recorded by Management in respect of these was checked

to ensure that the absences were consistently documented and that compliance with the policy was evident. Notifications in respect of Day 1 and Day 4 were, on the whole, recorded as required, with the necessary detail captured for these initial stages of absence. However, examples of inaccuracy and a lack of completeness were evident in the recording of subsequent policy requirements. Testing identified examples of poorly documented medical certification, with gaps in the date ranges provided and accompanying notes that were contradictory or unclear. 25 of the 50 Return to Work Interviews completed were undertaken promptly as required, within 7 days of the employee returning to work. Where triggers (generated when employees exceed determined absence tolerances) examined from the sample had been resolved, there were examples of detailed notes from Managers that illustrated the action taken and associated rationale. However, the non completion of the remaining 'Return to Work Interviews' and the extent to which triggers are demonstrably addressed was inconsistent overall. For absences which lacked an interview or indeed the resolution of any associated triggers, there is limited assurance that the policy has been applied as required.

The extent to which some areas of the Council are not managing sickness needs to be resolved. This audit attempted to establish reasons why Management are not addressing key actions such as completing the Return to Work interviews and resolving triggers, but there were no evident root causes that could be categorised, (such as technical difficulties or an inability to use the Vision system).

Strong, clear messages are required from each Group Director to reinforce the requirements of the policy.

**SUMMARY OF RECOMMENDATIONS:**

<b>REPORT REF. &amp; PRIORITY</b>	<b>FINDING</b>	<b>RECOMMENDATION</b>
<p>5.1.1</p> <p>Low</p>	<p>Point 2.2 of the Sickness Absence policy states that: <i>If at day 4 of the absence, the employee is still unable to return to work they must again telephone their Manager...the Manager receiving the telephone message will update the Vision system accordingly</i>’.</p> <p>Of a sample of 50 absences selected for testing, the following were noted:</p> <ul style="list-style-type: none"> <li>• 3 occasions where there was no Day 4 notification recorded.</li> <li>• 3 occasions where there was a delay in recording the Day 4 notification.</li> </ul>	<p>Managers should advise all their Staff that should they be unable to return to work by Day 4 of the absence, they must telephone to advise of the reason for their ongoing absence, and the earliest expected end date.</p> <p>The Manager receiving the message should update the Vision system accordingly, without delay.</p>
<p>5.1.2</p> <p>Medium</p>	<p>Of the 50 sampled absences, it was recorded on Vision that 7 SA3s (Self Certification Forms) were yet to have been received by Management.</p> <p>A total of 4 SA3s could not be located, 2 of which were recorded as having been received by Management on Vision.</p>	<p>Management should ensure that all Staff complete an SA3 form where an absence is self certified for the first seven days. The form should be authorised by the line manager and provided to Payroll.</p> <p>Managers should ensure that Vision is updated to reflect that the SA3 form has been completed.</p>

<p>5.1.3 Medium</p>	<p>35 of the 50 sampled absences extended beyond the seven day self certification period and so required a fit note from a doctor.</p> <p>Examination of the recording of medical certification for the 35 absences identified the following:</p> <ul style="list-style-type: none"> <li>• Periods of absence unsupported by a certificate</li> <li>• Overlaps and duplications of medical certificates</li> <li>• Unclear/contradictory notes</li> <li>• Examples where narrative indicates Management are awaiting documentation, but whether this was subsequently received is not evident</li> </ul>	<p>Managers should be reminded of the need to ensure that notifications are input accurately and clearly.</p>
<p>5.1.4 Medium</p>	<p>Point 2.4 of the Sickness Absence Policy states that: <i>'Arrangements will be made to interview staff upon their return, and unless wholly impractical, within 7 days of their return to work. If practical, the return to work interview should be conducted on the first day following the absence'</i></p> <p>Of the sample of 50 absences chosen for testing, it was identified that 25 did not have a return to work interview completed. Those completed, were done so within the required timescales.</p>	<p>All Managers should be reminded of the need to ensure that return to work interviews are completed for all absences and in a timely manner.</p>
<p>5.1.5 Medium</p>	<p>Collectively, there were a total of 89 triggers generated as a result of the 50 absences examined during testing.</p> <p>Only 39 of them had been resolved by Management.</p> <p>In addition, there were instances where triggers had been resolved, but in the absence of detailed narrative in the resolution tab, or the completion of a return to work interview, it was not apparent on what basis decisions were made.</p>	<p>When undertaking a return to work interview, Managers should address any triggers concurrently.</p>
<p>5.1.6 Medium</p>	<p>Point 7 of the Sickness Absence Policy states that: <i>'A referral to the Council's Occupational Health and Wellbeing Unit will take place where the employee's absence extends beyond a period of 28 days via the electronic SA5 form.'</i></p>	<p>Managers should be reminded of the need to refer employees to the Council's Occupational Health and Wellbeing Unit where necessary via the electronic SA5 form where the absence extends beyond 28 days.</p>

	<p>23 of the 50 absences sampled were in excess of 28 days, but only 6 had evidently been referred to the Occupational Health Unit.</p> <p>11 absences had unresolved triggers related to the long term absence. The remaining 6 had been resolved as 'No further action' or 'Monitoring period set', with varying degrees of information documented to explain the decision made.</p>	<p>Where Management do not consider a referral to be necessary under the individual circumstances, Vision should be used to document an explanation for this decision.</p>
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***\*NOTE: our Internal Audit review was undertaken prior to the implementation of the Council's revised sickness absence Policy. The principles of compliance however; remain the same.***

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