RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2015/16

COMMITTEE:

AUDIT COMMITTEE

31st March 2016

Item No. 7
Finalised Audit Assignments 2015/16

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 1st January 2016 and 11th March 2016.

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 1st January 2016 and 11th March 2016.

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 13 audit assignments have been finalised in the period.

4. <u>SUMMARY</u>

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.

****

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

31st March 2016

Report of the Group Director, Corporate & Frontline Services
Author: Marc Crumbie (Operational Audit Manager).

Item   **File Ref:**

7.   Finalised Audit Assignments 2015/16   IA / MC

        Contact Officer: Marc Crumbie
                             Operational Audit Manager
                             Bronwydd House
                             Porth
                             CF39 9DL
                             Tel. No. (01443) 680779

This page intentionally blank

APPENDIX 1 – FINALISED AUDIT ASSIGNMENTS

CHIEF EXECUTIVE
AUDIT NAME: ELECTORAL REGISTRATION SERVICES
DATE FINAL REPORT WAS ISSUED: 24/02/2016

INTRODUCTION

Each year the Electoral Registration Officer must publish a new full Register of Electors, normally for publication on the 1st December.

The annual canvass takes place during the period of July-November in order to identify the people eligible to vote in local and Parliamentary elections.

Household Enquiry Forms (HEFs) are sent to each property requesting this information, with subsequent reminders sent and visits made to non-responders. The HEFs typically request the names of all people who live at each property who are:-

- 16 years of age or older;
- British, Irish or qualifying Commonwealth citizens; or
- Citizens of a European Union Member State.

As well as being used for elections, this register is used by credit reference agencies when people apply for credit.

It is the law that every house must complete the form, even if those residents are ineligible due to Nationality. Failure to not complete the form could result in a fine of up to £1,000 and giving false information could result in an unlimited fine and /or up to six months in prison.

Responses can either be returned by post, internet, text, via the electronic portal or direct to canvassers who obtain the information from door-to-door enquiries.

The returned HEF forms are not sufficient in order to register new electors. These people will be sent an Invitation to Register (ITR) form to provide additional information such as Date of Birth and National Insurance Number. Once received (electronically or by post) the information provided is cross-checked against the Department of Work & Pensions Database. If the data matches, then the new elector can be added to the register, additional checks will be required if the data does not match.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for the Financial Year 2015/16, a review of Electoral Registration was undertaken. The specific control objective examined was to ensure that:-

- The annual canvass of electors is being administered in accordance with the requirements placed upon the Service.

AUDIT OPINION

Overall the control environment in relation to the administration of the annual canvas of electors is considered to be effective with opportunity for improvement.

The review established that the most recent annual canvas complied with the Registration guidance issued by the Electoral Commission. From a sample of

Household Enquiry Forms (HEFs) issued and returned from households it was noted that :-

- The design of the HEF fully complied, for example:
    - It was printed on A3 paper and folded to make an A4 booklet.
    - Where information was known the HEFs were pre-printed with information about each person registered at that address.
    - The back page of the HEF included statutory wording about the electoral and open register.
    - The HEF contained a statement regarding the Data Protection Act 1998.
    - A covering letter accompanied each HEF.
- Canvassers were employed to deliver HEFs to properties in the registration area between the 1st July 2015 and 30th November 2015.
- Examination from a sample of 178 HEFs returned noted that 5 had not been correctly processed.

SUMMARY OF RECOMMENDATIONS:

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
5.1.1 Medium	When the Household Enquiry Forms (HEFs) were received as part of the annual canvas they were sorted into forms requiring 'changes' or 'no changes'. 3 batches requiring no changes consisting of 158 HEFs were examined to ensure that no changes were indicated on the forms. It was established that 2 HEF's indicated changes to be made but they were not processed: • XX High St, Cymer - HEF indicated a name to be added to the register, not actioned. • XX Regent St Treorchy - HEF indicated name to be removed from register, not actioned. A further 20 HEFs 'requiring changes' were examined to ensure that each had been correctly processed, the following issues were noted: • XX Phillip St Pontypridd - HEF indicated 2 names to be removed which was actioned correctly and a name to be added this was not actioned. • XX Bank St Penygraig - HEF indicated a postal vote required. This was not actioned. • XX New Bryn Terrace Porth - HEF indicated the option not on open register, this was not actioned.	The incorrectly processed HEFs identified should be correctly actioned and thereafter, care should be taken to ensure that all HEFs received are correctly processed. Management should further sample HEFs received in each 'category' to confirm whether changes requested have been actioned appropriately.

AUDIT NAME: HERITAGE SERVICE

DATE FINAL REPORT WAS ISSUED: 01/03/2016

INTRODUCTION

Rhondda Heritage Park is a tourist attraction which offers an insight into the life of the coal mining community that existed in the Rhondda until the 1980s.

Visitors can experience the life of the coal miners on a guided tour through one of the mine shafts of the Lewis Merthyr colliery. Tours are led by former colliery workers.

Rhondda Heritage Park exists on the site of the former Lewis Merthyr Colliery as a testament to the coal mining history of the Rhondda Valleys, which until the end of the 20th century was one of the most important coal mining areas in the world.

The Visitor Centre houses an art gallery, a cafe and gift shop, along with an indoor 'period' reconstructed village street displaying the commercial and domestic life of the valleys.

SCOPE & OBJECTIVES

In accordance with the Internal Audit plan for 2015/16, a review of the Heritage Service 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 Rhondda Heritage Park. The specific control objective was:

- To examine the effectiveness of controls operating within key financial systems at the Heritage Park.

AUDIT OPINION

Overall, the control environment relating to the Rhondda Heritage Park is considered to be insufficient and requires improvement.

Income

The method by which income is received is inconsistent. The Civica Webpay system was introduced in July 2015. Although Webpay has been installed on three PCs, the Barclaycard device was still being used at the time of the Audit visit. There is also a requirement to complete an E-return which in the past has been problematic for the Park, a problem which is alleviated using Webpay, as income is recorded in the ledger without this requirement.

Audit testing identified that income totalling £119.95 collected on the 24th July 2015 is unaccounted for. Although the Income Control records for the day were transparent and detailed, staff at the Park were unaware of this anomaly until September 2015 when it was brought to their attention by the Council's Bank Reconciliation Team. This, together with the lack of CCTV footage available, means there can be no satisfactory conclusion as to the whereabouts of the missing amount. Management should therefore tighten the controls currently in place to ensure that this does not occur again.

Hire of Rooms

Although the venue has a published pricing structure in place for the hire of the facilities, it was established that it does not include payment terms and conditions for the hire. Formal requests for payments are administered via the Sundry Debtor system and testing identified instances where hire by organisations had not been paid for in advance as required by the Council's Financial Procedure Rules. Furthermore, there were also a number of payment requests yet to be made for hire of the conference facilities dating back over 6 weeks.

Gallery

There is no written agreement in place between the Heritage Park and Artists displaying their work in the gallery.

Shop Stock Control

There is inappropriate access and stock control in place. Items are not always stored securely.

The stock records are inaccurate and one item on sale in the gift shop was priced up differently to that on the till system.

A secure stock room should be created and Management should ensure that a full stock check is undertaken as soon as possible, with any discrepancies between stock levels / prices investigated.

Purchasing

The review has identified an inconsistent Purchasing system. Sometimes the Council's E-procurement system is used, sometimes an official order book is used and one example was noted whereby an official order was paid using the Purchasing Card.

The Official Order book had also been shared with the Council's Arts Service, which is not recommended.

Management should determine a formal purchasing procedure for the Park and ensure that the necessary controls are adhered to i.e. there is currently an absence of a formal check of the goods received and therefore the Park could pay for items not received, or even ordered which ultimately will have a detrimental effect on the Park's budget.

Purchase Card

In respect of the Purchase Card, testing of expenditure identified that whilst invoices/receipts are retained to support the expenditure incurred, the card holder does not maintain a transaction log of spend.

Site Security

Access to the building keys / safe should be restricted to Designated Senior Officers employed by the Heritage Service. There are currently 5 members of staff who have access.

The recommendations made within this report will provide the Heritage Manager with the opportunity to enhance the standard of financial administration through their implementation.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
5.1.1 Medium	Income The Civica Webpay system was introduced at the Park in July 2015. The Civica system automatically distinguishes between a credit / debit card and calculates the surcharge to be added to the customer (where a credit card is used). Income including the surcharge income is then recorded in the ledger without the need for an e-return. Although Webpay has been installed on three PCs at the Park (2 in reception and 1 in the Finance	Management should ensure that the use of the Barclaycard device ceases with immediate effect and only the Civica Webpay terminals are used.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
	Office), the Barclaycard device was still being used at the Park at the time of the Audit visit.	
5.1.2 Medium	An amount of money went missing from the Park relating to income collected on the 24th July 2015. The Park was made aware of this anomaly during September 2015 by the Council's Bank Reconciliation Team. An internal investigation has since reached no conclusion. Whilst there are set end of day procedures in place to cash up both shop tills and the necessary paperwork was completed, it was established that the missing £119.95 was in respect of admissions income taken that day. It was evident that the amount had been taken from the till and included in the cashing up procedure as the cash denomination had been declared on the end of day income reconciliation sheets. However, no bank paying in slip was completed and the income was not placed in the secure collection bag. In the absence of being able to view the CCTV footage for the day, (as this is only available for a 6 week period) there is no realistic chance of establishing a satisfactory conclusion in relation to whether any financial irregularity occurred.	Management should ensure that all appropriate staff at the Park are reminded that they are accountable when handling and reconciling all income collected for banking. The Heritage Manager should ensure that robust written procedures are developed and implemented as a matter of urgency. Although it is accepted that there is a document currently in place, the document should be enhanced to include all aspects of the Park's Financial Management.
5.1.3 Medium	Hire of rooms Whilst there is a pricing policy for the hire of conference facilities in place at the Park, the following was noted: • Conditions of hire do not state payment terms and conditions. • Costs do not state whether VAT is included. • Costs include £0.30 pp for a tea or coffee on arrival and £20 for tea / coffee making facilities up to 30 guests all day - which no longer applies.	The Park should update its Venue / Room Hire policy as soon as possible. Management should also ensure that Staff familiarise themselves with the changes.
5.1.4 High	7.2a of the Council's Financial Procedure Rules states that *'......all efforts must be made to obtain income in advance of supplying goods or services'*. At the time of the Audit review, the Finance Officer was in the process of issuing 32 invoices for room hire, all of which were in retrospect, and dating back to	In order to comply with the Council's Financial Procedure Rules, payment for room hire

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
SUMMARY OF RECOMMENDATIONS:		
	September. Although it was established that the Finance Officer had recently been off work for 5 weeks, delays prior to this absence were also noted.	should be requested in advance.
5.1.5 Low	A list of all Sundry Debtor invoices raised during the current financial year was obtained from the Credit Management Team. Examination of the report identified 2 examples of invoices which had been raised for room hire using the incorrect VAT Code, (i.e. the customers were charged standard rated VAT and not exempt).	Care should be taken to ensure that VAT is correctly accounted for where applicable.
5.1.6 Low	Gallery Discussions with the Heritage Manager identified that there is currently no written agreement between the Artists and the Heritage Park in respect of items displayed at the gallery.	Formal Terms and Conditions for all Art Exhibitions should be formulated.
5.1.7 Medium	Shop Stock Control High value items of gift shop stock such as alcohol, silver and pewter items are displayed in the gift shop in locked glass cabinets at all times. For items of stock not on display, these are not always stored securely as there is no designated Stock Room. Stock is presently being stored at various locations at the Park.	A secure stock room should be established to store all items of Gift Shop stock. Access should be restricted to authorised personnel only.
5.1.8 Medium	A Stock Valuation report was taken from the Heritage Park Stock Control system, EPOS. From this report a random stock check was undertaken. From a sample of items chosen, anomalies were identified between actual stock levels held and stock levels indicated on the stock control sheets.	Following 5.1.7, a full stock check should be carried out immediately and any discrepancies investigated.
5.1.9 Medium	No independent Gift Shop stock check is undertaken by a Senior Member of Staff.	The Heritage Manager or a designated senior member of staff should undertake regular stock checks of the gift shop, and investigate any discrepancies

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
SUMMARY OF RECOMMENDATIONS:		
		accordingly. Evidence of this check should be formally recorded at the Heritage Park.
5.1.10 Low	Purchasing Examination of the commitment sheet which is used as a Budgetary control sheet revealed that the official order number is not always recorded.	Care should be taken to ensure that the Budget Commitment sheets are updated with the correct order number when an order has been raised and subsequently paid.
5.1.11 Low	Examination of the Official Order book identified that on the 30th September 2015 the book was shared with the Council's Arts Service (Order number 681040). *NB. It is acknowledged that assurance was given by the Heritage Park that the cost of this order has not been coded to the Park.*	Official Order books should not be shared between departments.
5.1.12 Medium	Sample testing of 24 completed orders identified no evidence of a delivery check.	All copy orders should be checked to the delivery notes and items received to ensure they are in line with the items originally ordered and to identify any outstanding items so they can be followed up with the supplier. The copy order should also be signed and dated as evidence of when and by whom this check was undertaken.

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
SUMMARY OF RECOMMENDATIONS:		
5.1.13 Medium	Of the 24 orders chosen for examination, only 9 orders showed any evidence of being paid. From the 9 orders, inconsistent details had been recorded: • 3 were marked up as 'paid. • 5 were endorsed with invoice details. • 1 was marked up as 'paid by credit card'.	Full invoice details should be recorded on each copy order including the actual invoice number, and the date it was passed for payment.
5.1.14 Medium	Purchase Card Section 6 of the Cardholder Manual document issued by Procurement Services states that *'Each Purchasing Card transaction should be recorded on the transaction log as soon as the transaction is complete to ensure that no information is omitted'.* There is currently no Transaction Log being completed at the Park.	A Transaction Log should be introduced for the purchase card immediately. Details of all Purchase Card transactions should be promptly updated onto the Transaction Log. The Transaction Log should then be used to reconcile the statements upon receipt from the Purchase Card System Administrator.
5.1.15 Medium	Site Security Discussions at the Park revealed there are currently 5 building key holders. The same 5 members of staff also have access to the Park safe. Although it is accepted that 1 of these members of staff has now terminated employment with the Council, another key holder is not actually employed by the Heritage Service.	Access to the Building keys / safe should be restricted to Designated Senior Officers employed by the Heritage Service only.

COMMUNITY & CHILDREN'S SERVICES
AUDIT NAME: PREVENTION SERVICES
DATE FINAL REPORT WAS ISSUED: 09/03/2016

INTRODUCTION

'Team Around the Family' (TAF) is part of the Welsh Government's Families First funded Programme, introduced in 2012. TAF offers a means of ensuring that where families have multiple issues/problems or have issues that are broader than one service can address, that the family receives targeted support to help address the issues identified. The aim is to provide wrap around multi-agency family support, promoting resilience rather than dependency. Support provided ranges from early intervention and prevention up to the threshold of statutory intervention. Where families have single issues only these would not be dealt with by TAF; instead families would be signposted to the appropriate agency, relevant to the need, under the preventative agenda, whilst Child Protection issues would be referred to Children's Services via the Multi Agency Safeguarding Hub (MASH).

Under the current Commissioned Service model, (replacing Everybody's Business), families with needs that can be met by TAF support are identified through the MASH and referred to the TAF locality hub (one each in Rhondda, Cynon and Taf). Self-referrals can also be made directly to the TAF locality hub, whilst referrals can also be made directly from external sources such as schools and health visitors. Service requests can also be received from Specialist Services/Children's Services in relation to a child currently supported by them, who no longer requires statutory intervention, but may require further multi-issue support ('stepped down' referral'). Similarly, where the needs of a child or young person who has been assessed and/or supported by TAF escalate or change suddenly and it becomes a child protection issue, a referral to MASH is required. Staff at MASH will undertake a risk assessment and where it constitutes a Child Protection issue, it will be allocated to Children's Services ('stepped up' referral).

From a contractual perspective the responsibility for overseeing the TAF lies with the Commissioning Manager, reporting to the Service Director, Children's Services. Within the Children's Services structure, the Service Manager (Early Intervention) has overall responsibility for the TAF.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for the financial year 2015/16, a review of the key controls within the system was undertaken. Audit testing was carried out on the processes in place for receiving referrals into 'Team Around the Family', both initial referrals and 'stepped down' referrals and the process in place for 'stepping up' referrals to ensure that fundamental controls are present and operating satisfactorily.

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;

- The processes in place for referrals into 'Team Around the Family' are appropriate and effective (including 'stepped down' referrals).
- The processes in place for 'stepping up' referrals to Specialist Services are also appropriate and effective.

AUDIT OPINION

Overall, the control environment in relation to the referral process both into and out of 'Team Around the Family' is considered to be insufficient and requires

improvement.

The audit review focussed on the processes in place for 'stepping up' and 'stepping down' referrals and assessing whether these were operating effectively.

The Operational Procedures were reviewed in order to identify whether they reflected adequately the actual processes and whether the current methods of operating were sufficient. Discussions were also held with the Commissioning Manager, the 3 Hub Managers and the Team Manager, MASH.

There are areas which could be improved. It was identified that there is no defined threshold document in place and as a result, there may not be clarity as to where the threshold between TAF and Children's Services sits, which could result in cases being 'stepped up' or 'stepped down' inappropriately.

There is no defined handover period for cases 'stepped up' and 'stepped down'. For those cases where a referral has been made to MASH, it is not clear where the responsibility lies between making the referral and acceptance of the case by Children's Services. If MASH requests that an initial assessment is completed first, this could take several weeks and it is not clear who is tasked with supporting the family in the interim, particularly if the family will no longer engage with TAF. Where cases are 'stepped down', information is not always provided by Children's Services on a timely basis, nor is there any defined handover period. Families could be left without support until TAF can complete their first assessment. This could be exacerbated if Children's Services close a case and encourage the family to self-refer.

From a review of the process, it also emerged that the flow of information between TAF, MASH and Children's Services could be improved. At present where a referral is made from TAF to MASH, the outcome of this decision is input onto ICS (computer system) by MASH staff, which 2 of the Hubs do not have access to. As a result, TAF staff are telephoning MASH daily for an update. This may have arisen as MASH staff have yet to meet with TAF Managers to discuss/agree working practices. Where MASH refers to Children's Services for an initial assessment, TAF staff are required to telephone Children's Services staff at regular intervals to ascertain whether the case has been accepted by Children's Services following an assessment, as there is no formal process for informing TAF of the outcome.

11 case files were reviewed in full (consisting of 'stepped up', 'stepped down' and files which were both 'stepped up' and 'stepped down'.) Correspondence relating to 2 MASH referrals was also reviewed, as the 2 had been referred in error. The files were found to be well maintained, however, a number of documents had not been signed off by the Key Worker and a summary of the key incidents/referrals was not always easy to see at a glance.

The process for sending information between the various recipients was reviewed and it was identified that MASH were unable to accept the encrypted emails from one of the Hubs. This prompted an overall review of how information was communicated and in discussion with the Service Manager - Security And Information Systems, it was established that each of the Hubs requires an additional format to encrypt emails to ensure that data can be sent securely to all recipients of sensitive data.

It was also identified that an email containing a Child Protection referral had been sent to the wrong person in Social Services, as the Key Worker had been provided with the email address of another member of staff with the same name, by staff at a Principal Office. The Hubs were not aware of the measures to be followed in the event of a breach and the Council's protocol had not been followed.

Files were found to be well-maintained, but may benefit from a chronology, to evidence key actions, at a glance. Moreover, it may also be beneficial to record a summary of key data to facilitate effective analysis.

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
5.1.1 Medium	Discussion with the Hub Managers established that there was disparity between where Managers believed the threshold for TAF lay, in part, as the hubs have been receiving more complex and entrenched 'need' cases. Moreover, from a review of cases where repeated attempts have been made to 'step up' before being accepted, there may not be clarity as to where the threshold between TAF and Children's Services sits. At least 2 referrals from MASH to TAF were referred straight back as they were deemed to be inappropriate, 1 due to being a single rather multi needs, the other because the family had not agreed to support. To date, no representative from MASH has met with the Hub Managers to discuss and agree working practices, to ensure that all parties understand the process in place and the requirements of the other service.	Management should produce a threshold document, in respect of referring in/'stepping down' detailing the types of risks, incidents and needs which are appropriate to refer in to TAF. Management should ensure that representatives from MASH and from TAF (including the Hub Managers) meet to discuss and agree the processes involved between MASH and the Hubs, including thresholds.
5.1.2 High	There is a Team Around the Family (TAF) Guidance for Practitioners (April 2015) in place. However, this document needs updating as TAF assessments can now only be carried out by employees within the three TAF Hubs. A review of the procedure guide and the processes in place established the following omissions and/or processes requiring clarification; • No guidance on thresholds - as per 5.1.1 of this report; • Where a case requires 'stepping down' from Children's Services. It should be clear that the referral to TAF should come directly from Children's Services, rather than the case closed to Children Services and families required to self-refer or health visitors encouraged to refer on the family's behalf, as this leaves the family without support for a longer period of time (potentially). • Where a Children's Services case is 'stepped down' to TAF, the guidance specifies that it may also be appropriate for the specialist worker to offer consultancy and advice to the TAF Key worker and the wider Team for a period of time after the case has been 'stepped down'. However, there is no defined 'handover' period i.e. TAF working concurrently with Children's Services for a defined period of time e.g. until the first home visit has been carried out. Also, if something were to happen to the child between a case closed to one service and prior to an	Management should update the Team Around the Family (TAF) Guidance for Practitioners (April 2015) to reflect that TAF assessments are now carried out by Hub staff only. Management should consider producing a threshold document, as per finding 5.1.1. Management should clarify the process regarding Children's Services cases 'stepped down' to TAF. The Guidance should reflect that wherever possible, to avoid families being left without a period of support, the referral should come

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
	assessment carried out by another service, it is not clear with whom the responsibility rests, particularly if the family does not engage with TAF, which is a voluntary service. Under the current process, families could be left without support for several weeks. • There should be a protocol in place defining what information is required to be provided from Children's Services for 'stepped down' cases and a timescale, in place, for providing the information i.e. Care Plan should be provided as standard, overview of results with family to date and reason for 'stepping down' should be detailed on a referral form.	directly from Children's Services rather than cases being closed and families encouraged to self-refer or health visitors encouraged to refer on the family's behalf. Once agreed, the Guidance should be updated to reflect this. Management should establish whether a defined 'handover' period is required for cases which have been 'stepped down' and the parameters for that handover. Where the responsibility rests during handover should also be clearly defined. Clarification should also be provided with regards to what information is required to be shared and the timescale for doing so. Once agreed, the 'Team Around the Family (TAF) Guidance for Practitioners should be updated to reflect this.
5.1.3 Medium	Statistics are recorded on a central database detailing the number of referrals, where they came from, reasons for breakdown, closure etc. However, a review of the reasons for closure established some overlap. There was no electronic overview/spreadsheet maintained of all cases per hub, detailing: • how the case was referred,	Management should consider providing clarification with regards to the categories of closure reasons. Management should also consider

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
	• whether the referral was appropriate, • whether all documents were received, • whether it was referred back as a 'step up' • the current status of the case and; • reason for closure. This would facilitate effective management reporting and analysis.	introducing an electronic overview of all case files per hub.
5.2.1 High	There is a Team Around the Family (TAF) Guidance for Practitioners (April 2015) in place. However this document needs updating as it does not include the process for 'stepping up' referrals through the Multi-Agency Safeguarding Hub (MASH), which was introduced early in the financial year 2015/16. Moreover, TAF Assessments can now only be carried out by employees within the three TAF Hubs. A review of the procedure guide and the processes in place established the following processes requiring clarification and/or omissions: • No guidance on thresholds. - as per 5.1.1; • Process for 'stepping up' referrals through MASH and the associated process is not documented i.e. options available such as refer to TAF, no further action, referred to Children's Services and referring to Children's Services for initial assessment; • TAF are not informed of the outcome of a 'stepped up 'referral; instead TAF staff need to follow up with MASH staff for a response. Discussion with the Team Manager (MASH) established that the outcome is input onto ICS, but 2 of the hubs do not have access to this system. The Team Manager (MASH) confirmed that there were plans to implement an email confirmation of the outcome, in the future, but this had not yet been implemented; • Where MASH refers to Children's Services for assessment, there is no agreed protocol in place for informing the referrer (i.e. TAF) of the outcome of the assessment nor is it clear where the responsibility rests between the referral and acceptance by Children's Services following an assessment (particularly if the family will no longer engage with TAF as participation is voluntary following the referral); . • Where a TAF referral to MASH results in the case being 'stepped up' to Children's Services,	Management should update the Team Around the Family (TAF) Guidance for Practitioners (April 2015) to reflect that TAF assessments are now carried out by Hub staff only - as per 5.1.2 Management should produce a threshold document, in respect of 'stepping up'. Management should update the Team Around the Family (TAF) Guidance to reflect the process in place for 'stepping up' referrals through MASH and the options and decision-making process by MASH. Management should ensure that an appropriate and timely mechanism is agreed by which TAF are informed by MASH of the outcome of any referral. Once agreed, the Team Around the Family (TAF) Guidance for Practitioners should

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
	there is no defined 'handover' period/information sharing protocol i.e. should TAF work concurrently with Children's Services for a period of time (although it is accepted that the family may not wish to work with TAF, if a referral for statutory intervention has been made); and • There is no operational dispute resolution process for those cases which both TAF and Children's Services do not consider to meet their respective thresholds.	be updated to reflect this. Where MASH refers to Children's Services for assessment, Management should ensure that an agreed protocol is established for informing the referrer of the outcome of the assessment. Management should establish whether a defined 'handover' period is required for cases which have been 'stepped up' and where the responsibility rests during this transition period. Clarification should also be provided with regards to what information is required to be shared and the timescale for doing so. Management should establish an independent dispute resolution process for those cases which both TAF and Children's Services do not consider to meet their respective thresholds.
5.2.2 High	For case file TAF XXXX, a review of the electronic record established that the C1 form detailing TAF's concerns which was to be forwarded to a Children's Services Social Worker was sent to an employee in Fframwaith with the same name, as this was the email address that a member of staff in Rhondda Principal Office had provided them with, incorrectly. The employee emailed back to confirm that she wasn't the correct recipient, but TAF staff were not aware of the requirement to follow the Council's 'How	Management should ensure that all Hub staff are provided with a copy of the Council's 'How to Guide: Procedure for dealing with emails sent in error' and are clear that this

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
SUMMARY OF RECOMMENDATIONS:		
	to Guide; Procedure for dealing with emails sent in error'. This includes processes that need to be followed, including; • Asking the recipient to confirm via email, that the email they have received in error has been permanently deleted and that the content of the email has not been forwarded or further disclosed to any other individual. • Notifying the ICT Service Desk and Line Manager immediately of the error, providing the information requested in order for the Council's Information Management Team to consider if there is a need to investigate the matter in line with the Council's Information Security Incident Management Policy. The TAF Guidance for Practitioners (April 2015) does not specify that the Hubs are required to follow the Council's policy.	process needs to be followed in the event of any potential breaches. Management should also ensure that the process is applied retrospectively to case file TAF XXXX. Management should update the 'Team Around the Family (TAF) Guidance for Practitioners (April 2015) to include this requirement.
5.2.3 High	Discussion with the Cynon Hub Manager established that the Hub used WinZip to encrypt emails; however, MASH was unwilling to accept this method and as a result, emails have to be sent without encryption. Due to the sensitive nature of the communications, it is essential that all emails are sent via a secure method. At present, all 3 Hubs use different methods of encryption, which is further complicated by the number of different sources with which information is required to be shared, including public sector organisations which have GCSX and other external senders/recipients such as Schools, Health Visitors and members of the public which do not have access. After discussions with the Information Management Officer, Service Manager - Security And Information Systems and the Commissioning Manager, it is clear that there is no 'one-stop' solution. After the latest meeting, it was established that purchasing Egress encryption for all 3 Hubs (Rhondda, Cynon and Taf) may be a suitable option for sending email securely, for those recipients who cannot receive emails using each Hub's current encryption system (GCSX, WinZip and Proofpoint, respectively).	Management should liaise with the Information Management Officer and Service Manager with a view to implementing the recommended encryption models for all 3 Hubs to ensure that all sensitive information can be sent securely. Once implemented, Management should ensure that all Hub staff are clear with regards to which method is used for each recipient i.e. GCSX is only secure if the recipient has a GCSX encrypted also.

AUDIT NAME: REGISTRATION SERVICES

DATE FINAL REPORT WAS ISSUED: 09/02/2016

INTRODUCTION

A Registry Office is a British government office where births, deaths and marriages are officially recorded and civil marriages take place.

Set up by an Act of Parliament in 1837, the statutory registration service is overseen by the Registrar General as part of the General Register Office.

With effect from 1st December 2007, all Registrars and Superintendent Registrars in England and Wales became employees of the local authorities who now provide the Registration Service.

Responsibility for this function lies with the Group Director of Community and Children's Services; the service is managed locally by the Service Director for Public Health and Protection.

Registrations are carried out by a Registrar for Rhondda Cynon Taf and the service is delivered from the Registry Office based in the Municipal Buildings, Pontypridd.

SCOPE & OBJECTIVES

In accordance with the Internal Audit plan for 2015/16, a review of the Registration Service 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 within the Registration Service.

The specific control objective was to:

- Examine the security arrangements around receipt, storage and use of the secure certificate stock held.

AUDIT OPINION

Overall the control environment specifically relating to the storage, security and issuing arrangements of certificate stock is considered to be effective with opportunity for improvement.

A check of secure certificate stock was reconciled to the individual Registrar's records and no anomalies were found.

A review of the procedures in relation to receipt, control and issue of certificate stock was undertaken. It was established that all Officers are adhering to protocols when undertaking their statutory duties in respect of the receipt, control and issue of certificate stock and associated record keeping.

A sample of certificates issued during December 2015 was examined; it was noted that of the certificates issued, the correct information had been provided by all applicants and a receipt for payment was attached to the application form and retained.

It was also noted that due to the processes in place before a copy certificate is issued, fraudulent applications are likely to be identified. Since October 2011, 8 fraudulent applications have been identified and halted.

All fraudulent applications are reported to the General Registrar's Office.

There is also a periodic stock check of unused certificate pads undertaken by the Superintendent Registrar.

All safe keys are retained securely within the Registry Office. All keys are held within a key box in the Superintendent Registrar's office and the key to the

safe is also held securely and can only be accessed by a combination key pad.

Rhondda Cynon Taf Registration Service issue approximately 18,000 certificates a year. Certificate stock is ordered on an annual basis from the General Register Office. Responsibility for ordering certificate stock lies with each Registrar who undertake annual stock returns and these are submitted on a timely basis.

It was noted that robust security controls were demonstrated by each Registrar. There are also secure arrangements in place for stock and registers following ceremonies at approved premises whereby staff make use of a fire proof safe in their own homes.

Notwithstanding this, although there are procedures in place for the issue of certificate stock and all Registrars are aware of the protocols required, 2 occasions were noted whereby 2 recently opened certificate books did not demonstrate a check prior to use. However, it is accepted that this procedure had been omitted from the procedure note for stock and hence staff may have been unaware of this requirement. The procedure note should be enhanced to include this requirement and all staff made aware of this requirement.

Furthermore, whilst it is accepted that there are procedures in place in the event that a certificate is spoiled, audit testing identified inconsistencies between Registrars in how spoiled certificates are administered. There is also no formal policy in place in terms of retention of spoiled certificates.

Implementation of the recommendations contained in the report should assist the Superintendent Registrar in enhancing the current levels of control further.

SUMMARY OF RECOMMENDATIONS:

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION

5.1.1
 	
Medium
	Certificate stock procedures were introduced in January 2014 for Registrars to refer to in the event a new certificate book is opened.
	Although each Registrar confirmed the process for opening up a new certificate book and on the whole this matched the written procedures, the current certificate stock books in use by the General Office were examined and 2 books did not demonstrate a check prior to use:
	  RTWA - 007101 - 007150
	  DAF - 301551 - 301900
	Note. It is accepted that demonstrative evidence of a check has not been included within the procedures.
		The current procedure note should be enhanced to include all aspects of the Certificate Stock procedures. Management should ensure that all registration staff are reminded that they are accountable when handling certificate stock and that the procedures currently in place for starting a new book are adhered to at all times.

5.1.2 Medium	Discussions with the Superintendent Registrar revealed that there is no spoiled certificate policy in place although certificates are shredded after approximately 2 years. During November, there had been 50 spoiled certificates. For each certificate spoiled, although a record had been made on the end of day banking sheets to account for the spoil, the following was noted:	The Superintendent Registrar should introduce a spoiled certificate retention policy immediately.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
	1 certificate was not marked up as spoiled. 2 were marked up as spoiled and the replacement certificate issued 'in lieu' was recorded. 22 certificates were marked up as spoiled and the date of the spoil. 25 were marked up as spoiled with no reference made to the date of the spoil.	This policy could be incorporated into the protocols currently in place for certificate issue and issued to all Registrars.

AUDIT NAME: RESIDENTIAL CARE

DATE FINAL REPORT WAS ISSUED: 19/01/2016

INTRODUCTION

The Community and Children's Services Group oversee the management and control of the Council's twelve Elderly Residential Homes. These Residential Homes include those for the frail and elderly and those living with dementia, whilst some of the homes have units for both. Although the staffing levels required are not governed by legislation, there is best practice guidance under the Care and Social Services Inspectorate Wales (CSSIW) detailing the level of staffing required for the frail and elderly and for Dementia Care. Rotas are planned on a rolling basis, with provision made for annual leave, short-term sickness and long-term absences.

For all twelve residential care homes ordering of food and subsequent food preparation is undertaken in-house. A unit cost has been established for each of the care homes and this has been broken down subsequently into the cost of providing food for each resident, per week.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for 2015/16, a review of the key controls within the system was undertaken. Audit testing was carried out on a sample of rotas/orders/meal plans in 2015/16 for 3 residential care homes to ensure that fundamental controls are present and operating satisfactorily.

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:

- rotas are prepared appropriately, ensuring cost-efficient and effective levels of cover, which are consistent across the Council's homes; and
- the process for ordering food and meal planning is cost-efficient and consistent across the Council's homes.

AUDIT OPINION

Overall the control environment in relation to the management of Residential Care is considered to be effective with opportunity for improvement. Whilst the report details 4 recommendations, none are considered to be of a high priority.

Rotas

Audit fieldwork was focussed on discussions with key staff as to how staff rotas were managed. The rotas for 3 separate weeks were selected in each of the 3 residential care homes selected for review and the calculations were re-performed.

Testing established that as a result of high levels of sickness absence it was difficult for Managers to organise the rotas due to the high level of cover required. During the fieldwork it was evidenced that Managers can spend a significant proportion of their day arranging cover for sickness and leave. Under the circumstances, the processes in place for rostering staff were found to be appropriate, however, as it is difficult to evidence historically the number of staff covering and the rationale for why more or less staff have been rostered on, a recommendation has been made which should improve the resulting management trail.

Food Ordering

The Council has 12 residential care homes, of these, 3 are dementia care, 6 are frail and elderly homes with a dementia care unit, 2 are frail and elderly

homes, whilst a further home is for frail/elderly but also provides day care. The 3 dementia care homes are operating under the Dementia Care Matters' Butterfly Project, an evidence based approach to developing dementia care in organisations. This project also impacts on how food is planned and provided to residents and hence testing was undertaken in each of the 3 dementia care homes to evaluate these changes.

Audit fieldwork was focussed on discussions with key staff as to how meal planning was undertaken.

Variations were identified between the approximate food cost per resident, per week, for each of the 3 homes for our sample period as follows;

- Caeglas - £28
- Dan-y-Mynydd - £35
- Clydach Court - £40

However, it should be noted that these costs do not take into account the number of visitor or staff meals which have been taken, of which staff meals would be reimbursed subsequently. It should be noted that the Butterfly Project was implemented in full in both Dan-y-Mynydd and Clydach Court during 2014/2015, but was not implemented fully in Caeglas until 2015/2016.

Purchase Card

Purchase card transactions relating to food related expenditure were examined and at 1 home were not supported by adequate supporting records, as confirmation of the spend. It was also identified that purchase card transactions and payments were occasionally being 'forced' through by the Procurement Team as the appropriate authorisation processes were not in place within the service.

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
5.1.1 Medium	Staff rotas are on a rolling basis, so all staff would be aware of their shift pattern in advance. Staff are employed on 35, 28 or 21 hour contracts for day shifts. There are separate rotas for night staff, domestic staff and kitchen staff. Care is provided 24/7 but how that day is divided into shift patterns varies from home to home. Testing established that each of the 3 homes had their own established way of recording the rotas. A new approach ('dependency forecasts') was identified for one of the homes (Clydach Court), but not the other two. Discussion with the Residential Services Manager established that this is a new tool that is being trialled. Discussion with staff and a review of the rotas established that there is a high level of sickness. As a result, much of the Manager's time is spent arranging appropriate staffing cover. A review of 3 weeks rotas in all 3 homes established that it was very difficult to ascertain, historically, whether cover was met or exceeded. The calculations were re-performed, but due to the number of	Consideration should be given to introducing dependency forecasts, in all residential care homes. Every month, a needs based calculation should be carried out and the appropriate number of staff required calculated and documented. This number should then be detailed on the rotas for that month. At the bottom of the rotas, the actual number of staff rostered on

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
	crossings out and adjustments, it was not feasible to confirm with certainty the number of staff rostered on, from the rotas. Where numbers rostered appear to be less than the best practice guidance, this may be due to an inability to cover the shifts, due to high sickness levels. Where numbers exceed the expected levels, this may be as a result of fluctuating dependency needs. However, as the reason for the discrepancy is not noted on the rotas, it is not possible to evidence the reasons why. For Dan y Mynydd, the number of staff rostered on were recorded on the bottom of the sheets, but this was not the case for the other two establishments.	should then be documented and the rationale for any deviation under and over should be detailed.
5.2.1 Medium	Under the Butterfly Project, it is more difficult to gauge accurately what food residents will want to eat, as it is no longer pre-ordered. Under the scheme, at least two choices have to be provided and without knowing what meal each resident would like, sufficient quantities have to be estimated to meet needs. Discussion with the chefs established that over time they have more of an understanding of what quantities are required, based on expected patterns. However, this is not a documented process. Discussion with the Chef of a Local Authority Residential Home in Conwy, which is also under the scheme, established that a log is kept every day of what each resident chose. This will give an indication of what is popular and less popular to affect future menu changes. It also allows the Chef to judge how many portions of each meal on the next menu rotation to make and may assist in influencing whether fewer portions of the second option is made, depending on previous statistics. Care staff also feedback to kitchen staff how well-received each meal was by different residents, enabling the Chef to get more of a 'feel' for what each resident is likely to like/dislike.	Consideration should be given to logging the number of each meal selections eaten each day, attributed to each individual resident. Wherever possible, care staff should provide formal feedback to the Kitchen Staff as to how well received various options were to individual residents, to facilitate more effective planning and reduce wastage.
5.2.2 Medium	All food purchased since April 2015 via the Procurement Card (sample period was approximately 3 months) at each of the 3 residential care homes selected was reviewed. The majority of items ordered related to nibbles, alcohol and adhoc purchases and the value was identified as the following; Dan-y-Mynydd - £107.34 Clydach Court - £804.44 Caeglas - £839.88 Alcohol, snacks and items required at short notice can all be ordered through approved suppliers. Discussion with the Procurement Officer established that in exceptional circumstances items ordered	Management should investigate the reasons for the significant difference in value of food purchased via the procurement card, in the 3 homes. This should include whether it is appropriate for all residents (without medical restrictions) to have alcohol, if they

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
	through Procurement, at short notice, can be delivered in a few hours. It should be noted however, that the Dementia Care Trainer outlined that alcohol should only be given to residents who need this as an appropriate signpost for mealtimes. It is not necessary for all residents to have because it is available. Discussion with a private residential care home and another local authority Residential Care Home, under the Butterfly Scheme, established that alcohol was paid for by residents and from a donation-based Amenity Fund, respectively.	want it. Consideration should be given to evaluating whether other methods of funding alcohol may be appropriate. If it is felt that it should continue to be funded from the Local Authority budget, then alcohol should be ordered from an approved supplier, along with snacks or the appropriate formal dispensation obtained from Procurement. Wherever possible, food items required at short notice should be arranged via Procurement.
5.2.3 Medium	From a review of purchase card transactions on the card held by a member of staff at Clydach Court residential home between 1st April 2014 and 9th July 2015, it was identified that 14 purchases had been 'forced through' the system by Procurement, as they had not been completed by the card holder on the Barclaycard system. These transactions had a value of £338.38. No receipts could be evidenced at the home to support these transactions, at the time of review. 11 of the receipts were found subsequently, however, of those 11, 2 had duplicate transaction numbers and 1 further had an incorrect transaction number. At Dan-y-Mynydd residential home, it was established that although the transactions had been completed appropriately on Barclaycard (i.e. not 'forced through'), none of the transactions had been approved on the system (i.e. subject to independent authorisation).	Staff should be reminded of the importance of retaining the receipts and both completing and approving the transactions online. Staff should be reminded of the importance of recording transactions on a log, assigning transaction numbers in sequence and reconciling transactions back to the online statement. Staff should ensure that receipts can be accessed and processed, if the cardholder is absent from work.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
		Staff should be reminded that if due process is not followed, the purchase card may be removed.

CORPORATE & FRONTLINE SERVICES
AUDIT NAME: GENERAL LEDGER & ACCOUNTING
DATE FINAL REPORT WAS ISSUED: 09/02/2016

INTRODUCTION

The management and control of the Council's General Ledger is undertaken by the Corporate Services Group (Finance Division).

The purpose of the General Ledger system is to record all financial transactions and provide basic information for the preparation of Management Accounts, Final Accounts and Financial Returns.

In order to maintain proper financial control and protect the integrity of the Ledger, it is essential that adequate accounting routines are in operation.

SCOPE & OBJECTIVES

The checklist for the General Ledger comprised of 30 standards. Audit testing was carried out on a sample of standards for transactions undertaken in 2015/16.

The primary purpose of the audit review is to provide management with an opinion on the adequacy and effectiveness of the internal control systems operating within the General Ledger. The objective of the review was to:

- Assess the standards set out in the checklist and conclude on the adequacy and effectiveness of the controls in operation.

AUDIT OPINION

Overall the control environment for the General Ledger and Accounting framework is considered effective with Civica Financials being used, a system which meets statutory and management accounting and reporting requirements.

Civica Financials is able to provide revenue, capital, pension fund, trust funds and joint committee accounts as required by statute.

The budget for 2015/16 was agreed by Council on the 4/3/15. Civica Financials was updated in accordance with the agreed budgets, and it has been correctly rolled up into Civica Financials to ensure that all Groups have their correct allocation of the budget and to enable accurate budget monitoring to take place.

The values of all balance sheet items had been correctly carried forward from 2014/15 into 2015/16 to ensure the information held in Civica Financials can be relied upon as being correct.

Ledger input / output is controlled, secure, timely and appropriate to the needs of all users. In particular, Feeders, Journal Transfers, Virements and changes to the overall structure of the system are promptly and accurately actioned by officers with delegated responsibility and evidence to support these transactions was retained. It was established the Virement Authorisation Form used, contained a section 'f' for Restructuring/Housekeeping', however the Financial Procedure Rules do not contain this section.

All transactions in Civica Financials have an Audit trail which highlights each transaction's unique reference number, date / time and the identity of the individual who carried out the transaction.

Civica Financials is able to apply its own validity tests on data received from feeder systems to ensure codings are correct. All invalid codes entered into Civica Financials are promptly investigated and rectified from suspense codes by authorised officers to ensure that the budgetary information in the system is accurate and up to date.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**

5.1.1
 	
Medium
	Section 4.8 of The Financial Procedure Rules (FPRs) highlights the Scheme of Virement. This scheme is intended to enable the Executive, Directors and their staff to manage revenue budgets with a degree of flexibility.
	The FPRs highlight 5 virement levels / rules for Revenue Expenditure:
	    a. Virements within Services up to £25,000.
	    b. Virements within Groups up to £100,000.
	    c. Virements between Groups up to £100,000.
	    d. Virements above £100,000 and up to £500,000.
	    e. Virements above £500,000.
	Virements are requested by service accountants by completing a Virement Authorisation form and where appropriate provide evidence to support the authorisation.
	Examination of the Virement Authorisation form established that an additional level 'f' for 'other e.g. restructuring / housekeeping' has been added and is being used, which is in addition to the 5 levels / rules highlighted in the FPRs.
		As section 4.8 of the Financial Procedure Rules differ from current working practices, Management need to establish what changes are required, i.e.
		
		• Change the Financial Procedure Rules to introduce a section f. Other e.g. Restructuring / Housekeeping, or
		• to remove section f from the Virement Authorisation Form and instruct accountants to use the virement options of 'a to e' only.

AUDIT NAME: HIGHWAYS MAINTENANCE

DATE FINAL REPORT WAS ISSUED: 25/02/2016

INTRODUCTION

The management of the Council's Highways Infrastructure forms one of the Council's priorities for 2015/16. One of the strategic risks the Council faces in relation to delivering this priority is:

In light of the current budget reductions across the public sector, capital and revenue funding required for the Council's Highways Infrastructure may reduce which could impair the Council's ability to maintain and improve the existing infrastructure. A lack of investment would lead to deterioration of the Council's largest single asset.

In addition to the capital programme, the Council has a revenue budget which is used for minor works, such as minor repairs and maintenance.

The Council inspects and repairs the roads and footways of the borough on a regular basis. This can include any faults found or are reported, such as potholes, broken kerbstones, faulty drain covers and manholes.

The Council uses its Stores and Costing System (SACS) to record the costs of labour, plant, materials and sub-contracted elements of jobs undertaken under the governance of the Director of Highways and Streetcare Services, within the Corporate and Frontline Services Group.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for financial year 2015/16, the purpose of this audit review is to provide management with an opinion on the adequacy and effectiveness of the control environment in respect of Highways Maintenance. The key objectives of the review were: -

- To review the Project Management arrangements in place for delivering the Capital and Revenue Highways Programmes. This will include: -
  - o Cost Management - To review the budget setting process and associated cost management and reporting of progress during the life of each project.
  - o Time Management - To review how delivery of each scheme is tracked and reported.
  - o Quality Assurance/Inspections of each scheme.
- To review the Council's targets and actual performance in relation to repairing potholes.
- To review the arrangements in place in respect of the clearing of drainage grills and gratings on gullies.

AUDIT OPINION

Capital and Revenue Highways Programme - Project Management

The Highways Network represents the most significant asset of the Council valued in excess of £2bn and comprises carriageways, footways, structures (bridges, retaining walls, culverts etc.), street lighting, traffic signs, safety barriers and highway drainage.

Managing the delivery of the capital and revenue budget is fundamental to delivery of this service.

Our review has confirmed that:

- Monthly meetings of the Highways Improvement Scheme's Project Board (monitoring the capital programme) take place which monitored the

progress of all projects. The highlight reports provide an overview of progress against the programme together with any issues noted when on-site and these were used to feed any smaller works programmes (funded by the revenue budget) and also any future capital works programme.

- These meetings aim to provide scrutiny of progress along with robust financial management.
- In addition to this, the project team has drawn up a list of potential schemes in both the Highways network and the structures, and undertaken the necessary preliminary works. The rationale behind this is that if funding becomes available from grant etc., the Council has schemes prepared and ready to implement.
- In addition to the capital programme, the Council has a revenue budget which is used for minor works (such as minor repairs and maintenance). This budget and the resources are used to undertake works identified as requiring action by Highways Inspectors and where issues are reported via the Council's customer care work stream.

Internal Audit selected a sample of projects for testing. Based upon the work undertaken assurance can be given that costs relating to Labour, Materials, Plant and Sub Contracted Work are accurately recorded in the Stores and Costing System (SACS) based on prime documents such as Plant Returns, Materials Invoices, Stores Requisition Requests and Disposition Sheets.

Potholes

The presence of a pothole can be identified by either a Highways Inspector or via the Council's Customer Care system (through members of the public). Testing in respect of this area confirmed that the procedures for identifying and repairing potholes are good. This review has however identified an inconsistency between Inspectors relating to how they report the depths of potholes, which is the determining factor in how each pothole is categorised and then repaired. Management should ensure this is addressed.

Gullies

Flooding to the highway occurs following an intense and short storm event. In these circumstances, the gully systems are sometimes unable to accommodate the volume of rainwater. Also, gullies may become blocked by debris. This is a potential problem throughout the area and the Council aims to reduce the risk of this materialising by undertaking routine gulley clearances. The Council's Flood Risk Management Plan states (specific to gullies):

"*Rhondda Cynon Taf County Borough Council has a number of operational procedures to manage flood within the authority.*

Routine cleaning of gullies throughout the authority;

Emergency cleaning of blocked gullies following reporting of a problem by a member of the public;"

Audit testing for this area focused on the period of September 2015 using the Exactrak, which tracks each gully vehicle and what work is undertaken each day. It was established that these vehicles are not being utilised efficiently, with staff/vehicles clearing very few gullies during the month and not hitting Management targets. Management need to determine reasons for this and implement changes to improve processes to ensure all staff and vehicles are being utilised effectively and efficiently.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
5.1.1 High	Discussions with the Highways Construction Manager established that on a daily basis there are designated staff and vehicles that are responsible for clearing gullies within the boundaries of Rhondda Cynon Taff. The Highways Construction Manager confirmed he would expect in excess of 100 gullies to be cleared on an average day. For the period September 2015 the vehicles tracking system (Exactrak) was examined. It was established that whilst these staff/vehicles are being used to clear gullies, they are not as efficient as intended. There are several reasons why this may be the case: - Late starts/early finishes - Vehicles are consistently not starting until after 9am and finishing by 2/2.30pm. Long multiple breaks each day - Multiple breaks on some days, with breaks excessive in length. A number of days where vehicles not used - Multiple days where the vehicles do not appear to be used.	Management should investigate the frequencies identified in Appendix A. Following the above, Management should review processes to ensure they are robust and appropriate i.e. the gully clearing service is as efficient as possible with the resources available.
5.2.1 Medium	A team of Inspectors within Highways are out inspecting roads/pavements on a daily basis. Potholes are repaired on a priority basis dependent on the extent of the damage identified by the Inspectors i.e. the depth of the pothole and also the category of road/footpath they occur on e.g. 'A' roads are a higher priority that lanes. There are two main categories of priority: Category 1 require repair within 24 hours of inspection and Category 2 which can be repaired within 28 days. The depth of each pothole is a key factor in all cases. However, examination of a sample of Work Tickets revealed that there is an inconsistent approach by Inspectors, with some recording the depth of potholes and some that do not. As a consequence, the categorisation of each pothole is not clear and therefore it is not apparent if the prioritisation of repairs is correct.	Management should ensure all Inspectors record the depths of each pothole on their works tickets to ensure a consistent approach is undertaken. This will ensure transparency in the classification of each pothole and its prioritisation.

AUDIT NAME: MANAGEMENT AND CONTROL OF I.T ASSETS

DATE FINAL REPORT WAS ISSUED: 05/01/2016

INTRODUCTION

ICT is at the heart of all business operations across the Council. The range of equipment available such as personal computers, laptops, printers, mobile phones etc enables more efficient working, however, the fact that these systems are now business critical bring with them risks of viruses and malicious attacks.

Due to the value and portability of these items, they are also vulnerable to misappropriation if not controlled securely. Council IT assets could be more vulnerable if the following four areas are not controlled appropriately:

- new equipment purchased prior to being assigned to an individual
- equipment awaiting refurbishment
- equipment assigned as full spare equipment
- items for disposal.

The overall accountability for managing and controlling ICT assets lies with the Head of ICT within the Corporate and Frontline Services Group.

Internal Audit undertook a review of this area during 2014/15 and the report was subsequently reported to Audit Committee at its meeting held on 2nd February 2015. Audit Committee requested a follow-up review be undertaken during 2015/16.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for financial year 2015/16, the primary purpose of the review was to provide management with an opinion on the adequacy and effectiveness of the internal control system, in relation to managing and controlling IT assets, following on from the recommendations that were made in the previous Internal Audit Report.

The objective of the review was to ensure that:

- Management have implemented the recommendations from the previous Internal Audit Report.

AUDIT OPINION

Overall, the control environment in relation to the management of IT assets is now considered to be effective with opportunity for improvement.

Following on from the previous review, the majority of recommendations have been implemented fully and the processes in place, in particular for controlling disposals, has improved significantly. Work continues in respect of reviewing working practices which should result in the recommendations in this report also being addressed.

Acquisitions

Testing was carried out on 9 purchases and some areas of improvement were identified. These include detailing the appropriate capital project on the Business Case for 'growth' items and reminding staff of the importance of retaining delivery notes.

A sample of 10 'bill and hold' PCs was selected and all were found to be with the correct user.

Disposals

The Disposal Policy had been revised, since the previous review, to reflect the entire process for managing disposals, including the reconciliation of items collected for disposal and the subsequent checking of Waste Transfer Notes, Electronic Reports and Certificates.

A new, secure, IT storage room is in operation, with designated areas to store new assets, items for disposals and kit awaiting refurbishment.

Stock-takes are completed on a monthly basis and a record retained to evidence that this process is being undertaken.

Items awaiting disposal are now recorded on a Stockroom Asset spreadsheet and reconciled to the physical items awaiting collection. The number of items being collected, per category, is detailed on the Waste Transfer Note, which is signed by both parties, at the point of collection. Asset numbers are also recorded on the Stock Asset spreadsheet. The electronic record, provided by the company carrying out the disposal is then reconciled back to the ins/outs and Waste Transfer Note, on receipt, and any anomalies followed up immediately. The company now provide the asset numbers of the items disposed of on the electronic record, so that this can be reconciled back to the numbers recorded on the Stockroom Asset Spreadsheet. Certificates are also now provided within 28 days of collection, as per an addendum to the agreement.

A sample of disposal collections was selected and followed through from identification to confirmation from the supplier tasked with disposing of IT equipment that the items had been data wiped/disposed of appropriately. All laptops and PCs were reconciled appropriately.

Surplus stock

The process for recording surplus stock has transitioned from the Heat System to the Cherwell System recently and is still undergoing procedural changes, with a view to automating the process. Testing established that of 10 tasks sampled, 1 task had been closed in error and it was identified that the process for logging and collecting leavers' equipment should be documented, once the process has been fully developed/embedded.

Testing established that information relating to leavers is now received from Human Resources on a weekly basis and where the Manager requests that the asset is not collected, the Manager must now provide the name of the user to whom the equipment will be assigned, prior to closing the call, even if this means waiting to appoint. Where assets have been collected, the call had been updated to reflect this.

A stock check was performed on new assets, disposals and kit awaiting refurbishment and all items selected were accounted for appropriately.

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**
5.1.1 Low	For 1 of the 9 orders sampled, the request to order the item came from the Programme and Projects Co-ordinator, within Corporate Estates on behalf of a School. As the order came from a Corporate Cost-centre rather than Education, a Business Case should have been detailed. However, as the order related to a Capital Project, it would have been sufficient to cross-reference the project details as the Business Case.	For all 'growth' purchases, a Business Case should be provided. Where the purchase is part of a larger capital project, it would be sufficient to provide details of the capital project as the Business Case.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
5.1.2 Low	There is a surplus calls procedure guide in place; however, it does not refer specifically to the process in place for dealing with equipment collection for leavers i.e. following on from the notification from HR. This process has been up dated recently with the transfer of information from the Heat System to the Cherwell System. Since the beginning of October, details of leavers and movers are provided to ICT by HR on a weekly basis in order to provide more timely information and the call logged on Cherwell.	Once the new system for logging and collecting leaver's equipment is fully operational on Cherwell, consideration should be given to developing a procedure guide to reflect the process.
5.1.3 Low	Of a sample of 10 leavers selected, it was identified that for call number 2217577 the whole task had been closed in error when the engineer closed the mailbox and drive task.	Management should re-open the task and establish whether the asset has been assigned to another user or needs to be collected.

AUDIT NAME: NDR

DATE FINAL REPORT WAS ISSUED: 01/03/2016

INTRODUCTION

The management and control of the Council's Non-Domestic Rates (NDR) Section is undertaken by the Corporate and Frontline Services Group (Operational Finance Division).

Non-Domestic Rates are the means by which businesses and those who occupy non-domestic properties make a contribution towards local services.

The rates are pooled by the Welsh Government and redistributed to local councils in proportion to the number of people living in the area. This income together with revenue from Council Tax and the Revenue Support Grant is used to pay for the services provided by Rhondda Cynon Taf County Borough Council.

SCOPE & OBJECTIVES

The primary purpose of the audit review was is to provide management with an opinion on the adequacy and effectiveness of the internal control systems operating within the Non-Domestic Rates Section. The objectives of the review were to:

- Ensure that on a sample basis businesses are recorded and have been assessed on the Non-Domestic Rates computer system.
- Ensure that all special payment arrangements with businesses have been set up in line with the guidance document.

AUDIT OPINION

Overall the control environment in relation to the administration of NDR is considered to be effective with opportunity for improvement.

With regard to the specific objectives examined:

- The 60 businesses sampled had each been identified and recorded on the NDR system and the Rateable value for each of these properties entered onto the NDR system agreed to the values recorded on the Valuation Office website.
- All arrangements are agreed by call centre staff and they have a Tier Document to assist them.
- Only 1 of the agreements sampled had been agreed outside of the NDR Tier Document. Arrears of £20,820.00 for 2015/16 (from an annual bill of £30,366) has been scheduled to be carried forward into 2016/17 with the last payment date on the agreement being 15/2/17. In addition, there were no notes to indicate why such an arrangement was made. If any arrangement defaults it is automatically referred to the NDR team each week for them to manage.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
5.1.1	A sample of 30 special arrangements were examined to ensure they had been calculated in line with the	All arrangements agreed between

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
Medium	NDR Tier Document. It was identified that the arrangements have typically been agreed to clear the debt by the end of March / early April 2016 - a key requirement of the document. Only 1 of the 30 was identified as being made outside of the Tier document without any supporting evidence :- • NDR Ref 53XXXXX. 2015/16 bill £30,366, amount outstanding when agreement was made 30/7/15 £20,820. Agreement to pay an amount each quarter with the final payment due 15/2/17. The amount outstanding from 2015/16 would then combine with the bill for 2016/17 to make a total due in 2016/17. There was no evidence available on the computer system to support why this arrangement had been made by the operator in the call centre.	the call centre and a client should always comply with the NDR Tier Document. If an agreement is made outside of these guidelines full reasons to support the decision should be recorded on the notebook. Management should monitor the arrangement identified and take the appropriate action if it breaks down.

EDUCATION & LIFELONG LEARNING

AUDIT NAME: DATA MANAGEMENT

DATE FINAL REPORT WAS ISSUED: 25/02/2016

INTRODUCTION

Data 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. The Council is reliant upon this information being up to date and accurate.

The Local Education Authority (LEA) centrally holds pupil data. This information is obtained via SIMS and other Council systems e.g. Swift, by the Systems and Process Improvement Manager for reporting purposes. SIMS also links with Capita One, which is a database used within Education for general analysis and overview of pupil and school data.

Additionally, the Education (Pupil Registration) (Wales) Regulations 2010 identify the duty schools have to ensure that clear and efficient registration practices are in place and that they are accessible to the Local Authority for monitoring purposes. A school register is a legal document that may be required to be presented as court evidence in Local Authority prosecutions for non attendance. It is an offence for Schools to fail to maintain accurate registers, therefore it is essential that this legal requirement is met.

SCOPE & OBJECTIVES

In accordance with the Internal Audit Plan for 2015/16, a review of the accuracy and completeness of a sample of data 'streams' collated and reported by schools was undertaken.

The primary purpose of the review is to provide management with an opinion on the adequacy and effectiveness of the supporting systems of internal control at the LEA in relation to the administration of centrally held pupil data. The specific control objectives were:

To ensure schools are maintaining accurate and up to date pupil registers, with absence codes being applied correctly and consistently. Specific registration codes audited included:

- Late;
- Educated Off Site;
- Exclusions;
- Authorised Holidays;
- Ensuring that appropriate pupil data is held centrally by the LEA and is up to date. This data / information includes pupil characteristics, including:
  - Ethnicities;
  - Service Families;
  - Traveller Statuses;
  - Looked After Children (L.A.C.);
  - Special Education Needs (S.E.N.);

- o Parental Responsibilities (Names, addresses, relationship); and
- o English as an Additional Language (E.A.L.).

AUDIT OPINION

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

Recording a pupil's attendance at school accurately is important for the pupil, the school and the Council. The infrastructure required to record pupil attendance is in place at each of the schools selected during our review however; the application of the procedures and use of the systems require improvement.

Processes and procedures in respect of Attendance Codes have been implemented and are monitored by the Attendance and Wellbeing Service, which in the main, schools are adhering to. However, as there are anomalies occurring, it does suggest the monitoring and challenge to schools undertaken by the Attendance and Wellbeing Service needs to be reviewed as soon as the Capita One computer system is made available to them.

The accuracy and consistency in the use of Attendance Codes requires improvement (mainly in Secondary Schools). School management should ensure that all staff responsible for entering Attendance Codes have a thorough understanding of attendance and registration requirements, and are reminded of the importance to use the correct codes, which is essential.

The management of Pupil Data is robust with schools ensuring pupil information is up to date and accurate. However, there were some discrepancies with these in relation to how schools record Traveller and Service Family pupils. The schools visited were unclear how to record these on SIMS as they had not been requested to do so at the time of the audit review.

There are processes within the Access and Inclusion Service to monitor anomalies identified for pupil exclusions with the number of days recorded on SIMS sometimes differing from the number of days recorded on SWIFT or on records held at the school. Schools indicated that they were unclear what they should do once these anomalies had been identified and discussed with staff from the Access and Inclusion Service with a need for clarification to be provided to schools.

Additionally, no detailed guidance has been provided to schools for each type of Exclusion Code. As a consequence, schools are coding pupil exclusions inconsistently, in particular Ferndale Community School, who frequently used the code 'Other' in comparison to other schools.

The implementation of the recommendations made within this report should provide Management with the opportunity to enhance the attendance and registration procedures for all schools and also support the integrity of the data held for pupils at each school.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
5.1.1 Medium	Pupils may be excluded from school due to unacceptable conduct and behaviour. Each type of exclusion is categorised with there being 11 types of exclusions with a further 'Other' code for any exclusions that do not fall within the 11. Examination of exclusions for the Summer Term 2015 at the sampled schools found: • Schools were unclear as to what exclusions can and cannot be included within each Exclusion Code. They attribute this to the need to expand the Definitions of each Exclusion Code, for example: ○ Exclusion Code 'Other' - Ferndale Community School use this Exclusion Code frequently compared to other schools to categorise behaviour such as Defiance'. It was established that other schools would use alternative codes for this type of exclusion e.g. 'persistent disruptive behaviour'. • This highlights the need for more detailed Definitions for each Exclusion Code to highlight what types of exclusions are included within each code. • Schools are not clear when anomalies occur whether they should be updating their registers themselves or not. Most had amended the anomalies whilst some had not e.g. Hawthorn High, a new member of staff was in place and was unclear of the procedure.	Management should provide schools with more detailed Definitions for each Exclusion Code to ensure each school is consistently categorising each exclusion type. Management should ensure schools are updating their records when any anomalies are identified.

5.1.2
 	
High
	A sample of attendance codes were examined during the review to ensure they are being applied consistently and accurately. There were differing practices in place at the sampled schools visited, which are summarised below:
	• Attendance Code B - Educated off-site (not dual registration) - (Activity must be approved and supervised - Cannot be used when work has been sent home for a pupil to complete on their own).
	   ○ Schools are unsure what is classed as 'supervised' i.e. who to be supervised by - Parents or Teachers.
	   ○ Hawthorn High using Code B if work is sent home with pupil should they be unfit for school e.g. broken leg etc. Discussions with the Attendance and Wellbeing Service Manager confirmed that this is incorrect with 'Code I – Illness' being the correct categorisation in such a circumstance. Secondary Schools miscoding - Code B is used
		Management should advise all schools of the correct procedures and processes to be used in relation to registration.
		These processes should then be monitored and challenged on a regular basis to ensure all schools are complying and consistent approaches are undertaken. If they are not, these should be escalated.
		Headteachers should be advised to cease all incorrect practices with

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**

	occasionally but should have been Code D as pupils were dual registered at another school.
	
	    o 1 pupil in Mountain Ash Comprehensive - Code B is being used as has 'Home Tuition' in the Children's Home some days, whereby work is sent home. However, this was arranged by Education Psychology via the school and not via Ty Gwyn. It is unclear if the school should be using Code B as they are not sure who is supervising.
	
	• Attendance Codes L & U i.e. 'Late but arrives before the register close' and 'Late and arrived after the register closed' respectively - (In line with guidance issued from the Welsh Government, all schools should close their registers to pupils 30 minutes after school starts and when registers have closed the Code U is to be used)
	
	    o Primaries - Inconsistent use of Code L - dependent on which practices they use in relation to the times of registration along with how long each school allows a pupil to attend registration before they are marked Code L and then a Code U. Some mark late (Code L) if not in registration when it commences, whilst others allow up to 30 minutes until the registers close. Schools are unclear as to what the correct process should be.
	
	    o Mountain Ash Comprehensive - There were over 5,000 late marks (Code L) for 2014/15 academic year. The school were not aware of such high levels.
	
	    o Hawthorn High - A 'lesson 1' register is taken at 8.40 followed by a pastoral register at 9.40 with this mark being the AM mark. If pupils come in between 8.40 and 9.40 they are Ls, although examination of their registers suggests this was not accurate as some who were Code L in lesson 1 were present on the AM Register.
	
	• Attendance Codes H & G i.e. 'Agreed Family Holiday' & 'Family Holiday (not agreed or in excess of agreement)' respectively - As of September 2014, the Director of Education and Lifelong Learning recommended that Headteachers use their discretion to not authorise holidays in term time:
	
	    o Most schools now do not use Code H since Christmas 2014 although if parents provide proof the holiday was booked last year then some are allowing.
	
	    o Penderyn Primary are authorising all holidays if pupils attendance is over 95%. Governors approved to overrule the guidance provided.
		immediate effect.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**

5.2.1
 	
High
	The Local Education Authority (LEA) centrally holds pupil data. This information is obtained via SIMS and other Council systems e.g. SWIFT. SIMS also links with Capita One, which is a database used within Education for general analysis and overview of pupil and school data. However there were various levels of data found at the schools visited, which are summarised below:-
	PARENTAL RESPONSIBILITY
	• Each school sampled except two had at least 1 contact, and marked as priority 1(main contact), for each pupil on SIMS. These exceptions being: -
	    o Ferndale Community School had over 130 pupils who did not have parent contact details. The School indicated that this was attributed to most being Yr 7 pupils, with the primary school having input the data in the wrong box on SIMS prior to being electronically transferred to Ferndale Community School. However, the reviewed confirmed that not all the exceptions were Year 7 pupils, indicating limited review of the data at the school.
	    o Hawthorn High had pupils with no contact details for parents, even though some pupils had been at the school in excess of one year.
	    o Whilst schools indicate they issue pupil information sheets annually, not all are returned. The information held can subsequently become outdated e.g. phone numbers, contacts. Schools have indicated that it is difficult to get the information back from parents.
	ETHNICITIES
	• Sampled schools are aware of how to update this correctly. No errors noted during visits.
	ENGLISH AS AN ADDITIONAL LANGUAGE (E.A.L.)
	• All appropriately recorded on SIMS and SWIFT with no additional pupils identified at the schools.
	TRAVELLERS
	• SIMS is not being updated to confirm Travellers at Llwyncrwn Primary & Parc Lewis Primary, as they have not been instructed by SIMS to do so.
	(There were no pupils deemed a Traveller pupil at the other schools sampled)
	SERVICE FAMILIES
	• SIMS is not being updated to confirm Service Families status for each relevant pupil as they have not been instructed by SIMS to do so
		Management should instruct and remind all schools of the correct procedures and processes to be used in relation to pupil data. They should also be reminded that this data needs to be kept up to date at all times.
		Management should re-issue guidance to schools in relation to recording Travellers and Service Families.
		Management should ensure regular comparisons and reconciliations take place centrally for data held on all electronic databases i.e. SIMS, SWIFT and Capita One. Any anomalies will need to be investigated and amended to the correct information.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION

	SPECIAL EDUCATION NEEDS (S.E.N.)
	
	• School Action Plus - All schools confirmed it is additional external support for pupils to differentiate it from normal School Action statuses.
	
	Pupil lists were all accurate at the sampled schools.
	
	LOOKED AFTER CHILDREN (L.A.C.)
	
	• There were various anomalies between SIMS data and SWIFT Reports. It was established that the SIMS data was inaccurate which suggests the data systems are not reconciled to each other (Note: schools corrected SIMS at the time of audit). These anomalies included: -
	
	   o Hawthorn High - SIMS was not accurate when checked to the SWIFT report. The school suggested this was because of a lack of communication from Access & Inclusion when pupils either stop being a LAC or if recommenced.
	
	   o Cwmclydach Primary - The school has 1 pupil who they say is a LAC on SIMS, but was not on SWIFT.	

AUDIT NAME: TREORCHY COMPREHENSIVE SCHOOL

DATE FINAL REPORT WAS ISSUED: 09/03/2016

INTRODUCTION

Treorchy Comprehensive School is a large 11 - 18 mixed comprehensive school. There are 1,622 pupils at the School, including 351 in the sixth form. The proportion of pupils entitled to free school meals currently stands at 19.05%.

The total budget for the School for the financial year 2015/16 is in excess of £7m.

Treorchy Comprehensive School was last subject to a routine Audit review during December 2012.

SCOPE & OBJECTIVES

All financial systems in operation 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 risk assessment, audit work was carried out on the following areas of administration:

- Governance
- Safeguarding
- School Private Fund
- School Income
- Petty Cash
- Equipment & Data Security.

The review of Treorchy Comprehensive School was undertaken to conclude on the adequacy and effectiveness of the financial systems and governance arrangements at the School.

AUDIT OPINION

Overall, the control environment in relation to the School's financial systems and Governance arrangements is considered to be effective with opportunity for improvement in a small number of areas.

Governance

The roles and responsibilities of the Governing Body and its sub committees have been set out in writing. The Governing Body and its sub committees have the requisite number of members and quorate levels for meetings are achieved. Although a Register of Business Interests is in place at the School and is updated on an annual basis, no declaration was present for one Governor and the declaration in respect of another Governor had not been dated.

All statutory policies are present and have been formally approved by the Governing Body; however, in accordance with the system intended by the School, the Whistle Blowing policy should also be reviewed and approved by the Governing Body.

Safeguarding

Good practice is noted in that the School has established relevant Safeguarding Polices and audit testing has confirmed that no staff commenced

employment at the school prior to the completion of pre-employment checks.

Details of all Child Protection training undertaken by staff is maintained on a training record held by the School's nominated Child Protection Officer but it was identified that no casual members of staff have undertaken child protection training and neither have 5 members of staff (who were absent from school on the day training took place).

All trips / activities need to be entered onto the EVOLVE system within the correct timescales as stated within the document 'Planning and Approval Procedures for Educational Visits'. It should be ensured that all trips are correctly classified in order for the Outdoor Education Advisor to give the necessary assurance that the provider and trip arrangements are appropriate.

School Private Fund

The School Private Fund was found to be administered well, with detailed records that provide an adequate audit trail for all income and expenditure transactions. The account is subject to regular reconciliation and a copy of the most recent bank mandate is held on file.

This report recommends that income received by the Finance Office in respect of all school trips / activities is passed to the Treasurer more frequently for banking and that a LOOMIS receipt is obtained for each category of income collected (budget, School Private Fund or Catering Income) for retention within the School records.

School Income

The control environment for budget Income is effective, with no issues to report.

Income due to the School is receipted, held securely, banked intact and correctly recorded in SIMS. Staff responsible for identifying, receiving, and recording income due to the School has been clearly defined and all staff are aware of their duties.

There is one complete central record of all income received at the School which is updated immediately income is received. Adequate subsidiary records are also maintained when income is collected outside the main office and monies are promptly passed over for banking.

Income is held in a secure place, with limited access and not mixed with any other monies. The School budget account is regularly reconciled by a person independent of the process of recording and banking of income.

Following a recommendation made during the previous Audit review, a Hire of Premises / Charging Policy has been formulated. All school lettings are authorised by the Headteacher and an electronic record is maintained detailing all current hirers. Invoices for payment are issued on a timely basis using the main accounting system of the School and there is a procedure in place for pursuing payment for invoices that have not been paid within the agreed timescales.

Petty Cash

The control environment around the administration of the Petty Cash Account is effective, with no issues to report.

The account is well run and there is an adequate audit trail for all expenditure transactions. The account is subject to regular reconciliation.

Equipment & Data Security

The control environment in respect of School Equipment and Data Security is effective.

The School is registered with the Information Commissioner and a valid copy of the registration is held at the school. Information held on the system is backed up daily and confidential data is kept securely, passwords are only known to individuals and are changed regularly. There are systems in place to protect against computer viruses.

	The implementation of the recommendations made within this report will enable the Headteacher to further enhance the standard of administration at the School.	

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
5.1.1 Low	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 one Governor, and the declaration in respect of another Governor had not been dated).	A declaration should be completed immediately in respect of the 1 Governor identified. In future, care should be taken by all Governors to ensure that all declarations are dated on the date of completion.
5.1.2 Low	Although there is a policy review process in place at the School, the Whistle Blowing Policy has not been reviewed since March 2011 despite having a review date of June 2013.	In line with the planned policy review, the Whistle Blowing Policy should be reviewed / updated where necessary and presented to the Governing Body for endorsement.
5.2.1 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: *'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'* Although details of all Child Protection training undertaken by School Staff is maintained on a record held by the School's nominated Child Protection Officer, examination of the record identified that no 'casual examination' invigilators or other casual members of staff have undertaken child protection training and neither have 5 members of staff.	As a minimum, Level 1 Safeguarding training should be arranged for all staff who were not present on 1st September 2015 as soon as possible.
5.2.2	The School staff list detailing staff DBS reference numbers was compared to the current list of staff	The School must ensure that where

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
SUMMARY OF RECOMMENDATIONS:		
Low	employed at the school as provided by VISION support. It was noted that there are staff included on the School list that are no longer employed at the School.	staff, permanent or casual, terminate their employment with the school, the school list is updated to reflect this.
5.2.3 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. Whilst most school trips are entered onto EVOLVE, routine off-site visits such as sporting fixtures are not.	In addition to manual risk assessments, EVOLVE should be used to document all off-site visits, including those in relation to sporting fixtures/tournaments.
5.2.4 High	All trips are being manually risk assessed by the trip organiser, entered on to EVOLVE and subsequently authorised by the Business Manager. A sample of trips was chosen for examination and the following was noted: • Llangrannog - 22nd January 2016 - at the time of testing (14th January) the trip had not been entered onto EVOLVE. • Berlin - 22nd October 2015 - entered onto EVOLVE 19th October 2015 • Ski 2016 - 12th February 2016, at the time of testing (14th January) the trip had not been entered onto EVOLVE. • Lille Xmas Market - 4th December 2015 - authorised on EVOLVE 24th November 2015. For each trip, none had been entered onto EVOLVE within the designated 28 day time-scale.	Care should be taken to ensure that all trips / activities are entered onto EVOLVE within the correct time-scales and are correctly classified, in order for the Outdoor Education Advisor to give the necessary assurance that the provider and trip arrangements are appropriate.
5.3.1 Low	School Private Fund income is collected by LOOMIS who also collect Dinner Money Income and Budget Account Income. Income is collected from Reception; however LOOMIS only provide 1 receipt in respect of all collections received (with the various bag numbers recorded).	A LOOMIS receipt should be obtained for each category of income. If this is not feasible, then the original copy should be retained by the Fund Treasurer and a photocopy returned to Catering or vice versa. The Treasurer can then

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
		highlight the bag numbers relating specifically to the School Private Fund element to confirm the amounts collected for banking and for safekeeping / cross referencing with the Record of Daily Income and the Bank Paying in book for completeness. N.B The same should also apply in respect of School Budget Income.
5.3.2 Medium	Income collected during September and October 2015 in respect of a variety of trips / activities that are being administered through the School Private Fund was examined to ensure that the process in place at the School is working effectively. Whilst the income received from pupils was clearly recorded and the totals handed over to the Treasurer documented together with dates and signatures, from a sample of 7 activities, in all instances delays were noted between the money being received by the Finance office and subsequently passed over to the Treasurer for banking. • 23/09/2015 Pentre Barracks £430.00 received between 15/09/15 - 18/09/15 was not passed over until 23/09/15 • 23/09/2015 Reigate Rugby £900.00 received between 11/09/15 - 15/09/15 was not passed over until 23/09/15 • 30/09/2015 Blood Brothers £648.00 received between 22/09/15 -29/09/15 was not passed over until 30/09/15 • 30/09/2015 Cardiff Museum £337.50 received between 18/09/15 - 24/09/15 was not passed over until 30/09/15 • 30/09/2015 6th Form Ball £2,640.00 received between 17/09/15 - 30/09/15 (cash in hand by 24/09/15 was £392.70) but not passed over until 30/09/15 • 21/10/2015 Harry Potter £1,500.00 received between 12/10/15- 19/10/15 (cash in hand by	Income received by the Finance Office should be passed to the Treasurer more frequently for banking.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
	13/10/15 was £1410.00) but the amount was not passed over until 21/10/15. • 21/10/2015 Sleeping Beauty £150.00 received between 22/09/15 - 29/09/15 was not passed over until 21/10/2015.	

AUDIT NAME: YGG EVAN JAMES

DATE FINAL REPORT WAS ISSUED: 29/02/2016

INTRODUCTION

The self-evaluation process is designed to help and advise Headteachers and 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.

YGG Evan James was last subject to an Internal Audit Review in April 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 non-chequebook primaries 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.
- To ensure 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 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.

AUDIT OPINION

The overall control environment at YGG Evan James is considered to be effective with opportunity for improvement.

There is a Child Protection Policy at school that was last reviewed in October 2015. The school have adopted the RCT Staff Disciplinary Procedure. The Headteacher stated that all staff received safeguarding training in September 2015; however, there was no training record at the school to demonstrate this. All staff received a DBS check prior to commencing in post and there is an up to date record of staff DBS information at the school. The Deputy Headteacher is the school's Educational Visits Coordinator. The teachers enter details of visits onto Evolve; the EVC then assesses and approves the visit, as does the Headteacher.

The School Clerk maintains an electronic ledger for the School Private Fund, which is not printed monthly as per the Regulations. For the sample of income examined, 2 minor variances were identified between the income recorded on the ledger and the amount actually banked (70p in total). In addition, whist the

School Clerk banks weekly, the values are often between £1,200 and £1,700, therefore income should be banked more than once a week. There were no issues in terms of the nature of the expenditure examined and there were receipts present for the purchases examined as a sample.

All Purchase Card transactions examined as a sample were appropriate in nature, recorded on the transaction log and supported by receipts. A personal loyalty card was used for one of the transactions, which is not permitted. The School Clerk stated that the Purchase Card is always in her purse, however it should be held securely in the School when it is not in use. The Purchase Card is shared amongst staff in the school, the details of which are recorded on a signing in / out sheet. Cash is not withdrawn.

There was £14.40 unbanked dinner money at the school at the time of the review, which agreed to SIMS. All income examined during the sample period was reconciled. The Headteacher / Deputy Headteacher regularly reviews the dinner records. The School Clerk notifies the kitchen of the number of meals required daily. The School Clerk ticks the pupil's names off the list as the meals are being served to ensure that the number of meals served is correct. If there are variances, the School Clerk updates SIMS as necessary. Texts are sent to parents on a weekly basis to pursue any arrears and letters are issued if the arrears exceed 2 weeks. There were free school meals authorisations at the school for the sample of free school meals pupils examined.

The school no longer use SIMS to raise orders as all purchases are now made using the Purchase Card. On occasions where the school is required to process invoices, they are sent to Education Finance for payment (e.g. to Extrascope for backing up the I.T system). There is one lease at the school for a photocopier which was taken out by the previous Headteacher; however, the original contract for the lease cannot be found and therefore the school are unaware of the length of the lease or whether Education Finance were consulted prior to entering into the agreement.

The School is registered with the Information Commissioner's Office. Back ups are undertaken daily by Extrascope. Whilst the school has an inventory, the School Clerk stated that it has not been updated since summer 2014 despite receiving new equipment since then. Also, equipment has not been marked as property of the school. Each Class Teacher has been assigned a tablet which is taken off-site on visits etc. However, no record is maintained of when these items are taken off-site or returned.

Implementing the recommendations contained in this report will ensure that the current levels of control are enhanced.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
5.1.1

Low | 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 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'* The Headteacher stated that all staff were trained during an inset day in September 2015; however there is no training record at the school to demonstrate this. | 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 |

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
		requirements to coincide with the policy's annual review.
5.2.1 Medium	Appendix 2, point 1.2(d) of the School Private Fund Regulations states: *'At the end of each month the ledger must be printed, reconciled to the bank statements, signed and dated to evidence the reconciliation. Printed reconciliations must be kept securely on file and retained in line with the Retention of Records Regulations (i.e. 6 years plus the year of account)'* The School Clerk maintains an electronic ledger; however it is not printed monthly as per the regulations.	At the end of each month the School Clerk should print the ledger, reconcile it to the bank statements and sign and date both documents as evidence of the reconciliation.
5.2.2 Medium	For the sample period of 10th - 25th September 2015, 2 variances were identified between the income recorded on the Ledger and the income actually banked: • 11th September - £1712.00 recorded on the Ledger, but £1712.40 actually banked. • 18th September - £1248.20 recorded on the Ledger, but £1248.50 actually banked. In addition, whilst the School Clerk banks income weekly, they are large sums and therefore should be banked more often.	All income recorded on the Record of Daily Income and the Ledger should correspond to the amounts actually banked. Income should be banked more regularly due to the large amounts.
5.3.1 Low	Of the 19 purchase card transactions examined as a sample, it was noted that a personal loyalty card was used for one.	It should be ensured that where items are purchased for the school using the school's purchase card, that personal loyalty cards are not used. It would be acceptable to use a loyalty card that belongs to the school.
5.3.2 Medium	Discussions with the School Clerk identified that the Purchase Card is held in her purse at all times.	The Purchase Card should be locked in the school's safe when it is not in use.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
5.4.1 Medium	At present, there is only one lease at the school for the photocopier. This lease was taken out by the previous Headteacher and the current School Clerk was not in post at that time. The original contract cannot be located; therefore the school do not know when the lease is due to expire or whether prior approval was sought from Education Finance before entering into the agreement.	The School should contact the company to obtain a copy of the original contract in order to establish the length of the lease. When the lease is due to expire, the School should consult with Education Finance prior to entering into a new agreement to ensure accounting procedures are compiled with.
5.5.1 Low	Discussions with the School Clerk identified that whilst the school has an inventory, it has not been updated since summer 2014 despite receiving new equipment since this time. In addition, not all equipment has been marked as property of the school.	Equipment should be marked as property of the school and the inventory should be updated as and when new equipment is received / equipment is discarded.
5.5.2 Low	Each teacher has been assigned a tablet for their class which is taken off-site for school visits. However, there is no record at the school to document when equipment is taken off-site and subsequently returned.	Where equipment is taken off-site a record should be maintained that notes the date the item of equipment was removed serial number, name of the person removing it and the date it was returned.

AUDIT NAME: YGG LLYN Y FORWYN

DATE FINAL REPORT WAS ISSUED: 04/02/2016

INTRODUCTION

The self-evaluation process is designed to help and advise Headteachers and 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.

YGG Llyn y Forwyn was last subject to an Internal Audit Review in September 2011 and this was the third cyclical visit made to the School to examine progress made under the self-evaluation process.

SCOPE & OBJECTIVES

The checklist for non-chequebook primaries 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.
- To ensure 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 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.

AUDIT OPINION

The overall control environment at YGG Llyn y Forwyn is considered to be effective with opportunity for improvement.

The school has a Child Protection Policy that is reviewed on an annual basis. The Headteacher confirmed that all staff have received safeguarding training. There were certificates at the school for both the Headteacher and Deputy Headteacher but not for all staff. All staff received a DBS check prior to commencing in post and the Headteacher maintains a record of all staff DBS information. Currently, the Headteacher creates educational visit forms on Evolve when planning visits and subsequently approves the visits also. This process requires segregation.

The School Private Fund income examined during the sample period was reconciled; however slight delays in banking were identified. All expenditure examined was appropriate in nature; however receipts could not be located for 4 of the 17 purchases examined totalling £3,005.00. Whilst there was a 'Record of Expenditure Without Receipt Form' at the school, these purchases had not been recorded or approved on the form.

The School Clerk maintains an up to date transaction log to record Purchase Card transactions and all purchases examined were appropriate in nature. Receipts were present to support the 12 transactions examined as a sample, however, it was noted that a personal loyalty card was used for one, which is not permitted. The Purchase Card is shared amongst staff in the school and a signing in / out sheet is completed to record these instances. The School received a grant from Save the Children for the FAST programme (Families and Schools Together) and when examining the Purchase Card transactions since April 2015, it was noted that 3 cash withdrawals were made for £250 each in order for staff to purchase items for the FAST programme. However, no Record of Cash Transactions forms were maintained to record the purchases made with the cash and there were no supporting receipts.

The school meals income examined was reconciled; however, a delay was noted in banking £630.55 collected from the start of the academic year to 9th September, which was not banked until 21st September, along with an additional £1067.01. The School Clerk notifies the Cook of the number of meals required on a daily basis and there are checks in place to ensure that the number of meals ordered correspond to the number actually served. The School Clerk regularly pursues parents for any school meals arrears and submits details of arrears to Catering Finance every half term as required. There were free school meals authorisations at the school for the sample of free school meals pupils examined.

Implementing the recommendations contained in this report will ensure that the current levels of control are enhanced.

SUMMARY OF RECOMMENDATIONS:

REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
5.1.1 Low	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 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'* The Headteacher confirmed that all staff at the School have received safeguarding training; however, there was no training record at the School to demonstrate this.	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.
5.1.2 Medium	Currently the Headteacher creates educational visits on Evolve and subsequently approves the visits also.	When planning educational visits the details should be entered onto Evolve by the relevant member of staff. The visit should then be approved by a different member of staff who has been designated as

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	FINDING	RECOMMENDATION
		EVC and / or the Headteacher.
5.2.1 Medium	Whilst the income examined during the sample period of 9th September - 14th October 2015 was appropriately reconciled, a delay in banking £663.51 was identified, which was collected between 9th September and 5th October, and banked on 5th October.	All income received (both cash and cheque) should be banked regularly, i.e. at least weekly to ensure that no excessive amounts accrue at the school.
5.2.2 High	Of the 17 School Private Fund purchases examined, no receipts could be located for the following 4 transactions: • Cheque number 1388 - 29/06/15 - £35 - Football event. • Cheque number 1390 - 14/07/15 - £350 - Noah's Ark. • Cheque number 1391 - 15/07/15 - £2604 - trip to LLangrannog. • Cheque number 1392 - 16/07/15 - £16 - The Book People. Whilst there was a Record of Expenditure Without Receipt Form at the school, these purchases had not been recorded and approved on it.	All payments (cheque and cash) should be supported by appropriate documentation (i.e. invoices, receipts). Where it is not possible to obtain a receipt, the purchase should be recorded and approved on a Record of Expenditure Without Receipt Form, a copy of which is already at the school.
5.3.1 Low	Whilst there were receipts present to support each of the Purchasing Card transactions examined as a sample, it was noted that a personal loyalty card was used for one of the transactions examined.	It should be ensured that where items are purchased for the School using the School's purchase card, that personal loyalty cards are not used.
5.3.2 Medium	The School received a grant from Save the Children to run the FAST programme (Families and Schools Together). Since April 2015, 3 cash withdrawals were made from the Purchase Card for £250 each time in order for staff to purchase ingredients, toys, resources etc for the programme. However, no Record of Cash Transactions forms were maintained and there were no accompanying receipts to evidence the cash withdrawn (totalling £750) to demonstrate whether there was any remaining cash in hand balance.	Where cash is withdrawn, a Record of Cash Transactions form should be maintained and the corresponding receipts retained as evidence of the expenditure incurred.

SUMMARY OF RECOMMENDATIONS:		
REPORT REF. & PRIORITY	**FINDING**	**RECOMMENDATION**
5.4.1 Medium	School meal income was examined between 1st September and 13th October 2015. As at 9th September, £630.55 school meals income was received. However this was not banked until 21st September, with an additional £1,024.91 that had been collected since.	All income received (both cash and cheque) should be banked regularly i.e. at least weekly to ensure that no excessive amounts accrue at the school.

This page intentionally blank